AN INTRODUCTION TO THE JOURNEY THROUGH GRIEF

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This is an orientation course in the grief process. It includes the myths of grief, fundamentals of the grief and adaptation process, the uniqueness of grief and trauma, ways to help the bereaved and issues of becoming a support person.

Objectives for this Independent Study:

- Define Grief, Mourning and Bereavement
- List 3 Myths About Grief
- Define the Process of Adaptation
- List the Elements of the Grief Process
- Discuss the New Language for Grief and Define 3 New Terms
- Discuss the Relationship Between Grief and Trauma
- Identify 4 Strategies for Providing Effective Support for the Bereaved
- Identify the Roles and Limitations of Being A Support Person

Introduction

We experience loss from a wide variety of situations and grief accompanies our constant round of Hellos and Good-byes. Yet we are often unaware or unresponsive to the losses we experience. Grief is a natural response, but many feel inadequately prepared to address the grief reaction when coping with change. Grief is a NATURAL and NORMAL reaction to loss . . . loss of any kind. It is a physical, emotional, spiritual and psychological response. The death of a loved one is perhaps the most devastating loss one may experience. Yet grief occurs following ANY change in our lives. Even positive changes can bring a momentary grief response.

This course is designed to familiarize you with the various aspects of grief. We will look at some of the myths of grief that help define our attitudes and actions when coping with loss. We will explore the various pathways through grief and examine the elements of the grieving process. We will also propose a
new language for grief, one that fosters growth and healing rather than measure one’s progress or lack of progress against some mysterious yardstick.

While this is an overview of the grief process, it is recommended that other course work be taken to help broaden one’s understanding of the entire grief experience. Variables in grieving, different grieving styles and strategies for healing the hurt are all valuable courses to consider as well. The focus of this course is somewhat narrow. The application is totally global.

Everyone grieves for someone or something. While we use the word “grief” for discussing the responses to a death, grief actually accompanies any CHANGE in our lives. Every time you experience a change in your life, grief accompanies that change. You may not recognize it or respond to it, but grief has been a part of your life for a very long time.

When life “happens”, you basically have two choices. You have to MOVE OVER to make room for an addition to your life (a new baby arrives, you get a new pet, you make a new friend, grandma comes to live at your house, etc). Or, you have to MOVE OVER to fill an empty space vacated by someone or something.

When you have to MOVE OVER to make room for an addition, you may grieve for the spot you used to occupy. If you were an only child and your parents announced that they were “expecting” you may have been told you were going to be a “Big Brother” or “Big Sister”. This may have been exciting at first, until you began to realize that you would now have to “share” things, including your mother’s lap, Dad’s hugs, maybe even your toys. You were going to have to MOVE OVER to make room for an addition and you were going to the spot you USED TO OCCUPY.

When someone or something you love leaves, whether through death, divorce, growing up, relocating, or breaking up of a friendship, you had to MOVE OVER to fill in the empty space no longer occupied by that person. You then grieve not only the person/relationship that used to occupy that space, but you also grieve the space you used to occupy as well. WHO AM I NOW? becomes a strong focal point: “Am I still a sister, a brother, a daughter, a son, a parent, a worthwhile human being, etc?”

We often take much of our identity from the relationships we have with people and things and whenever those people or things change in any way, there is a grief response. It is this grief response that we will examine in this course.
WHAT IS GRIEF?

There is often confusion between the words “grief”, “mourning” and “bereavement”. While there may, indeed, be some overlap, let us consider each word separately and then examine their relationship.

GRIEF

*Webster’s New World Dictionary* defines grief as “intense emotional suffering caused by loss, disaster, misfortune, etc.; acute sorrow; deep sadness”. J. William Worden Ph.D., in his book, *Grief Counseling and Grief Therapy, Third Edition* defines grief as the “experience of one who has lost a loved one to death. Grief can be a term applied to other losses as well.”

MOURNING

Mourning is defined by *Webster’s New World Dictionary*, as “the action or feelings of someone who mourns; specifically the expression of grief at someone’s death.” Worden writes that the “mourning is the term applied to the process that one goes through in adapting to the loss of a person or thing.”

BEREAVEMENT

Once again, the dictionary defines bereavement as “the state of being at a loss.” J. William Worden suggests that bereavement is “the loss to which someone is trying to adapt.

Notice that these definitions could be applied to any type of loss. Most people immediately think of death when the word “grief” is used, yet the term can be broadened to encompass any change one may experience.

To make it easier, remember that **Grief is the internal experience of loss, the emotional reaction to loss... Mourning is the outward expression of grief; the process of grieving and bereavement is the state of being at a loss.** Alan Wolfelt simplifies it for us by saying that “mourning is grief gone public”.

Grief is a complex process, guided by our past experiences, our religious beliefs, our socio-economic situation, our physical health and the cause of the loss. LOVE, ANGER, FEAR, FRUSTRATION, LONELINESS and GUILT are all part of grief. It is important to understand that grief is NOT a sign of weakness nor a lack of faith. **GRIEF IS THE PRICE WE PAY FOR LOVE.**

Grieving may cause physical and behavioral changes such as: sleep irregularities, changes in appetite, gastro-intestinal disturbances, “heart ache”, restlessness, spontaneous crying, irritability, sighing or muscle tension.
Anger and guilt are common emotions. You may feel angry with God, your spouse, your children or with others, either involved or totally separate from the death. You may be angry with yourself. Guilt feelings often accompany or follow anger. You may want to withdraw and be left alone.

Depression, feelings of emptiness or hollowness may temporarily overcome you. You may experience headaches, tightness in the throat or chest, muscle aches, or burning sensation in your stomach. GRIEF HURTS! You may, for a while, become preoccupied with images of your loved one. You may “see” or sense your loved one’s presence. You may begin to wonder if you are going crazy.

There are so many different emotions and aspects to grief. Regardless of how you experience loss or how you express it, it certainly is a difficult time for the bereaved. Those experiencing loss often find themselves isolated from others as many may not know what to say or do to help and so choose silence instead of risking saying the “wrong thing” to the bereaved.

The American culture (which in reality is an umbrella for many different cultures within our borders) has a great reluctance to talk openly about death. We are one of the most “death denying” cultures today. We simply do not like discussing death in any form. In fact, we don’t even like to use the word “died”.

![Image](image_url)
We will do everything imaginable to avoid using the word “died”. See if you can list some of the expressions we use to say that someone has died without using the word “died”.

People don’t **DIE** in America, they:

- Pass away
- Go to Heaven
- Go to be with the angels (God, Jesus, Grandma, etc)
- Go to sleep
- Kick the Bucket
- Expire
- Croak
- Bite the dust
- Meet their maker
- We LOST him*

*Currently the most popular expression.

Why are we so reluctant to simply say the word “died”? Does it reflect on our superstitions or our fears or is the word simply too harsh? “Died” is certainly a difficult word to use, but none of the other expressions are accurate or honest. They reflect a great adversity to a simple consequence of life. If one lives, then one also dies and so far, no one has been able to alter that equation.

Regardless of your religious beliefs or philosophies regarding life and death and everything in between, when someone you love dies, they are still a part of who you are. You will continue to love that person, perhaps to “talk” with that person, maybe even seek “guidance” or support from the love you experienced with that person. Your loved one will continue to occupy “space” in your life and in your being and it seems sad and completely inaccurate to say that you “lost” that person.

Loss, regardless of the cause, challenges our communication skills. Those who are dealing with their own sense of loss and helplessness may find it difficult to respond to others’ needs and questions. And so, we perpetuate the CONSPIRACY OF SILENCE because we don’t know what to say.

There are lots of mis-conceptions about grief. You may have some ideas about the length of time grief should last or how it should feel or what you should do in order to “get over it” as soon as possible. These ideas may not help and can often add to the pain of grief. By knowing about grief, you can help yourself and others be more aware of the uniqueness of the experience. Everyone grieves differently. Everyone is different, but we often only give “lip service” to that concept and still expect everyone to grieve the same way.
THE MYTHS OF GRIEF

We are so uncomfortable with death that we have developed a mythology about grief and mourning. This mythology helps us keep the feelings of helplessness, sadness and loneliness at a distance. When you believe in these myths, you may find yourself feeling fearful that you are not **DOING IT RIGHT** or that somehow something is wrong with you. Nothing could be further from the truth! While grief can certainly feel wrong, remember that you grieve because you love someone and there is nothing wrong with loving someone. Grief HURTS and there is little you can do to lessen the pain of grief, but there are lots of things you can do to help eliminate both the panic and the fear of grieving. Being aware and informed about the process of grief will help you decide which path **through** grief is right for you.

Let’s look at some of the myths about grief that we have developed in order to keep the pain of grief at a distance.

