

Grief



COURSE CONTENT

Introduction

Differences Between Sudden and Anticipated Loss.

Expected or Anticipated Loss

Sudden, Unexpected and/or Violent Loss

Factors That Effect Individual Reactions

Age

Relationship to the Deceased

Circumstances of Death

Support and Perceived Support

Past Coping Behavior, Personality Traits and Pre-Existing Issues

Secondary Losses

Social, Ethnic, Religious and Cultural Orientation

Tools for Living After Sudden and/or Violent Death

Providing Safety

Debrief

Facts and Information

Education

Validation, Presence and Support

Self-Care

Corresponding Complications

Maintaining Connection

INTRODUCTION

It is reported that one in three losses (from death) involve sudden or unexpected loss (Raphael, 1983). Though anticipated or expected loss can be just as painful, there are some distinct differences from sudden loss. What are those differences and how do they affect peoples' reactions and ability to cope?

The aftermath of sudden loss, also known as complicated mourning, hits millions of individuals and can have both short and long term effects upon the individual, family and society. Sudden loss can increase existing physical, emotional and mental distress or be the catalyst for newfound anxiety, stress, depression, intrusive images, addiction and abuse.

There are as many ways to adjust to sudden loss as there are individuals who experience it. Some people shut off their feelings and "numb out" with obsessive behavior and others become so overwhelmed with the shock, emotion and change that it is difficult for them to function or cope.

This course provides personal and professional information, reflection and time-tested tools for healthy ways to cope and adjust to life after sudden and/or violent loss. You will learn how to differentiate grief from sudden and anticipated death and the corresponding reactions as well as the many factors that affect our reactions to sudden loss and how to normalize and validate those feelings and reactions. Also presented are tools you can utilize for healthy grieving and ongoing connection with the deceased.

COMPLICATED GRIEF

Differences Between Sudden and Anticipated Loss

Expected or anticipated loss is when someone has a life-threatening illness or disease and it is known before they die that their death is or was imminent. This period of time can be weeks to years, depending on how fast the illness or disease progresses and what the individual does or does not do in response to the situation.

Because an anticipated death is known of beforehand, grieving is easier (though does not always take place) for there is usually time for that person's family and friends to have opportunities to communicate whatever they wish to communicate with the person dying and vice-a-versa. This is often referred to as "anticipatory grieving", though it is actually taking place in the present moment and is more accurately referred to as "active grieving". Because of this opportunity, there is the chance for the person dying and those who will live on to say and do what they feel is necessary, thus alleviating or at least diminishing further feelings of being "unfinished" or having guilt and remorse.

- A woman came to see me, whose husband had died after being ill for three years with Alzheimer's. It had been two months since his death. She said, "I didn't feel anything but relief for the first month or two and after having little sleep for years and slept 12 to 14 hours a day. I loved my husband, but in many ways he died long before his body did. It felt like a part of him died day by day. The

person I married and knew for thirty-four years was gone. Even though towards the end he didn't understand what I was saying, I was able to tell him how much I loved him and what a pleasure our lives together had been. Sometimes he heard me loud and clear and responded in kind; at others, especially in the last half year, I don't think he comprehended what I was saying. Even though it was long, exhausting, sad and frustrating, I much preferred having the opportunity to share what was on our minds than if he had died suddenly, without warning. This way we had no unfinished business."

Knowing of someone's expected death also provides time to make arrangements – financial, funeral, health-care decisions, children, living arrangements and work. It doesn't always give time to have everything in place or taken care of, but there is more opportunity to do so. These issues are often referred to as "secondary losses", though they can at times be just as primary as the loss of the individual who is about to or did die. "A secondary loss is a physical or psychosocial loss that coincides with or develops as a consequence of the initial loss. Each of these secondary losses initiates its own grief and mourning reactions, which ultimately may be greater or lesser in intensity and scope than those following the precipitating loss." (Rando, 1993).

Having the chance to know what someone's health care wishes are before they are in a situation where they cannot let you know can make a world of difference to the survivor's peace of mind. Letting a loved one die or "live while they die" in the fashion you know they wanted lessons guilt, anger, frustration and questioning after they have gone.

- A man who came to me for counseling said his mother laid out everything before she died “in black and white”. He said, “It would have been a mess if my mother hadn’t been so prepared and let us know what she wanted. She completed a Do Not Resuscitate form as soon as she learned she had pancreatic cancer and gave copies to my sister and me. She made me her Durable Power of Attorney for Health Care and told us all, including her doctor, that she didn’t want any heroics when her time came. She was at home and we were caring for her,” he continued, “when she went into a coma and eventually stopped breathing. I freaked out and was about to call 911. I couldn’t stand to see her that way, but my sister reminded me what Mom wanted and that this was the natural progression of things and I was able to let her be.”