- Grief lasts only a few weeks, several months at most
- Time heals all wounds
- If you have a strong faith, you shouldn’t grieve
- Expressions of grief have no place in the public eye
- Getting and keeping busy is the best way to handle grief
- You should see the body in order to heal your grief
- A good cry is necessary once in awhile
- You need to move on with your life in order to get over grief
- Dwelling on the death and the deceased makes grief worse
- Children, especially young children do not understand death and therefore, don't grieve
- **Grief lasts only a few weeks, several months at most**
  There is no specific time frame for grief. It takes as long as it takes. Each person has a self-regulating “time clock” that will determine when you are ready to take the next footstep on the journey through grief. It will not always feel as awful as it feels now. Grief does change along the way…just as you will.

- **Time heals all wounds**
  Time does nothing but pass. It is the work that you do while on your journey that makes a difference in how you feel. The clock only measures the passing of the hours, not the healing of the heart.

- **If you have a strong faith, you shouldn't grieve**
  Understand that having a faith does not eliminate grief. Grief is the price you pay for love. Those who would challenge your faith because you are grieving may not understand the connections between loving and grieving. Your heart may, indeed, be filled with your faith, but your arms are still empty and it is that emptiness that hurts.

- **Expressions of grief have no place in the public eye**
  Everyone is so used to being “FINE” that no one is comfortable when any kind of strong emotion is displayed. Be true to your feelings and allow yourself to express your grief whenever and wherever it occurs. Try limping a bit. People seem to be nicer to those they see as injured. And grief is a pretty big “ouchie”…on the **INSIDE**...

- **Getting and keeping busy is the best way to handle grief**
  Some believe that staying busy will keep the sadness away. Grief is patient and will wait until you have run out of energy. It can wash over you any time of day or night. So, don’t block a “**bad moment**”. When you feel one coming, just let it come. Accept it for what it is, a **Bad Moment**. Deal with it and let it pass.

- **You should see the body in order to heal your grief**
  Seeing the body may help you deal more quickly with the reality of the death, but it is not a requirement for healing. Some may not have the opportunity to view the body or sometimes a body is not recovered. You will still grieve and healing is still possible.
☐ **A good cry is necessary once in awhile**
Tears are often used as a measure of how much someone is grieving. Everyone grieves differently and some cry on the outside while others may cry only on the “inside”. Do not allow others to dictate your emotions and how you express them. They mean well, but may not understand your grieving style.

☐ **You need to move on with your life in order to get over grief**
You do not “get over” the death of a loved one. You get “through it” one footstep at a time. You are already “moving on” with your life and that is why grief hurts so much! It is hard to imagine a happy life without your loved one, but you will eventually find a new path and a new way of including your loved one in your life.

☐ **Dwelling on the death and the deceased makes grief worse**
Part of working through the grief process is acknowledging that your loved one DIED. He did not “pass away”, “expire”, “go to sleep”, or become “lost.” You did NOT LOSE your loved one. He or she died. You will never forget them so why should you stop thinking about them? Eventually, if you work at it, you can remember the life days more often than the death moments. Do not lose the joy of your loved one’s life in the sadness of the death. Death is but a moment, life and love are forever.

☐ **Children, especially young children do not understand death and therefore, don't grieve**
Everyone grieves and everyone understands death in his or her own way. While children may not talk openly about death, they do think about it and are curious. No matter the age of the child, they understand that something has happened and your explanations should be age-appropriate. Young children will continue to ask when is the deceased going to return while older children will be interested in what happens to the body. If you do not know an answer, be truthful and offer to explore the question with the child instead of ignoring the issue. Children of all ages should be invited to participate in the rituals of grief and allowed to choose which events they would like to attend. Ask your funeral director or clergy for assistance in planning for a child’s participation.
THE GRIEF PROCESS

There are many different ways to look at the Grief Process. Some talk about stages. Others outline tasks to be completed. Some see grief as a roller coaster ride or a whirlwind or as an ever-spinning cycle. No matter how you picture grief, it is a journey. Sometimes it is a gentle stroll down a memory-laden path while at other times grief is a frantic, headlong fall, a cascading, tumbling, helpless plunge into the darkest of holes. However it looks to you, it is important to understand that grief is a unique journey through some very difficult emotions and experiences and that everyone will grieve in their own time and manner.

When discussing grief, most people make several assumptions that often influence their attitudes about the grieving process. What emotion do you first equate with grief? When you first think about someone grieving, what emotion do you immediately think of? Sadness? Anger? Frustration? Hurt? Depression?

And when you think of this emotion, what behavior do you association with it? When you think of someone grieving, what do you expect to see in terms of behavior? Do you expect to see someone crying, yelling, screaming, hitting, collapsing, staring off into “space”?

The most common emotion of grief that people in our culture (the American culture which, if you will remember, is an umbrella for many different cultures within our borders), expect someone who is grieving to feel is sadness. And the most commonly expected behavior for someone who is grieving is crying.

Certainly the feeling of sadness and its accompanying behavior of crying are part of the grieving process, but let’s look at a schematic of the grief process and see where sadness and crying “fit” and what other steps lie ahead of us as we begin the journey through grief.
It is impossible to go through change with a loved one without occasionally feeling anger and resentment… not only at the fates which did this to you, but also at the person who is draining your strength. If this anger is recognized, it can become a source of strength… not a debilitating wound.

(This schematic is part of the doctoral dissertation of Darcie D. Sims)
FEELING FROZEN

When you first become aware of the loss, you may become numb. Shock is a physiological response that protects you from further pain. When our circuits become overloaded, we cannot accept further information. We stop listening; stop hearing...you may feel like you’ve stopped breathing. A protective fog blankets us and cushions the reality of death. We switch to “automatic pilot” and our responses become mechanical. Decisions are made, actions taken and events pass, all without our complete attention.

Others may think you are “doing fine” or comment on how “strong” you are. Shock, however, is what helps us get through the necessary details of death. It really feels like being frozen. You function, but may not feel anything. You can stay “frozen” for a few moments or up to several months.

The word “Denial” is often used to describe this time of being “frozen” or any delay in the grief process. It really isn’t denial at all. It is simply being “frozen” or numb. It is important to realize that while we are in this “frozen state”, we do not process information very well and often do not even remember what has been said to us. Often others will become frustrated with the newly bereaved because information has been given to them at a time when they were unable to receive it completely or process it thoroughly.

If we are to be care providers to those in early grief, it is especially important to realize this numb or shock state and try to keep the information delivered to a minimum. That does not mean keeping secrets or withholding information, however. It does mean realizing that the recipients of the information may not remember it correctly or even internalize it at all. If you have specific information that must be given at this initial time of shock, make sure that someone else also receives the information so it can be retrieved later. Writing things down will also help the bereaved to recall information or conversations.

We will address the language of grief later in this course and offer a more appropriate and effective language for use.

DEFROSTING: IT HURTS

When the shock wears off, the reality of our loss crashes into us. The collision with the reality of death HURTS. No longer “frozen”, we begin to defrost and now grief begins to hurt in every cell in our body. There’s a tightness in the throat, a searing
pain in the chest, a heaviness in the heart. It hurts to move, to breath. It hurts just to be! Sometimes the pain is so intense we may develop physical symptoms. Sleep problems, appetite changes and stomach upsets are common. Heartache, restlessness, muscle tension and sighing may occur. The defrosting part of grief is sometimes confusing and overwhelming, especially when it may occur weeks and even months following the actual loss. It may feel like its getting worse instead of better. Remember that everyone thaws at a different rate.

Understanding that the defrosting period may occur many weeks or even months following being frozen can help explain why, sometimes, it hurts more later in the grief journey than it does in the beginning. You may be so numb that nothing seems to penetrate the frozen outer shell of your being! Yet, all things eventually thaw and that melting, that beginning to feel once again is a very painful part of the grieving process.

In the medical world, feeling pain is a sign that something is wrong and perhaps needs some medical attention. In the psychological and emotional world, beginning to feel again is a sign that thawing is starting and that is a good sign, even though it doesn’t feel very good!

Sometimes people sense they are starting to defrost and may panic at the thought of intense pain. Being numb is not unpleasant and when the pain begins, some may seek to continue the numbing process by taking medications, abusing alcohol or seeking out relationships that will continue the numbing. To feel is to grieve and some may become overwhelmed by the intensity of their emotions as they come rolling back like waves hitting a beach.

It often helps to explain this being frozen and defrosting process to the bereaved in an effort to relieve the sense of going crazy or panic that often accompanies this part of the grief journey. Others, too, may think the bereaved are sliding backwards as they watch the defrosting process. “But she was doing so well,” is an often heard phrase describing this “backward slip into grief”. It really isn’t going backwards at all! It is moving forward into the reality of grief and acknowledging and claiming the pain one feels when a loved one dies or leaves us in any manner.

**BEING ANGRY**

Being angry is a frequent stop along the grief path. Sometimes you may find yourself angry at the person who died. You may feel abandoned, robbed or so lost that the first emotion you may experience is anger. It does not have to be rational to be real. Others may try to talk you out of your
anger, but it is a natural reaction to loss.

You may feel angry with God. “WHY” cries out and may go unanswered. You may also find yourself angry with others: those who were involved with the death in some way, your children, your spouse, co-workers and just about everyone in the world. It just doesn’t seem FAIR!

You may feel you are the only one experiencing grief and even the sounds of birds singing and people laughing may trigger your anger. You may even be angry with yourself. Our sense of helplessness intensifies our anger. The need to Do Something may be overpowering. Make sure that whatever you do does not add to your anger, your pain or your loss. Anger may be a mask for hurt.

Find ways to release your anger in healthy ways that do not hurt yourself or others. Anger can build up and eventually explode, if not acknowledged and expressed. Anger turned inward becomes guilt.

FEELING GUILTY

The “If Onlys” begin to haunt our thoughts. We retrace, over and over again, the circumstances of our loss; looking for something we should or could have done to prevent the death. Pointing the finger of blame and finding fault may help us control our sense of helplessness, but they do not bring our loved one back. Guilt can last a lifetime if you let it. Guilt can destroy you, your family and the memories of your loved one.

Guilt and blame must have a “value” because we seem to keep this emotion around longer than almost any other one. People have been known to keep guilt and blame “alive” for many decades and some might even suggest that guilt can be “inherited” or “passed down” through various family members. “A mother’s guilt” is a well-known phrase to many.

“SHOULD HAVE”, “COULD HAVE”, “IF ONLY” begin to take up residence in our life and may begin to dictate how we spend our emotions, money and time. Some guilt may be appropriate, especially if you were involved somehow in the loss, but unrelenting guilt only serves to deflect and delay the pain of grief. There is simply no way around grief. The only way is through it.

Acknowledge your list of “Should haves”, learn from them and let them go. Forgive yourself for living…. when your loved one did not.
DEPRESSION

Now the pain is replaced by emptiness. It may seem like you’ve fallen into a deep despair. Emptiness may swallow up even the cherished memories of your loved one. Hopelessness and a feeling of being stuck may overwhelm you. All you may be able to see are the things you have lost and will never have again. The sounds of silence can be unbearable.

While this hollowness may seem endless, it is a necessary stop along the way. Unlike a clinical depression with chemical changes in the brain, this is really “situational depression”, a natural response to a difficult and overwhelming event. Grief is a thief. It steals energy and leaves us feeling empty and shattered. Grief is hard work and may exhaust you.

You have been wounded on the “inside” and while no one may recognize your pain, that does not take away the hurt that you feel. Be gentle with yourself. Figure out what you should do, balance it against what you can do and then compromise. Some things have to get done, like paying bills and taking out the trash. Let the “small stuff” go for now and concentrate on breathing.

MORE STOPS ALONG THE WAY

As deep as the depression may become, there are other emotions that can trip you as well. FEAR can take up residence and leave you wondering “What Else Can Happen?” While being afraid of things that may happen is difficult, being afraid that “nothing good” will ever happen again may be worse!

It is natural to miss your loved one and to wish you were together again. However, if these feelings begin to overwhelm you and you find yourself making plans to join your loved one, consult a professional as soon as possible. Never be embarrassed by your grief. Everyone can use some additional support on THIS journey!

You may find yourself crying frequently or uncontrollably at times. Tears are one way to release strong emotions and you may feel better after a “good cry”. However, many people do not cry on the “outside” and do not find relief in crying. It is important not to judge anyone’s grief reactions. Each of us grieves in our own way.

Forgetting things or not being able to concentrate is a common reaction. You may think you are “losing your mind” when actually you have simply misplaced your car keys or your heart. While you may “lose” your
glasses, we do not lose the people we love. They DIE, but the love we share between us can never be destroyed.

**THE LANGUAGE OF GRIEF**

There are many ways to describe grief, but some of the words we use can actually add to our pain rather than help heal the hurts. Most of this language comes from a mis-understanding of what grief really is and how it ebbs and flows throughout our life. Perhaps by using more appropriate words to describe grief, we can better understand the actual process and paths through this painful journey. Understanding what happens to us during the grief process won’t alleviate the pain, but it might help stop the panic.

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I want a language that is hopeful, honest and accurate

**DENIAL ↔ POSTPONEMENT**

Denial is a word that appears in Elizabeth Kubler-Ross’s “5 Stages of Death and Dying” model. While it may well apply to the dying process, denial is one of those words that simply doesn’t “work” when discussing grief. In order to deny something, one first has to recognize it and once it is recognized, it cannot be denied. It is, however, sometimes postponed. We postpone things (and feelings) for a number of reasons, many of which are perfectly logical and appropriate. If we could take a few moments to understand the reason behind the postponement, then we would have some clues as to how to “get moving” through the process again.

You may feel like postponing the emotions of grief because you are not sure how to grieve. No one knows how to grieve before they have to begin the journey. While there may be a few “classes” on grief and there are certainly a number of books about grief, very few people have much knowledge about grief BEFORE they begin to grieve something. By learning something about the grief process, we
may feel less afraid and more willing to tackle the process. Once you have information, support and/or tools for coping, you can begin to take steps again on the journey.

Fear is often a good reason for stopping or postponing something. Without information, we often fear things we do not recognize, know or understand. If fear is the reason we are postponing grief, then by addressing the reasons for the fear, we may be able to release the energy required to begin the grieving process. While we cannot take away all of the fear, just knowing one is not alone on the journey often is enough to get started again.

And sometimes, we just “don’t want to”. When someone doesn’t want to do something, there is little we can do to get the process started. We simply have to wait until that person is ready to do the work of grieving. We can “hold the space” with prayer, kind thoughts and patience, knowing the journey will not begin until the person is either “ready” to begin or simply runs out of energy to keep the emotions of grief at a distance. Nature does not like holes or voids. Neither does grief. Eventually, grief begins whether we are “ready” or not.

Denial is a word filled with judgment and the bereaved do not need any more judgments than they already have. Understanding that it is not truly “denial”, but rather “postponement” allows us to exercise some patience with the bereaved and to understand that the journey is truly theirs and theirs alone. We cannot grieve for someone. While you do not have to be alone while you grieve, each must walk the path alone. No one can do it for you.

**ACCEPT ➔ ACKNOWLEDGE**

Many believe that one must “accept” the death in order to heal. It is part of the mythology that has developed over the years as we have learned how to talk about death and dying. Also part of Kubler-Ross’s model (5 Stages of Adaptation to Death and Dying), acceptance is a difficult word to apply to grief. While not impossible to achieve, acceptance of a loved one’s death seems unnecessarily harsh and is not actually a requirement of healing.

The acceptance of a death is often rejected by the bereaved as being “simply not possible.” If we change the word to something more achievable, we can create a language of hope instead of a language of impossibility. To acknowledge the death seems “doable” whereas to reach acceptance might take more than a single lifetime. When one can acknowledge the death, it means that one can still remain angry, fearful, sad or whatever emotions continue to linger and yet have “success” in the grief process. To acknowledge the death means to stop postponing the awareness of the loss and to stop postponing the emotions of grief. I want a language of HOPE rather than a language of grief and if we will simply use terms that are actually a possibility, then hope has a chance to grow.
**LOST ⇔ DIED**

The most common way of saying someone died in our American culture is “lost”. “We lost grandma.” “We lost your dad.” How inaccurate a term! The reluctance to use the term “died” has caused a great deal of confusion with our children as we try to explain that Grandpa died, but we say that we “lost” Grandpa. This not does seem logical to children. We get angry with children because they “lose” a toy and we tell them to go “find it”. We wonder what children are thinking when they tell us they want to “go to Heaven to find Grandpa” or that they want to live at the grocery store because that’s where we “lost” Mom. We do not lose the people we love. They DIE, but the love we share between us can never be destroyed.

**RECOVER ⇔ HEAL**

Some may use the word “Recovery” to describe the goal of grief. “Recover” is a perfectly adequate word in our language. It can mean many things. It is often used to describe what happens when something happens and we begin to get over it. “I am recovering from that setback”. It can mean we have found something we may have misplaced or lost. “He is lucky to have recovered his money from that bad deal.” “Recover” is also used in the medical world. “Recovery” is a medical word that describes the changes in an injury or illness. “I am glad she recovered from that broken arm.” All of these uses of the word describe the ending of something; the “getting over” something. It is an appropriate word in many contexts. However, “recover” is an inadequate word to use when describing the grieving process.

When we use the word “recover” to describe a part of the grieving process, we may inadvertently be suggesting that the bereaved “get over” the death of someone they love. In this context, the implied meaning of the word becomes almost offensive to the grieving. We often think that “getting over” something means that we will not think about it again or be influenced by it. If you had a broken arm as a child, you probably do not think much about it as an adult (unless it caused a permanent disability). Getting over it often leads people to believe that they should not be influenced by the event or circumstance in the future. “Get over it”, “Move on”, “Pick up the pieces and move forward” are all expressions or variations of expressions you have probably heard. They all suggest that if you continue to be influenced by whatever you are supposed to be “getting over” that you have, somehow, failed in your adaptation. It implies you are or have failed to “put the past behind you and move on.”