There are a number of common reactions, though not inclusive, to expected or anticipated death. They can include physical, cognitive, emotional and behavioral manifestations.

Physical symptoms can involve: shakiness, dizziness, nausea, disorientation, sweating, shortness of breath, chest pain, headaches, backaches, muscle tightness, fatigue, thirst, tightness in the throat, weakness and chills.

Cognitive symptoms can include: blaming, confusion, poor attention and concentration, memory problems, poor problem solving and abstract thinking, loss of time and place.

Emotional reactions may include: anxiety, guilt, grief, denial, uncertainty, loss of emotional control, depression, apprehension, feeling overwhelmed, anger and irritability.

Behavioral responses often encompass: changes in activity, withdrawal, emotional outbursts, loss or increase in appetite, increased alcohol or chemical abuse, inability to rest or excessive sleeping, pacing and lowered level of functioning.

“I seem to be falling apart.

My attention span can be measured in seconds;

my patience in minutes.

I cry at the drop of a hat.

I forget things constantly.

The morning toast burns daily.

I forget to sign the checks.

Half of everything in the house is misplaced.

Feelings of anxiety and restlessness

are my constant companions.

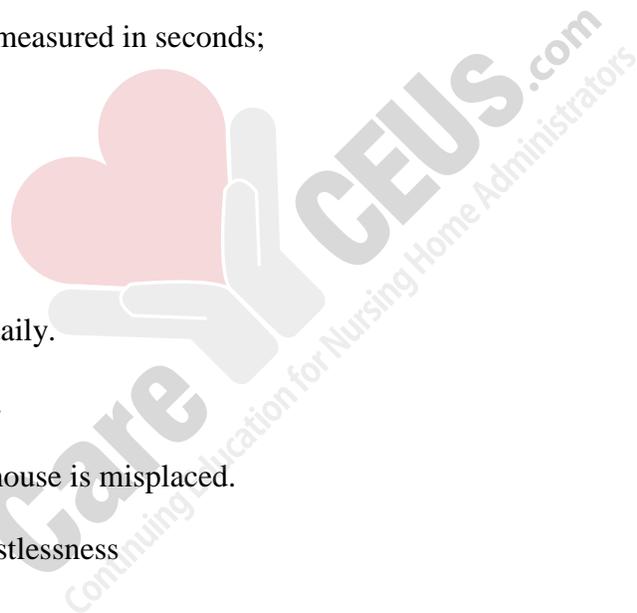
Rainy days seem extra dreary.

Sunny days seem an outrage.

Other people’s pain and frustration seem insignificant.

Laughing, happy people seem out of place in my world.

It has become routine to feel half crazy.



I am normal I am told.

I am a newly grieving person.

(Eloise Cole, 1985)

Sudden, unexpected and/or violent loss comes out of the blue and hit you in the face BAM! Without any preparation or expectation, death has knocked down your door and no matter what you do to deny, resist or wish it away, it remains. With sudden loss there is no time to say your goodbyes, make arrangements or emotionally prepare for the impact and its effects. It is as if the rug was literally pulled out from under you.

On top of dealing with the shock and pain of the loss are all the other issues that arise, including the questioning and disbelief. How did it happen? Who or what caused it? Did I do or not do something to make this happen? Was their death preventable? What are the charges? Why did they do it? Where is the body? What would they want done (if they are on life-support)? How do we arrange the funeral? Who will pay the bills? Will we have to move or get a new job? Where will the children go to school if we move? Who will their children live with? I can't believe this! It isn't real! This must be a dream! The world has gone mad!

- When my friend died in an automobile accident I remember saying to the colleague who called me with the news, "What? You've got to be kidding. Are you sure she's dead? Could they have gotten the wrong person or misidentified her somehow? I can't believe this. Don't tell me any more!" And when my

uncle killed himself I said to my dad, “Quit joking around. I just saw him two weeks ago and he was fine. Tell me the truth; why did you really call? He killed himself? How? Why? When? No!”