If we are suggesting a more hopeful language, then we must find a different word to more accurately describe the process of grief. I would like to suggest the
word “healing” as being a more appropriate and accurate word for this “final” part of the journey.

If we use the word “healing”, it seems to allow more room for variances along the path and for an individualization of the journey. When you are “in the process of…” it means there is movement rather than a conclusion or ending.

The bereaved do not stop living, although they may wish to do so at times during their journey. They are constantly struggling with the emotions of grief and will continue to do so for the rest of their lives. Grief is not something you can “get over.” You CAN move in your grief: sometimes forward, sometimes backwards and sometimes even sideways! It is the MOVEMENT in the process that is important, not always the direction!

Healing is the important part of this word. It represents an ongoing process which more accurately describes what really happens during the grief journey. The bereaved move forward, backwards, sideways and sometimes even get stuck, but they are working towards an emotional stability rather than seeking to never again be influenced by the events of the loss. One can continue to grieve throughout the lifespan without being crippled by the emotions of grief. It will always hurt, but it does not have to be incapacitating. Significant dates, such as birthdays, anniversaries, milestone events or even simple influences like a favorite smell can bring grief back to the forefront on a temporary basis. By using the word “healing” these temporary bursts of fresh grief can be acknowledged without fear of “slipping backwards” or the fear of failure.

When we use the word “recover” we seem to imply that any return to the emotions of grief would represent a failure to “get better” or “get over it.” Healing is a kinder, more gentle, more accurate word to describe an ongoing process rather than an ending of a set of emotions.

Why would you stop feeling for that person? You may not ever feel the pain of a broken bone you experienced as a child, but you will forever be aware of the pain of the death of someone you loved, regardless of when that person died.

Healing is simply a word with hope built into it. Recover has a finality and an element of judgment in it: as if one would fail to be recovered if she continued to think or feel about the deceased.

Healing begins to occur when we learn to reinvest our energies, emotions and love rather than seek to replace them. Healing does NOT mean saying goodbye. It does mean finding a new way to relate to your loved one. You don’t stop loving someone just because they die. Healing is perhaps a better word to describe
the changes you are making as you learn how to live when your loved one has died.

GET OVER ➞ GET THROUGH

The same argument can be made for using the term “getting through” grief rather than “getting over it.” When one is told to “get over it”, it implies to leave whatever “it” is behind, to “let it go”, to “move on”. This implies a failure of sorts whenever the bereaved revisits the emotions of grief or expresses an emotion related to the death. “Are you still thinking about that?” may even be said with a certain sense of frustration on the part of the non-bereaved. It implies that there is a finite time or event which must be achieved (and achieved rather quickly) by the bereaved in order to make the non-bereaved more comfortable.

Grief does not end. It is a lifetime journey as the bereaved learn to integrate the loss, accommodate the roller coaster of emotions and adapt to the changed landscape of their life. That very process of integration, accommodation and adaptation is the process of getting through something, not getting over it.

CLOSURE ➞ RECONNECTION

One word you may hear is “closure.” This word is often used to describe the end of grief. Everyone wants you to get over it quickly and quietly, hoping you will return to your “old self” or “normal self” soon. But you may have already sensed that this isn’t possible. The only thing that closes at the funeral is the casket. Closure is a word that simply doesn’t “work” in describing grief!

Closure is currently one of the most popular words being used when discussing grief. Unfortunately, it is also one of the most mis-understood and misused words in the language of grief! So many suggest that achieving “closure” is the goal of grief. That one must achieve “closure” in order to “move on”. It is an all-encompassing word that implies the same message as “get over it.”

Think this through for a moment. What does “closure” really mean? We close a drawer. We say a play “draws to a close”. We close a book when we are finished reading it (whether for the moment or have actually gotten to the end of the story). Closure implies an ending, a finish.

Does this mean the bereaved should never again experience the emotions of grief? Does this mean the bereaved should never again think about their loved one? Does this mean there is actually an ending to the hurt, to the questions, to the journey?
Perhaps most people use the term “closure” to mean the ending to the questions surrounding the loss. Perhaps it is meant to suggest that the bereaved should withdraw any emotional connections to the deceased and move forward with their life, leaving the grief behind. If only that were possible!

I want a language that is not only hopeful, but practical as well! What are we really asking of the bereaved when we suggest they seek “closure”? Are we asking them to not question the events of the loss any more? Are we asking them to sever the relationship with the deceased? Closure means closed, end of story, finished, good-bye.

You don’t stop loving someone just because he died. You will continue to think about that person, to engage with that person, to “talk” with that person, to love that person for the rest of your life. Why would you ever think about closing the book on the relationship just because death comes between you?

That does not mean you cannot love again. That does not mean you must linger in the pain of grief as a sign of loyalty to the deceased. Closure does not mean ending the story simply because one of the characters has left the pages of the book. To achieve closure in grief would mean to stop grieving, to stop hurting, to stop questioning, to stop wondering: all ingredients to loving someone.

One can, eventually and with a great deal of work and effort, learn to release the pain of the loss in order to make room for the loving memories to fill in the empty spaces. One can learn to hurt less so there is room for love to return. It is possible, one day, to remember first that your loved one lived and that is a day worth working toward! If closure means learning that your loved one died, but the love you share between you simply continues on, then we can keep the word in our new language. Unfortunately, closure most often means “get over it”, withdraw the emotional energy you spent with your beloved during his life and reinvest it in someone or something else.

A heart that is “broken” with grief can be a heart that is shattered or a heart that is broken open and the bereaved can find new spaces in the heart, to be filled with new loves…not to replace the deceased one, but to add to the joy one experienced when the loved one was the one filling the memory spaces. Love can grow again and again and again. We can fill up the empty spaces left by loved ones no longer within hugs’ reach…not by never thinking of them again, but by
honoring the love we shared and adding to it, never subtracting the love we continue to feel.

Healing occurs when we can reconnect to the love we shared and know it is forever a thread in our fabric and that I can choose how to weave those threads into anything I can dream. My loved ones come with me, not stay behind.

**GOOD-BYE  ⇔  HELLO**

Good-bye? Why would I ever want to say good-bye to someone I love? This is perhaps one of the most popular myths about grief and one that the bereaved simply don’t understand. Many believe that one must say “good-bye” to the deceased in order to achieve “closure” and be able to move on. More guilt has been expressed over not being able to say good-bye than nearly any other circumstance!

Even if you had had the opportunity to say good-bye to your loved one, would you have actually said good-bye? Would you have wasted what precious little time was left by closing the book on the story you both had written? Would you have tried to erase the pain of someone dying by suggesting there was a good-bye at hand? Would you have said good-bye because it was the “expected thing to say” or because it seems “polite” or “proper”?

Good-bye? I wasn’t through saying Hello! In my own “story”, I did have the opportunity to say good-bye and I did not take those last few moments to speak those words. Rather, instinctively I believe, I found the words “I love you” crossing my lips and reaching his ears. I loved my child and will continue to do so for the rest of my life. Good-bye is simply not a phrase I choose to spend time on. Hello was also not a word I was looking for, although it “found” me as I struggled to learn to live without the physical presence of my loved one. For every hello there is a good-bye, but never forget that for every good-bye there is also a hello somewhere.

“I love you” are the enduring words that bring the bereaved back to reality as they begin to heal. Healing occurs when we realize our loved one Lived, not just that he died.

Grief is not a sign of weakness nor a lack of faith. Grief is the price you pay for love and given the choice of loving or not loving, what would you choose? Perhaps the truly bereaved are those who never knew love in the first place.

**DOES GRIEF EVER END?**

How long does grief last? While some believe the journey through grief should only last a short time, grief takes far longer than anyone expects. You
cannot recover from the death of a loved one in a matter of weeks. It may take many months or even years of traveling the roller coaster of emotions before grief begins to heal. While many believe that “Time Heals All…” time simply passes. It is what we do with the time we have that adds to our pain or eases our suffering.

You are continuing to live, creating a “new normal” for yourself each step you take along the path. Grief is a part of your life now and will color the way you look at things for the rest of your life. Grief isn’t a seasonal song. It’s a lifetime song, but it doesn’t have to be a sad song forever. There are things you can do to help yourself along the path. Grief isn’t an empty space. It has a value, a purpose and a destination.

Grief is pulling the memories of love into focus. It is hurting, caring, feeling. It is wrestling with the anger of being left alone and struggling with the guilt of the “should haves” and “could haves.” Grief is letting the joy of your loved one’s LIFE seep up through the layers of hurt to emerge into a single moment of light. They lived. We loved them. We still do. LOVE NEVER GOES AWAY.