The **reactions to sudden, unexpected and/or violent death** can include all those stated for anticipated or expected death, as well as: shock, shaking, elevated blood pressure, vomiting, grinding of teeth, numbness, hyper vigilance, obtrusive images and/or thoughts, severe panic, nightmares, intense anger and/or guilt, suspiciousness, anti-social acts, anxiety, depression, cognitive disconnect, disassociation, isolation and post-traumatic stress.

The **difference between anticipated or sudden loss** can best be illustrated by **imagining you are walking down a city sidewalk**. With **expected loss**, someone approaches and tells you that “death is up around the next corner”.

“Are you sure about this?” you ask the stranger.

“Absolutely,” they reply. “I’ve seen it many times and it is coming regardless of what you do.”

Once they realize they have been told the truth, some people decide to keep on walking and say, “I want to meet this thing face to face.” Others choose to run the opposite direction and avoid it at all costs, while some will keep questioning, bargaining or fighting with the messenger, trying to find someone to blame.

With **sudden loss** you **walk down the same city sidewalk**, when KABOOM, someone comes up behind you and clobbers you without any warning. As you’re lying

on the sidewalk in shock and pain, your first reactions are not to bargain, question or prepare yourself for loss, but to say “What happened? Will it happen again? Am I safe? How do I stop the pain? What’s wrong? How’d I end up here?”

“There is no way to prepare. No way to brace yourself or let yourself down easy. When a loved one dies suddenly or their death is perceived as sudden, your entire world is turned upside down and inside out.” (Constans, 2005)

Factors That Affect Individual Reactions

There are a myriad of **factors that shape and determine how an individual will react to sudden loss**. Some of these factors are: **age, relationship to the deceased, circumstances of death, support and perceived support, past coping behavior, personality traits and pre-existing issues, secondary losses and social, ethnic, religious and cultural orientation.**

Age – A child of six years of age will have a completely different understanding about death than a child of twelve, who comprehends the finality of death and its impact upon their life. A twenty-year-old whose father suddenly dies from a heart attack has a different life experience than someone whose parent dies when they are in their fifties (Harris Lord, 1995). As people age and mature, their comprehension of death being permanent, that it happens to everyone and it will also happen to them, is usually

conscious at some level and influences their reactions to loss, their acceptance of the situation and their ability to cope.

- A six-year-old, who was on the back of his father's motorcycle when they crashed and his father died, told me, "I know he's dead, but my birthday is next week. He'll come back for my birthday won't he?" A nineteen-year-old woman said, of her father's fatal aneurism, "Sure, we all die, but I never thought it could happen to my parents, let alone me. I mean, intellectually I did, but not on a gut level. Now I know it's for real."

Relationship to the Deceased – The fact of whether the person who died was a family member, friend, relative, spouse, lover or colleague is less important than what kind of relationship existed between the survivor and the deceased prior to the death. Were they close, emotionally intimate, intellectually connected, dependent, distant, ambivalent, conflicted, estranged, or a combination of any or all these factors?

Someone who was dependent on the person who died for their emotional stability or sense of who they are in the world will have a more difficult time than someone who is independent, resourceful and self-sufficient.

- A man in his sixties explained, "I don't know who I am anymore or how I'll survive. She did everything. We've been together forty-seven years and like that . . . she's cut down crossing the street. Nobody knows me like she does."

Likewise, if a couple is close, loving, respectful and supportive of one another and both people are equally responsible for tasks and emotional support, the loss of the “perfect relationship” can be devastating.

- “The ground has dropped from under me,” a thirty-two-year old woman shared, after her partner of seven years died in a plane crash. “I will never find someone who loves me as much as she did. She knew me inside and out. Don’t get me wrong . . . we were very different and didn’t always agree on things, but we could always talk it out and listen.”

If a relationship is conflicted, ambivalent and/or abusive, there can be pain over the loss of what didn’t exist and now never will, as much as what was present before the loss (Matsakis, 1992). Not only does the survivor have mixed feelings about the deceased, which can include relief, distance, pain, anger and guilt, but also sadness over never getting to “set things right,” hear an apology or have the relationship be like they would have wanted it to be.

- “He deserved to die!” a man in his forties said about his father, who had died from an overdose of heroin. “He treated us like shit! What kind of a father was he? He was never around, always out looking for a fix. And when he was home he was useless. He’d sit around and stare at the TV or tell my sister and me to go talk to mom. We could never talk to him about anything. I wanted so much to be

able to have him see me for who I was and to be proud of me, but he couldn't even do that for himself."

Circumstances of Death – Was the survivor present at the Time of Death (TOD) or did they hear about it in person or on the phone? Did the person die a violent death in a car wreck, homicide, suicide or disaster or did they die suddenly in their sleep or drop over dead from a heart attack or stroke?

If the survivor witnessed the death, they are more likely to have intrusive images and wonder if there was something they could or should have done or not done.

- "My sister was right behind me," a mother of two said of her sibling. "We were going out for one last swim. I said, 'I'll race you to shore' and turned around, but she was gone. I can't believe it. She must have cramped up or something and gone under; she just wasn't there anymore. I looked everywhere. If I hadn't been so childish about racing I would have seen her. I could have grabbed her or something."

If they were absent at the time of death, they may start filling in the blank spots with their own scenario or wonder how much suffering was involved.

- “They said my son died instantly. He was shot in the head. But I wonder how long he lay on the pavement bleeding before someone found him. I pray he didn’t suffer. If he suffered I couldn’t bare it.”

When someone witnesses a violent death, it can increase stress, anxiety, hyper-vigilance, depression and repression, and be difficult to get the TOD images out of their head and/or protect themselves from experiencing it again (Moshoures Redmond, 1989).

- A man who saw his fellow soldier blown up by a land mine said, “It’s been over a year now and I’m out of the service, but everywhere I go I look down. Even on the sidewalk in town I look down, never at where I’m going. And sleep . . . sleep is so hard, it’s almost non-existent. Whenever I close my eyes I see pieces of his body flying in the air.”

If someone dies peacefully in their sleep or favorite armchair, it has quite a different effect than seeing them gasping for breath as they drown, bleeding to death after they cut their wrists or having body parts severed in an accident.

- “It was startling to see my father-in-law dead, but not horrific,” said his forty-year-old son-in-law. “I walked in to tell him dinner was ready and there he was, out cold in his recliner. His skin was white. I knew right away he was totally gone. We weren’t expecting it, but than again, at age eight nine it wasn’t totally unexpected either.”

When a death is perceived as having been preventable, either by the person who died or by the actions or inactions of others, an added layer gets slathered on the survivor's sense of the world being a "good or safe place". Knowing that something "could have been done" to prevent the death, pain and subsequent suffering of the bereaved can add additional fuel and complications to the fire of mourning (Figley, Bride & Mazza, 1997).

- "Why did he do it?" a relative said, speaking of his nephew who took his own life. "He was such a bright kid. It doesn't make sense. He was one of the good guys."

Support and Perceived Support – A perception or reality that someone is lacking social support is a high-risk factor for complicated mourning and sudden loss (Rando, 1993). Some people have few social contacts or support networks and are isolated from family and/or friends and some may have their loss ignored or avoided if it was an ex-spouse who died, a suicide, AIDS death or drug overdose (Doka, 1989).

- "I don't have any friends. They've all moved or died," an elderly woman told me, following the sudden death of her brother. "There's nobody to talk to here. They're all old or crazy." She was living in a board and care home.
- "Nobody pays any attention to how I feel," a woman cried. "He was my ex-husband and he died of AIDS. We were still friends and I always cared about

him, but nobody else seems to get it. All they do is tell me to ‘Forget about it. It’s not like you were together or anything.’ It hurts so much when they say that - I want to scream.”

Others, though they have family and friends, **may feel inhibited to speak about certain aspects of their experience** (especially anger, fear and guilt) or are not really listened to, but instead told what to do. It is painful to be with someone you love when they are in a rage and it hurts to listen to them beat themselves up over something they had no control over, but it is often the ability to do just that, that gives survivors permission to express all of what they are thinking, who they are and what they feel. If someone has to keep certain parts of their grief hidden, those parts can fester and cause physical, emotional, cognitive and behavioral infections.

- A teenage client once told me, in relation to her grief and mourning after her brother was killed in a drive-by shooting, “My parents try . . . they try real hard. And my uncles and aunts are angels, but whenever I try to tell them the truth or let them see what I’m REALLY feeling, they clam up, walk away or change the subject. Sometimes they tell me what I should be doing or feeling, without listening or acknowledging what I have just said. They only want to see me in a certain way.”

Past Coping Behavior, Personality Traits and Pre-Existing Issues – Most people react to sudden and/or violent death the same way they have with other crisis in

their lives. If they tend to take care of others in the process, that is what they do after sudden loss. If they are someone who numbs out and acts as if nothing has happened, that is what they do. If their tendency is to drink or sedate their problems or emotional pain, they do so with increased frequency.