MAY LOVE BE WHAT YOU REMEMBER THE MOST
DIFFERENT DEATHS-DIFFERENT GRIEF

The world sometimes like to play a game called “Bereavement One-upmanship.” People tend to compare losses and there often seems to be a “hierarchy” of pain according to the manner of loss. Does it hurt more to have a loved one die of a long-term illness, a sudden, accidental death, a homicide, a suicide or another type of violent death? Much has been written about the differing aspects of each type of death, yet **THE TYPE OF DEATH THAT HURTS THE MOST IS THE ONE YOU ARE GRIEVING.**

While many aspects of grief are similar no matter how your loved one died, there are some differences that are worth noting.

GRIEF FOLLOWING AN ANTICIPATED/ LONG TERM DEATH

When a loved one died from an **anticipated death** (a long-term illness or injury) everyone believes the survivors had time to “prepare” for the death. They had time to “get the loved one’s affairs in order” and to plan ahead. They had time to plan funeral arrangements and perhaps even created a customized service.

There was time to “get ready” for being alone and time to learn how to do all the things the loved one did as life was shared together. Perhaps there was even time to take one last trip together or do the things that had only been dreamed about. There was time to talk and to share and to plan. Most of all, the world believes there was time to say “good-bye”. For many bereaved, this is the most bitter and “envious” aspect of a long-term or anticipated death.

Unfortunately, many of these assumptions are just that: assumptions! The myths that surround an anticipated death are as uninformed and erroneous as those surrounding any other type of death. Most of those left behind following an anticipated death would argue that while they may have had the time to do those things, their time was filled with too many other aspects of living with death on a daily basis.

There were medical appointments to attend, medications to juggle as well as figuring out how to balance living with a dying person and just trying to get the laundry done and the bills paid. While some did have opportunities to take one last trip or to get everything “in order”, most were struggling just to function. Physical and emotional exhaustion often took its toll on both the patient and family members and left everyone confused, afraid and with little or no energy to cope effectively. Just surviving on a daily basis became the goal for many families.
Finances were often depleted, sometimes long before the death occurred and financial pressures and concerns added to the on-going stress. Adjusting to a constantly narrowing lifestyle (as the disease or injury progressed) depleted a family’s resources, financially and emotionally. Losses began to occur long before the actual death as income declined, job security may have been lost and support systems became exhausted.

While some families were able to talk openly about what was happening and to make plans, others found it too painful to focus on any type of future without their loved one and simply did not discuss any aspect of the impending changes. Fear often became a constant companion for both the patient and the family as the uncertainty of the course of the illness or injury dictated life on a daily basis.

All members of the family were affected by this anticipated loss and suffered in various ways. One young child told an adult that “cancer came to live in our house and it was a bad guest.” She had to modify her expectations of living a “normal life” and had to adapt to an ever-changing landscape in her house. As her loved one grew more ill, she was not allowed to invite friends over and had to learn to be quiet all the time. Many family members often feel invisible as the focus on the dying person increases as death approaches.

Many family members have a difficult time remembering anything positive about their loved one as they watch the illness/injury rob their loved one of health and of life. Seeing the day-to-day deterioration of someone you love is a very difficult thing to do. Family members may begin grieving at the time of diagnosis and grief can follow the course of the illness/injury. Loss after loss may be experienced and grieved as the illness/injury begins to incapacitate their loved one. Many find it difficult to recall happy memories or shared joys. Memory banks become filled with visions of their loved one suffering day after day. And sometimes the treatments that are endured seem almost worse than the disease/injury itself. Family members may begin to vicariously experience the pain they see their loved one suffering. They often begin to grieve the death long before it actually occurs.

Sometimes a sense of relief is felt following the death as one is relieved their loved one is no longer suffering. Guilt may, however, accompany such relief as one labors under the “shoulds” and “should nots” of emotional turmoil. But the suffering for those who remain behind begins anew as grief takes on a fresh new face. Now there is too much time in the day as one begins to realize just how illness-focused life had become. An overwhelming sense of emptiness and a lack of being needed often accompany the opening rounds of this “new grief”. 
While most of the world believes one can “get ready” for anticipated death, remember that ALL deaths are sudden and unexpected. The head can get ready, but the heart cannot rehearse hurt. The human spirit can often believe in HOPE and hope endures beyond all reason and reality. One can anticipate a change, but cannot emotionally connect to it until it occurs. No matter how much one “prepares” for an anticipated death, when it finally occurs, it is sudden and unexpected. The head can get ready, but the heart cannot rehearse hurt.

**GRIEF FOLLOWING A SUDDEN, VIOLENT DEATH**

While an anticipated death occurs following an identifiable cause and a known period of time, a sudden, violent death comes as a surprise. Causes of a sudden traumatic death can include war, combat, natural disasters as well as man-made ones. Medical catastrophes, airplane or car crashes, suicide and homicide and acts of terrorism are also causes. In some of these situations, multiple losses occur and often, entire communities are affected as well as individuals and families.

*A sudden, violent death* is very different than an anticipated death. While the survivors of an anticipated death must cope with a lack of energy and a bank of possibly horrific memories, those coping with a sudden, violent death must first attempt to learn what happened. Taken completely by surprise the shock of this kind of death almost seems to paralyze survivors for varying periods of time. Disbelief is often one of the first emotional reactions to “the news”.

Even though a sense of being “frozen” or numb is often experienced, the survivors are in need of information about the death. It maybe difficult for others to understand this intense NEED for information, but survivors must have as much information as soon as possible. This will help them begin to sort out what has happened and begin to cope with the death.

Families often rush to the crash site or hover in the waiting rooms, hoping for any kind of information about the event that has now forever changed their own lives. Some may be troubled by this seemingly gruesome or “abnormal” need for information and details, but the lack of information can add to the survivors’ pain and confusion and sense of disbelief. Some want to see their loved one’s body, or ask detailed questions about the death and the investigation. This is absolutely normal. Survivors must have this information — any information — to help them begin the thawing process of grief. Without accurate information, many will begin to imagine what happened and create “facts” that may add to their distress. While it is often thought that such information may add to the survivors’ pain, it can be a source of beginning healing to have as much accurate information as possible.
Survivors may experience traumatic symptoms such as feelings of horror and anxiety. Others may feel an emotional numbness or a sense of disconnection from reality. Sometimes people experience memory “blanks” and cannot remember parts of what happened. Some may be haunted by memories or feel as though they are reliving the event. Even if they were not actually a participant in the events that resulted in their loved one’s death, survivors may experience “flashbacks”. Survivors of a sudden, violent death may be vulnerable for symptoms of post traumatic stress disorder and may even experience vicarious traumatization.

Post-traumatic stress disorder (PTSD) is a psychological condition that is characterized by three groups symptoms:

1) Re-experiencing the traumatic event through thoughts or nightmares.
2) Avoiding things, events and places that bring reminders of the loved one or extreme emotional numbing.
3) Increased arousal indicated sometimes by irritability, sleeping difficulties, lack of concentration and the tendency to startle easily.

Those left behind to mourn the sudden, traumatic death of a loved one sometimes experience a sense of self-blame or guilt. The imagination can create many ways that survivors SHOULD or COULD have prevented the death. While most of these thoughts are not based in reality and may not be rational, the pain of this guilt is definitely real. Survivors may also experience “survivor guilt” and question the reasons they were spared while their loved one was not. Even though survivors may have been a great distance from the death scene, this sense of being able to “do something to stop the death” may be overwhelming.

Another unique aspect of a sudden, traumatic death is the surprise factor. Life was progressing as it “was supposed to” and without warning, everything changes. With no preparation of any kind, survivors are thrust into a world they know nothing about. Caught completely unaware, their lives are turned upside down and shattered. While their memory banks may be more filled with good memories of the last moments they spent with their loved one, the horror of the events of the death may (temporarily) cancel those happy memories.

Traumatic losses often threaten the survivor’s sense of personal safety, security and ability to trust others. It can take a significant amount of time to accept the reality of sudden traumatic loss. Survivors
may know intellectually that their loved one is dead, but find themselves expecting the loved one to walk through the door or call on the telephone.

It can be particularly hard to part with the loved one’s possessions. It may be especially difficult when a loved one’s body is not recovered. Sudden traumatic losses often raise existential and spiritual issues as well, such as difficulty making sense of these losses or feeling betrayed by God.

Because survivors of a sudden traumatic death must come to terms with the loss of their loved one, as well as the manner in which it occurred and the additional or secondary losses, it can take time for the painful feelings and thoughts to diminish. Traumatic deaths are particularly likely to result in intense and prolonged distress if the death was violent or if the death was brought about deliberately. Following such deaths, it is also common for survivors to agonize about what their loved ones experienced during their final moments of life. Particularly if harm was intended, the survivor must grapple with the realization that others can and will commit malevolent acts. This awareness can result in many reactions. It may provoke intense feelings, including denial, fierce protection of survivors or powerful rage toward those perceived to be responsible. In addition, survivors may be more vulnerable if they witnessed the death or were also threatened with death.