- When my uncle shot and killed himself my first tendency was to take care of the rest of the family. “Are you OK?” I repeatedly asked my parents, sister and aunt. “Make sure you get some help. Do you want to talk about it?” All the time I was caretaking I was avoiding my own reactions, questions and distress.
- “I’m fine with what happened. Hell, it was a long time ago,” a friend told me, explaining how he was coping with the death of his mother six months ago, while at the same time drinking a six-pack of beer almost nightly for the last four months, after the shock of her sudden death had worn off.

When someone is living with a pre-existing condition, such as depression, schizophrenia or diabetes, the loss can be a catalyst for decreased management of these conditions and thus increase the likelihood of symptoms getting out of control.

- When I noticed a hospice bereavement client, whose husband had been stabbed to death, looking more and more disheveled and talking about and to people that I could not see, I knew she had stopped taking her medication for schizophrenia and would soon be out on the street if I did not intervene.

People who tend to lash out at the world, project their distress on to others and blame life for their circumstances usually do so with added fervor after an unexpected death. “Our culture leads us to believe that for every effect a cause can be determined. When the effect is a bad one, like the suicide of a child, cause becomes blame.” (Smolin & Guinan, 1993)

- “They totally screwed up! I’ll sue them for every penny they’ve got!” a young engineer told me after his father died in the emergency room after being crushed to death when he swerved into the path of a semi-truck. His father had been drinking and been the cause of the accident, from all accounts, but the young engineer was focused on the medical personnel in the ER who could not “save him”. “How could they do that?!” he screamed. “They didn’t do anything right!”

Secondary Losses – When someone dies suddenly and/or violently, the survivors not only have to comprehend what has happened, they have to quickly adapt or not adapt, to the **many changes the death has created**. These changes can include one’s job, school, housing, finances, parenting and overall sense of safety and security.

- “We’re going to have to leave town and move back in with my parents,” a young widow explained, once the funeral for her police officer husband, who had been killed on the job, was completed. “I hate moving the kids, but there is no way we

can survive in this town with such a high mortgage. We'll just have to all adjust as best we can."

Even though many losses following a sudden death are labeled "secondary losses", they can be primary for those involved and just as painful. **It isn't just the loss of the person that must be confronted, but all the losses surrounding that person's life and their connections with those still living.** The roles the deceased played in the family are all up for grabs. The memories of the life lived come flooding through with reminder after reminder of their absence: dreams and hopes for the future, of seeing children achieve milestones of graduation and marriage, birthdays, holidays, anniversaries and vacations – all must be acknowledged and grieved as additional losses.

- "Every year in the United States well over one-third of all the babies conceived will not survive. One in every three women who conceive is touched by childbearing loss. Countless others – women and men – grieve over their broken dreams of pregnancy, childbirth, and parenthood." (Panuthos & Romeo, 1984)

Social, Ethnic, Religious and Cultural Orientation – The messages we are given about death, loss and grief from our families, churches, culture, society and ethnic and religious backgrounds play a pivotal role in how we respond or don't respond to sudden loss and mourning.

If we see our parents avoiding the pain of loss by not speaking of it or ignoring it when it occurs, we are more prone to do likewise. Or, if our family reacts with frequent outbursts to every perceived change or possibility of change or loss, we may also follow suit as we mature.

- “My parents were stoic, salt of the earth people who never showed emotion,” a recent client reflected. “They kept a ‘stiff upper lip’ and held everything in, even when there was a death in the family. No wonder I’ve buried all the feelings surrounding my younger brother’s death for all these years. I didn’t think I was supposed to let anybody know it hurt, let alone a stranger.”

When the predominant religion and/or community in which people live screams, wails and trills at funerals, is it any wonder they can feel out of place or uneasy when those things are NOT happening and find it hard to understand why everyone is so stoned faced or “cold” at a memorial or burial?

- “I was shocked,” said a woman whose parents are from Lebanon, “when I went to my British friend’s funeral service and there wasn’t a tear or sound to be seen or heard. My God, this young man had tragically died and they acted like they were in court or something.”

Personal, familial, societal and cultural influences can inundate us with messages about loss that we seldom stop to acknowledge or admit, yet when we do we then have

more choice about how we respond, as opposed to doing so out of expectation and habit. “Death and loss are not only personal matters. They are also social. Society prescribes standards for grief and mourning, and each individual grieves not only from his personal sorrow, but in a style which is the product of early socialization and later social dictates.” (Kalish & Reynolds, 1981).