It may also take longer to deal with the loss if the survivor:

(1) Has previously experienced psychological problems, such as major depression
(2) Has experienced previous trauma or traumatic loss, especially if it is similar in some way to the most recent loss
(3) Has few friends or relatives who are supportive
(4) Is simultaneously coping with other serious concerns, such as dislocation, major health problems, psychosocial stresses or other losses.

Regardless of the manner of death, experiencing grief is neither a sign of weakness nor a lack of faith. Grief is the price paid for love. Whether the death was anticipated or sudden and violent, the survivors must cope with a changed landscape, one filled with painful memories, abandoned hopes, lost dreams, fears, feelings and a sense of great sadness. It is the task of every survivor to find a path through this valley of despair so that, one day, the memories of life can outweigh the feelings of grief. It is a difficult, but not impossible task. It is a journey worth taking, searching for the Other Side of Grief, where memories bring a sense of
warmth and gratitude rather than of pain and sorrow. It is possible to remember the life, celebrate the love and share the journey.

THE EXPERIENCES OF TRAUMATIC GRIEF

The term “traumatic grief” has been used to refer to bereavement resulting from the experience of loss during traumatic or catastrophic events. But, the term has also been used to describe trauma experienced as a result of sudden separation from a significant relationship. “Traumatic grief” implies that the conditions surrounding the death may impede normal resolution of emotions and distress and may thus be more likely to result in the symptoms of complicated grief.

Traumatic grief may result from the intensity of separation as well as the circumstances surrounding loss. Traumatic grief may result from the sudden and untimely death of a loved one. In this case the abruptness of the loss makes it difficult to integrate the experience. In addition, separation from a loved one leaves an individual anxious about the ability to survive alone. This can interfere with one’s abilities to resolve the grief and it may prolong distress. The circumstances of traumatic grief include disaster, war, accident, sudden illness, homicide or suicide.

Witnessing the circumstances of the death, either in person or in news reports, may leave a survivor with traumatic images. The survivors themselves may have felt significant threat to their own lives during the event. Coping with threat to one’s own life may leave little time and energy for dealing with the loss. Blame for things done or not done around the death, or survivor guilt (having survived the traumatic event) may further complicate the resolution of grief.

Unresolved traumatic grief can result in loss of trust, isolation and inability to form and maintain relationships, as well as the experience of feeling we have changed in important ways, leading us to break more stable life patterns. Changes in career, moving away, or breaking off relationships may happen as we struggle with our grief.
Risk Factors for Traumatic Grief

A person may be at risk for traumatic grief if they experience any of the following:

- Close relationship to the deceased
- Sudden/unexpected nature of the death
- Highly dependent relationship
- Parents of deceased children
- Life threat to survivor during the loss (in combat, a disaster, etc.)
- Horrific nature of events surrounding the death
- Guilt or unresolved issues in the relationship
- Witnessing the death or other destruction
- Lack of opportunities for grief expression
- Past adverse life experience; previous trauma
- Lack of social support
- Multiple losses
- Previous psychiatric disorder
- Previous suicide attempt

Symptoms of Traumatic Grief

The following symptoms have been found to be highly associated with traumatic grief in both clinical practice and research:

- Numbness or detachment after the death; disbelief that the death has occurred
- Shattered worldview (loss of security, trust and control)
- Experiencing intrusive images of the deceased
- Feelings of longing, pining and missing the deceased
- Continuing to experience the urge to cry or feeling that once one has begun to cry, it will be difficult to control it or stop
- Searching for the deceased, expecting to see them in familiar places
- Avoiding reminders of the deceased including going to places or being in social situations that were experienced with them
- Experiencing difficulty in trusting others
- Difficulty in making new relationships or seeking social support
- Anger that the death happened, that might include anger and betrayal at the deceased for abandoning them, or anger at persons or institutions that may have been responsible for the death
- Loneliness
- Feelings that one will never be able to replace the relationship
- Feeling that the death is unfair
- Continuing or unremitting feelings of sadness
- Loss of enjoyment and feeling that life is empty
- Continuing distressful thoughts
- Perceiving oneself as a changed or different person after the loss

A combination of the above symptoms that lead to significant problems in social, occupational or other important life tasks may indicate a diagnosis of complicated grief. These can be cause for concern if the bereaved is becoming incapacitated and cannot perform daily routines and functions (getting out of bed, personal grooming, eating, going to work, etc.)

How long will the feelings last?
As the initial shock of the death diminishes, there may be intervals when the survivor is able to focus on other issues and not feel the pain of the loss so intensely. Gradually, these intervals will become longer, and there will be good days and bad days. Over time, the proportion of good days to bad days typically increases. However, people can experience setbacks during the process. On a relatively good day, the bereaved person may encounter a reminder of the loved one, and this may cause the reemergence of painful feelings of loss. People often have difficulty dealing with occasions or milestones, such as holidays, birthdays, the anniversary date of the death or other times of meaning.

What can survivors do to help themselves?
Because physical health may be affected by grief, it is important for survivors to try to maintain adequate nutrition, sleep and exercise. It’s especially important for individuals with any chronic health problems, such as heart disease, to stay in contact with a physician to ensure proper monitoring of their condition if at all possible.
Survivors are often preoccupied by their grief and may be prone to other sorts of mishaps, such as accidents, so extra caution is important. Similarly, it may be more difficult if survivors must make major decisions during the first several months after a loss, since life changes may bring on additional stress.

Most experts recommend that survivors confide in someone about the loss and find a support system. This can be a friend, a clergy person or another person who has experienced similar loss. It may take some time to identify friends who can be good listeners. Not everyone knows what to say or do to be helpful.

Some survivors withdraw from social contact because of the possibility of hurtful comments. This is unfortunate, because it can cut people off from interactions that could be healing.

It may also be beneficial for the bereaved to remember that self-distraction with other activities can be a helpful self-care activity, and they do not have to feel guilty about abandoning their feelings for the deceased. The grieving person should also be reminded of other self-care activities such as relaxation exercises and talking to others for social support.

Grieving is a long and difficult process because it involves slowly remembering what happened. Sometimes the memories may seem like more than the survivor can bear. It can be helpful for survivors to learn ways to calm themselves. These might include such things as taking a walk, being with people or participating in a distracting activity. Some survivors find it useful to write or read.

**When is professional help needed?**

It is important for an individual to know they can ask for help. If they continue to experience frequent or severe trauma symptoms, as described above, for more than several months after the death, and if these reactions interfere with other parts of normal life, such as being able to care for one’s children or hold a job, asking for support from a professional can be helpful.

In addition, any of the following experiences suggest that professional help may be needed:

- Experiencing intense yearning for the deceased that doesn’t diminish over time
- Struggling with substantial feelings of guilt or uncontrolled rage
- Becoming severely depressed and feeling hopeless about the future
- Harboring persistent suicidal thoughts
- Abusing alcohol or other drugs, or increasingly greater tobacco use

**Treatment can help**

No matter how long someone has been suffering from the impact of a sudden traumatic loss, comforting and effective treatments are available. It is important for survivors of a sudden traumatic loss to select a therapist who is experienced in treating both trauma and bereavement. And it is important to feel comfortable with language, cultural considerations and style of expression when choosing a therapist.

A variety of individual psychotherapies and support groups are available. Medication and psychotherapy may be effective with symptoms of both depression and PTSD. In addition, temporary medication may be useful for those who initially experience intense anxiety or the inability to sleep at all.

A family doctor, clergy person, local mental health association, state psychiatric, psychological or social work association, health insurer or a military benefits program may be helpful in providing a referral to a counselor or therapist with experience in treating those who have experienced a sudden traumatic loss.

In order to prevent or minimize incapacitating depression or other complications, it is important to care for oneself and to acknowledge the emotions of grief. Dealing with these emotions as they occur in the grief journey will help the bereaved to successfully navigate the many twists and turns of grief. Having an effective support system is critical to the success of survivors.

*The American Grief Academy® wishes to acknowledge the information provided by the International Society For Traumatic Stress Studies.*
INTERVENTIONS FOR GRIEF

Grief alters the way one views the world. It can shatter hopes and dreams; destroy one’s sense of safety and security and changes perspective. Everything seems out of control, unfair and perhaps even evil. There seems to be little light at the end of the tunnel.

Grief hurts! There are no words in any language known to Mankind that will make it “all right” that a loved one has died. But there are words that can ease the panic, dispel the loneliness and help with the pain.

It takes time, usually far longer than anyone expects, to find an internal place of peace and a feeling of being “centered” or whole again. Healing begins to occur when the bereaved can acknowledge the death, engage in self-help behaviors and begin to remember their loved one’s life, not just the death.

Experiencing the painful emotions of grief that result from the death of a loved one can never be prevented. Social support and strategies for helping the bereaved make life somewhat easier may reduce the risk for a complicated grief experience, but nothing can take away the pain.

Sometimes, too much intervention too early in the grief experience can create feelings that the support systems that are already in place are inadequate. It may also suggest that it is time for the bereaved to “move on” or “get over it.” Helping the bereaved find and develop adequate support systems and strategies seems to be the most appropriate course of action.

SKILLS FOR POSITIVE RESOLUTION OF GRIEF

Hints for Helping the Hurt

- Know your own feelings
- Give permission to grieve or not to grieve
- Understand differences between DENIAL and POSTPONEMENT
- Don’t be afraid of tears and pain. Do not be afraid of the INTENSITY of emotions. Remain CALM and SUPPORTIVE. Do not attempt to distract or eliminate emotions. Give appropriate guidelines and boundaries of acceptable expression.
- Help person communicate what is going on inside self. Open communication lines. Ask for specifics. Be creative with ways to communicate.
- Give skills to cope with ANGER
- LISTEN. With your HEART, EARS, HEAD. Listen without judgment or advice. The bereaved can talk more than one person can listen.
- Realize that faith does not preclude grief
- Understand there are no right or wrong ways to grieve
- RESPECT, but respect does not necessarily mean Agree With
- Don’t minimize or depersonalize loss. “I know how you feel” closes doors, does not engage empathy.
- Leave invitations to accept your presence
- Find ways to put MOTION BACK INTO THE EMOTION (hammer, brick, garage sale china, etc)
- Educate in the grief process. Knowledge is power to make choices
- Work on easing the Panic, not the pain
- Acknowledge feelings of guilt. Do not attempt to talk them out of guilt. Support their own search through the WHAT IFS and the IF ONLYS.
- Understand that all survivors change, become different people
- Be honest. Be specific
- Do not strip way HOPE. Hope is never gone. It just changes focus
- Do not cheer lead. Acknowledge emotions, SUPPORT, NOT MASK
- Keep in check your impulse to guide the process. Give up your preconceived ideas about the direction and pace this process SHOULD take. Eliminate OUGHT and SHOULD. Just BE THERE!
- Never let your technology or terminology overtake your human capacity for understanding and compassion
- Continue to be available long after you think they should be “over it”
- Trust the survivor to grow by giving him the tools and encouragement he needs to find his own way through the Valley. Do not lead, but support. Become a GUIDEPOST along the journey.
- Your value lies in your ability to listen and to support
HOW A SUPPORT PROGRAM CAN HELP

A SUPPORT program can offer education, information and support to the bereaved who request such services.

The most important task a support person has is listening. But listening is not an easy task! Many people listen, but may not actually hear what has been said. Listening is receiving the information that has been spoken. Hearing, on the other hand, is understanding how it was said, what wasn’t said, the emotional aspects of the delivery and the intent of the message. Most people listen, but far fewer actually hear. It takes more than two ears to really hear someone.

We learn to “listen” with the ears, the eyes, the heart and perhaps even the soul. To connect on an emotional level as well as an intellectual or factual level is to truly communicate. Really listening is a gift a peer mentor can give. Even if you are only communicating via the Internet or on the phone, you can learn to hear the emotional tone of the conversation, the pauses, the breathing, the silence or empty spaces between words and perhaps even the tears as they slide down a cheek. It takes practice and a willingness to be completely present to the bereaved.

A support program can provide comfort and subtle support. By sharing information about the grief process you can let the person know what might be up ahead on the grief journey. You can also let them know that the intensity of their emotions will ebb and flow over the coming months. Grief does, eventually, soften and it is important to let the bereaved know that it will not always hurt as much as it does in early grief.

It is also important to help the survivor identify their strengths, family connections and goals for the future.

As you begin your connection with your survivor, it is important to respect individual timing and to tolerate intense feelings. The bereaved may experience periods of intense feeling that alternate with periods of distraction. They may go back and forth between wanting to avoid reminders of their loss and seeking out a supportive listener when feelings re-emerge. This wavering back and forth is common and should not be a cause for concern, unless the behavior becomes self-destructive.

Establishing support and trust are essential. The bereaved often have a tough time believing that anyone can understand the depths and intensity of their feelings. They may feel guilt at expressing such excessive feeling or need for attention. As a support person, your own experiences may give you a sense of familiarity with their feelings. No one can truly understand another’s experiences. We can, however, assure the survivor that we are there to listen and not to judge, discount or distrust their feelings. On the other hand, many bereaved
people are eager to tell their story and you may only need a big mug of coffee and a comfortable chair.

Listening to the story when they are ready to tell it, acknowledging the importance of the lost relationship and the uniqueness of their experience, and helping them stay connected to positive memories of their loved one are important. Grief-work involves the reaffirming of the relationship and reintegrating its meaning rather than cutting ties and “getting over it”. You don’t stop loving someone just because they died.

When talking with the bereaved, it is important to acknowledge the immediacy and intensity of their pain. Listening and encouraging them to talk about their loved one are as important as respecting avoidant behaviors and boundaries. Expressing your sorrow and concern for their well-being may also be helpful. It is not helpful to try to cut off the intensity of emotions by using phrases such as “It’s for the best,” or “It is God’s will”. Most clichés tend to fall into this category and should be avoided.

It is also important to keep risk factors in mind and to observe or listen carefully for indications of depressive symptoms, excessive isolation, a lack of social support, financial problems, helplessness, sleep disturbances, suicidal ideation, excessive guilt, substance abuse or poor coping strategies. Such symptoms might indicate additional support may be needed.

**Common Elements Of Grief Mentoring**

- Establish rapport, provide reassurance, and comfort
- Determine readiness of bereaved to talk about events
- Respect individual timing and defenses such as avoidance of stressful topics
- Invite the sharing of the events surrounding the death
- Explore what has happened since the death
- Discuss social support systems and family
- Create a supportive environment
- Develop trust
- Discuss maintaining a loving connection with the deceased
- Develop goals for the short-term future
- Explore ways to celebrate the loved one’s life
- Work towards acknowledging the loss

These actions, done in an empathic and supportive manner, will help the bereaved in their grieving process.
Your “job” as a support person is to be present, to understand the readiness of the person and where they may be on the continuum of wanting to tell their story vs. their ability to cope with the depth of emotion and distress they feel. Knowledge of cultural differences and expectations around grief expression and resolution are essential.

Listening to a traumatic story can take an emotional toll on the listener, especially if listening brings back painful memories for the support person. It is important for the support person to be comfortable with their own issues around grief and not to appear defensive or uncomfortable in the presence of another person’s painful feelings. If the support person is bereaved, then ideally they should be far enough along in their own recovery that they are able to retain a calm presence with the new survivor. While the support person may empathize and even express some tearfulness, they have resolved their grief enough not to feel overwhelmed. Nor do they feel they have to defuse the emotions of the bereaved person.

As support people, we can help prepare ourselves for this by being aware of our own feelings of grief. We should recognize the “triggers” that cause us to stumble as we move forward in our own grief journey. For example, for some, perhaps the week of their anniversary is the wrong time to try and help another person. We might be susceptible to a variety of responses to the new survivor’s story that would cause us to be less than helpful. Support people need to have an increased awareness of self and resources for their own support when needed.
TAKING CARE OF OURSELVES

You have chosen to help the bereaved. Being able to listen and help a newly bereaved person is a wonderful gift to be able to give. Helping others learn about grief and being a companion along the path requires compassion, skill and endurance. The bereaved can talk more than one person can listen and we have all had those hours-long conversations. Being able to take care of ourselves is an important part of being a good peer mentor. It is easy to say we SHOULD take care of ourselves, but when we have so much to do and so many hearts to hear, sometimes self-care takes a back seat to the rest of our To Do List.

Healing begins at the end of your own hand. Be careful, however, not to expect your own pain to disappear completely as you become involved with helping others. We each must still do our own grief work and work it is! But never again, do we have to be alone unless we choose to be. Be aware of your agenda so your caring does not become an excuse to postpone your own healing. Take good care of yourself as well. Healing begins from the inside out and the best care you can give is to model your own healthy growth towards wholeness.

So, let’s explore some tips for caring for ourselves:

1. Before you make your contact, find a comfortable spot, grab a cup of tea, cocoa, a bottle of water or a diet soda (😊) and take a couple of deep breaths. When you are ready to really listen, make the contact.

2. After you have made your support contact, take a few minutes to just relax and breathe. The conversation may have stirred up some feelings inside you, too. Be gentle with your own grief and take some time to listen to yourself.

3. Remember that you cannot take away someone else’s pain. You can ease the panic, but you cannot remove the hurt. Be careful that you don’t expect more of yourself than is possible to give.

4. Acknowledge that life is stressful. Give yourself permission to hurt, to grieve. Be specific in your acknowledgement of the pain, hurt, grief. Once we know what hurts, we can figure out how to help that specific hurt.
5. Take care of yourself physically. Remember that grief is also a physical response to loss. Eat right (eating the cookie BOX fulfills the fiber requirements easily), exercise (at least buy the shoes) and find the stress relief that physical activity brings. If nothing else, jog your memory.

6. Don’t deny yourself the gift of healing tears. Cry whenever you wish. Trying to stop tears just leads to a terribly sore throat and smudged mascara. Sometimes we are crying for the person we have just listened to and sometimes we cry for ourselves.