Tools for Living After Sudden and/or Violent Death

There are a number of observations, insights and actions that can be used to minimize the impact, re-frame the experience and help clients live constructively with the reality of sudden, unexpected loss. These tools consist of **providing safety**, an opportunity to **debrief, facts and information** about the loss, **education, normalization and validation** about reactions to sudden loss and **healthy self care**. There may be a need for the treatment of **corresponding complications** such as disassociation, panic, drug use and/or depression. **Maintaining a connection** with the person who died in a way that supports, honors and nourishes both the living and the dead is also important.

Providing Safety – If you are near the scene where a death has occurred and there is any chance of further injury or taking of life, the first objective is to get yourself and survivors to safety. Once you have done so, you can provide them with simple nourishment of a blanket, water, food, a safe place away from the scene and someone to

hold, or be nearby to answer questions and provide some semblance of reality. (Young, 1993).

- “I didn’t know what to do. I just stood there, frozen. Someone took my hand and led me to a shelter. They sat with me and put a coat over my shoulders. It didn’t seem like much at the time, but I couldn’t do it myself.” Statement of a survivor who saw her best friend crushed in an earthquake.

Debrief – Give the survivor the opportunity to do what they need to do, say what they need to say or remain silent, if they wish, immediately following the loss. Giving them the option to speak about and try to figure out what has just happened provides an outlet for their pain, confusion and shock about the horrible event that just occurred and lets them begin to try to make sense or have some semblance of what has just happened. “Intrusive repetitiousness and denial are labels for two extremes of response to stressful life events.” (Horowitz, 1976) “The conflict between the will to deny horrible events and the will to proclaim them aloud is the central dialectic of psychological trauma. When the truth is finally recognized, survivors can begin their recovery.” (Lewis Herman, 1992)

- A man who found his dead wife (who had also been raped) said, “It was unbearable. Part of me wanted to scream and tell somebody about it and the other part wanted to die . . . to disappear and fall down a dark hole. Somebody, I don’t remember who, maybe it was a cop, let me be. They let me cry, scream and lay

on the floor. I talked nonstop. They didn't say a word. They stayed with me. Their presence and attention provided some kind of sanity.”

Facts and Information – Many times, after sudden loss, people just want to know what happened. Once they are safe and have had a chance to debrief, they want the details. Not everyone wants the details, but for those that do it can be a great comfort and provide some clarity to the events that have taken place. Speaking with others who were present, obtaining a police or coroner's report and/or reading the medical report can provide solace, comfort and make real what has taken place (Lattanzi-Licht & Doka, 2003). Talking to others and seeing these reports can also be extremely painful, upsetting and confusing, even if the individual was adamant to see them. You can be of assistance by putting them in contact with the proper authorities, helping them write or fill out forms to obtain the necessary paperwork and making sure that you or someone else is with them when they first read anything they receive.

- “I had to know what happened,” said the father of a teen killed in a car chase. “It was driving me mad. I had to know what the police said, exactly what happened minute by minute. I needed an explanation. I wasn't trying to blame anybody, I just needed to know. It helped. It hurt and it helped.”

Sometimes people have had enough of “the facts” and just “want it to be over,” especially if it involves an ongoing court case that reopens the wounds again and again and doesn't seem to ever come to completion. The time and energy it takes to follow

court proceedings of someone charged with the death of another can take years and put the survivor's grief on hold as they seek revenge, retribution and/or are afraid the person will be released (Gayton, 1995).

- “It was too much. It just went on and on and on. The amount of money, travel and time off work became too much. No matter how much I hated the man who murdered my sister, it got to a point where the hate and time wasn't worth it and I gave it up to God.”

Education – Letting clients know about the **common and human reactions** to sudden and/or violent loss with words and/or written material can decrease the intensity, duration and frequency of anxiety, guilt and frustration about feeling and reactions (Worden, 1991). Understanding that they aren't “going crazy” and that most or all of their symptoms are normal and to be expected can release an unbearable amount of pain and fear. Letting them know about the physical, mental, emotional and behavioral reactions from sudden loss that often occur brings them back to the world of the living and connects them with the rest of humanity. They realize that after all is said and done they are not as “weird” “off the wall” or “strange” as they had imagined. The shock will wear off, the intensity of the pain will subside and there are ways and means to help them through the horror they are experiencing.

- A man whose fiancée suddenly died in a head-on collision with a drunk driver told me the most reassuring thing he heard in the first few months were the words,

“you aren’t alone” and “what you are feeling is normal”. He said he’s not sure if those were the exact words, but that is what he remembered.

As important as education, are **validation** of an individual’s experience and their cognitive understanding of what has and is happening, along with your **loving presence and support**. Survivors need to know that they have been heard; that they can tell their story, share their feelings (no matter how horrific or intense) and have someone who will listen to their version of events as often as necessary. They don’t need someone who is afraid of their rage, frustrated with their repetition or dismissive of their reasoning and explanations of what happened and why they are acting as they are (Wholey, 1992).

Validating someone’s experience doesn’t mean supporting destructive or unhealthy social behavior; it means paying attention and being present, not only with your words and emotions but with your entire being (Brandon, 1976). It is often difficult for survivors of sudden and/or violent death to find someone who will actually listen without placating or trying to “fix” them (Constans, 2001). They need someone with a big heart, big ears and a little mouth. Validation is communication. It isn’t saying “I understand”; it is **demonstrating with your presence** that you are willing to be with them as they grasp for understanding and go through the roller coaster of emotions while simultaneously navigating the pendulum of time (between what has occurred in the past, what is taking place now and what may transpire in the future).

- “People tell me they don’t know what to say or how to be when they’re around me, so they avoid calling or stopping by altogether,” said an older woman whose

husband died in a plane crash. “There are no magic words. I just want them to be with me, let me know they care and listen to whatever I’m feeling today. Hell, I don’t know how I’ll be one moment to the next, let alone day after day. When I’m left alone I start to wonder if I’m the only one in the world like this or if I’m making things up.”

- A twenty-something young man told me, “I’ve gone to counselors before and all they did was tell me I shouldn’t feel how I did, that I should learn to forgive the son-of-a-bitch who killed my father and ‘move on’ or ‘let go’. They were more scared of how I was feeling than I was myself. It seemed to make them uncomfortable. After awhile I shut down or said what they wanted to hear. It made me feel invisible and like I didn’t exist.”

Self-Care – In addition to seeking help from counselors, clergy, physicians, support groups and self-help organizations, there are many things survivor’s can do to take care of themselves and adjust to life with the loss of the person who died (as they physically knew them). Some of these include –

- **Eat one good meal a day**, even if it seems tasteless. Make sure it has protein, vitamins and carbohydrates.

- **Exercise:** even when you don't feel like it. Walk, run, and swim, work out, hike, bicycle or dance. One man whose sister died in an automobile accident said running every day is what saved his life and made his loss bearable.
- **Find a way to acknowledge and release your pain in a safe manner.** Scream, wail, moan, sob, laugh hysterically, play music, sing, howl or cry out loud; in the shower, on the floor, into a pillow, in the woods or with a trusted friend. After the death of her husband a friend of mine said she would face the ocean and cry and scream for a few minutes every day and nobody could hear her (Kennedy, 1991; Doka, 1996).
- **When you feel stuck and believe nothing will ever change,** take the following three steps. First, **be honest with yourself** about what you are presently thinking, feeling and telling yourself about your experience. Second, **externalize whatever you have discovered** going on inside: talk, write, yell, exercise, draw, cry, etc. Third, **take action.** Do something for yourself, for someone else and/or for the person who died.
- **Breathe,** visualize, relax, stretch, meditate, pray and/or use affirmations. Yoga, meditation and prayer have all been shown to relieve stress and anxiety, and generate positive endorphins to help the body heal (Lowen, 1972; Hymes, 1988; King, 1999). After my uncle committed suicide I found that deep breathing and yoga helped give me more energy when I felt sad or depressed.

- **Relax in a hot tub, hot bath, shower, sauna or sweat lodge** and let the emotions and stress seep from your pores. A colleague whose mother had died suddenly said she attended numerous sweat ceremonies and found that she was transformed with new understandings each time.
- **Create** a collage, altar, memory book, picture frame, treasure box, sculpture, painting, video or audio tape about the person who died. A child I know routinely goes to the memory book she made after her mother's death.

Corresponding Complications – It is difficult, if not impossible, to grieve and mourn the loss of a loved one while also experiencing post traumatic stress, intrusive thoughts and images, depression, anxiety, sleep deprivation, nightmares and/or self-abuse with alcohol, drugs or other addictions. It is advisable and usually imperative to first treat these often corresponding and sometimes pre-existing issues before delving into the trauma and all the implications of someone's loss (Rando, 1993; Sprang & McNeil, 1995; Gil, 1988). In the least, they can be simultaneously supported with reducing these symptoms and/or seeking help and treatment from other professionals and/or inpatient or outpatient facilities and programs.