7. Chocolate helps. When there are no words, there is always chocolate. Do not eat the entire box, however. One piece will do.

8. Banish OUGHT and SHOULD from your life. Write these two words on a piece of paper and eat it. Better you consume them before they consume you.

9. Find some constructive outlets for your emotions. Find some creative ways to release the anger, guilt or despair you may be feeling. Tossing marshmallows, yelling in the backyard, hitting a pillow or breaking garage sale china (tossing it into a large box out in the backyard works wonders) will help put the motion back into the emotion. Talking about intense feelings does not always help. Find a personally non-destructive way to express the intensity of an emotion. Having an adult temper tantrum within planned boundaries is a wonderful way to release the tension of grief.

10. Don’t forget how to laugh…or dream. Insist on joy every day even if it is only a remembered moment. Remember a funny incident you shared with your loved one or a dream you once had that made you smile.

11. Buy a pair of rose-colored glasses and wear them whenever you need to see things in a different way. They are a change in perspective. We cannot control what happens to us, but we an control what we do with what happens to us and rose-colored glasses help remind me of my own power to see things in many different ways.

12. Remember the LOVE. Our loved ones died, but we did not lose them or the love we share. Don’t lose that love in the despair of grief. Be gentle in your despair. Be creative in your grief. Let the joy of your loved one’s LIFE begin to take the place of the hurt and pain of death. Remember, though death has come, LOVE NEVER GOES AWAY.
The most important thing to remember is that a support program provides EDUCATION, INFORMATION and SUPPORT. We may not be therapists or counseling professionals. Even if you have those credentials, a support program does not serve in a professional, therapeutic capacity. We offer a listening ear, information about the grieving process and peer support. It is an extremely valuable gift to give!

Even when the bereaved are as healed as they are ever going to be, they will never be the same as they were prior to the death. Helping the bereaved to be able to move through their grief and to establish a “new normal” for themselves is a precious gift that a peer mentor can provide.

It is your presence that will make the most difference in the lives of survivors: yours included!

THANK YOU FOR CARING!
BRIEF BIBLIOGRAPHY

With the constantly expanding number of resources about grief and bereavement, it becomes nearly impossible to provide a current bibliography for materials. We suggest you check the following resources for their current titles as well as utilizing the titles listed below.

Centering Corporation
P.O. Box 4600
Omaha, NE 68104
402  553-1200
www.centering.org

Grief Inc.
4227 S. Meridian  C-363
Puyallup, WA 98373
253  929-0649
www.griefinc.com


Sims, D. *If I Could Just See Hope* Louisville, KY: Grief Inc. 1994

Sims, D. *Why Are The Casseroles Always Tuna?* Louisville, KY: Grief Inc. 1995


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AN INTRODUCTION TO THE GRIEF JOURNEY
EXAM QUESTIONS

1. While grief is a natural and normal response, it only occurs following a death.
   a. True
   b. False

2. ___________is intense emotional suffering caused by loss, disaster or misfortune.
   a. mourning
   b. grief
   c. bereavement
   d. sorrow

3. Mourning is:
   a. the state of being at a loss
   b. the internal experience of loss
   c. the emotional reaction to loss
   d. the outward expression of grief

4. The American Culture is one of the least death denying cultures in the world.
   a. True
   b. False

5. In the US, currently the most popular way to say that someone has died is:
   a. He passed away
   b. She expired
   c. We lost her
   d. She is deceased

6. Why do people believe some of the myths about grief?
   a. There are no myths about grief-only different thoughts about it
   b. Believing in the myths helps keep the pain of grief at a distance
   c. Believing in the myths gives one a sense of control over grief
   d. We believe in myths because we don’t know the right way to grieve
7. Which of these are all myths about grief?
   a. 1. Grief follows a predictable pattern
       2. Grief is a lifetime process
       3. You don’t get over grief
   b. 1. Keeping busy is the best way to handle grief
       2. Time heals all wounds
       3. A good cry is necessary in order to heal
   c. 1. There is a right way to grieve and a wrong way
       2. Grief is the price you pay for Love
       3. Seeing the body may help the bereaved

8. The most common expression of grief (in the American culture) is:
   a. Anger
   b. Crying
   c. Guilt
   d. Loneliness

9. For many, the first response to grief is:
   a. Sadness
   b. Fear
   c. Anger
   d. Shock

10. The pain of grief is most intense in the beginning.
    a. True
    b. False

11. There is no way around grief. The only way is to go through it.
    a. True
    b. False

12. Which of these might be considered a “value” of grief?
    a. It deflects the pain of loss
    b. It helps us recognize what could have been done differently
    c. It helps control our sense of helplessness
    d. All of the above
    e. None of the above
13. ______turned inward becomes______.
   a. guilt        anger
   b. silence      depression
   c. anger        guilt
   d. fear         grief

14. Understanding what happens to us during the grief process will stop the pain and the panic.
   a. True
   b. False

15. Denial is a term often used to describe one’s reluctance to express grief. A more appropriate word might be:
   a. resistance
   b. acknowledgement
   c. postponement
   d. delay

16. In order to achieve closure, the bereaved must accept the death of their loved one.
   a. True
   b. False

17. One can continue to grieve through the lifespan without being crippled by the emotions of grief.
   a. True
   b. False

18. In order to heal grief, one must:
   a. accept the loss
   b. change the language of grief
   c. embrace the emotions of grief and work through them
   d. say good-bye to the deceased

19. The process of integration, accommodation and adaptation is the process of:
   a. recovery
   b. closure
   c. getting through, not over something
   d. release
20. Does grief ever end?
   a. Yes, but it takes several months or even a year or two
   b. Yes. When one accepts the death, the pain and grief will leave
   c. No. It will always be a painful reminder of what has been lost
   d. No, but it can soften its impact and become a thread in our fabric,

21. The truly bereaved are those who have never known love at all.
   a. True
   b. False

22. The “worst way” for a loved one to die is: (Does it hurt more to have a
    loved one die by)
   a. Suicide
   b. Long term illness
   c. Homicide
   d. Suddenly
   e. Accidentally
   f. In combat
   g. All of the above
   h. None of the above

23. Survivors of an anticipated death must cope with the following:
   a. Exhaustion, emotional and physical
   b. Relief often followed by guilt
   c. Guilt over grieving before the death occurred
   d. Possible depletion of finances before the death
   e. All of the above
   f. None of the above

24. Disbelief is often the first reaction upon receiving the death notification.
   a. True
   b. False

25. It is not a good idea to allow families to see the crash site or pictures of
    the place where their love one died.
   a. True
   b. False
26. One can experience________even if one was not directly involved with the sudden, traumatic death.
   a. Attention deficit disorder
   a. Vicarious traumatization
   c. PSTE
   d. Traumatic mood disorder

27. “The head can get ready, but the heart cannot rehearse hurt” means that:
   a. All deaths are traumatic and senseless
   b. Surviving family members will experience posttraumatic stress disorder symptoms
   c. All deaths are sudden and unexpected
   d. Anticipated deaths are easier to grieve than sudden deaths

28. One should become concerned about grief symptoms that lead to:
   a. Initial shock
   b. Inability to perform daily routines and functioning
   c. Guilt lasting more than two weeks
   d. Denial

29. In order to heal effectively, it is best to begin to forget what happened and move on.
   a. True
   b. False

30. People who experience a traumatic loss, should see a therapist as soon as possible in order to avoid complicated grief.
   a. True
   b. False

31. Having ____________ is critical to the success of survivors.
   a. Family
   b. An effective support system
   c. An experienced therapist
   d. Prescription medications
32. Healing begins to occur when:
   a. The deceased is referred to in the past tense
   b. Painful emotions no longer occur
   c. The death is acknowledged
   d. The survivors no longer go to the cemetery on a daily basis

33. The most important things you can do as a helper to the bereaved is:
   a. Provide therapy
   b. Provide information about the grieving process
   c. Provide a listening ear and caring support
   d. Be a cheer leader and bring some joy to the family

34. With effective support, education, information, the bereaved will be able to get over grief more quickly than those who receive no help.
   a. True
   b. False

35. The bereaved will be through their grief when they are able to “pick up the pieces” and return to their life.
   a. True
   b. False

36. Find ______________ to express the intensity of an emotion.
   a. A physically destructive way
   b. A verbal way
   c. A personally non-destructive way
   d. A funny way

37. You can ______ the panic, but you cannot _____ the pain.
   a. Eliminate, help
   b. Ease, eliminate
   c. Eliminate, increase,
   d. Increase, increase

38. In order to heal, the bereaved must be able to:
   a. Forget the trauma of the death
   b. Establish a new normal for themselves
   c. Return to their usual way of doing things as soon as possible
   d. Reinvest all their energies into new projects and relationships
39. It is your __________ as a support person that will help the most.
   a. Ability to laugh
   b. Ability to listen
   c. Presence
   d. Knowledge of the grieving process