There are a number of new, successful treatments for these symptoms and behaviors, including Thought Field Therapy (TFT), Eye Movement Desensitization and Reprocessing EMDR, Neurolinguistic Reprogramming (NLP), Mindfulness Stress Reduction Programs and Biofeedback (Callahan, 2000; Gallo, 1999). Conventional

treatments and programs can also be recommended and accessed, such as: 12-Step Programs, Behavior Modification Therapy and/or physician prescribed medications.

- “It took months before I could even talk about it,” said a mother, whose six-week old child died unexpectedly and suddenly from Sudden Infant Death Syndrome (SIDS). “I was a basket case. We had waited so long to have her and then have her taken away . . . I couldn’t sleep. I kept having nightmares of her crying and nobody being able to hear her. It wasn’t long until I started using downers to sleep and block out the dreams.”

Maintaining a connection with the person who died in a way that supports, honors and nourishes both the living and the dead may sound like a lot of hocus pocus, but is in fact one of the primary means survivors of sudden loss have used for centuries to maintain their sanity and keep on living (DeSpelder & Strickland, 2001). It isn’t something that happens immediately after a loss and it is often difficult to think of in the beginning, but over time, by using the self-care means and supports previously described and allowing oneself to fully and honestly grieve all aspects of the person who died, a new, healthy connection and relationship can begin to form between the survivor and the deceased (Staudacher, 1987).

- I spend time each morning in front of pictures on our mantle and light a candle for family and friends. When I look at the picture of our friend Marcia, who died in a car accident, I cry. When my eyes go to the next picture of our neighbor’s dead

baby, I cry. When I see my father-in-law and Uncle who died, I cry. Sometimes, in the midst of my tears, feelings of anger, guilt, frustration and helplessness crash land in my body. Once they are recognized, I cry some more and let them go. I hope I have enough room in my heart for ALL of those who have died and for those living. I hope I can integrate death into life and use this precious container we call living to help others keep their loved ones present.

By realizing that people who have died are still in our memories, thoughts, dreams, biological makeup and personality and our relationship with them has shaped who we are and will be, we can choose **how** we wish to keep them in our lives and what we want to leave with their death. Numerous generations and cultures have practiced the art of remembering the dead by -

- Having funerals, memorials and days of remembrance, including Day of the Dead in Mexico, Memorial Day in the U.S. National Day of Remembrance in Canada and International AIDS Day.
- Numerous religious holidays and festivals that recall and honor the dead, including saints, sinners and everyone in between.
- Writing, talking and praying to those who have died. Looking at their pictures, lighting candles, creating alters with some of their belongings and significant objects.

- Creating a memorial, planting a tree, making a donation, volunteering or starting an organization or task in memory of the person who died are all forms of keeping the dead with the living. It helps keep the person's memory alive by embodying the attributes we admire and wish to hold onto.

We don't have to ignore or try to "get over" a sudden and/or violent death by avoiding or suppressing it. As hard as it may seem, loss can also be used as an open door for change, growth and transformation.

Remembering the dead is vital to our health. Keeping them with us, close to the bone, close to our hearts and minds, is the first step in transforming our past so we can bring them with us into the future. Remembering is the road, the path and the catalyst that can teach us how to adjust to a loved one's physical absence and live a life that has room for them *and* those who are living.

The morning glory blooms but an hour

And yet it differs not at heart

From the giant pine

That lives for a thousand years.

Teitoku Matsunaga

(Kapleau, 1971)

REFERENCES

Brandon, David. *Zen in the Art of Helping*. New York, NY. Dell Publishing, 1976.

Cole, Eloise. *Falling Apart*. *Thanatos*/7, Winter, 1985.

Constans, Gabriel. *Good Grief: Love, Loss & Laughter*. Rockford, IL. Helm, 2005.

Constans, Gabriel. *Beyond One's Own: Healing Humanity in the Wake of Personal Tragedy*. Santa Fe, NM. Xempler, 2001.

DeSpelder, Lynne Ann & Strickland, Albert Lee. *The Last Dance: Encountering Death and Dying (6th Edition)*. New York, NY. McGraw-Hill, 2001.

Doka, Kenneth J. (Ed.). *Living With Grief After Sudden Loss: Suicide, Homicide, Accident, Heart Attack, Stroke*. Washington, DC. Taylor & Francis, 1996.

Doka, K. (Ed.). *Disenfranchised grief: Recognizing hidden sorrow*. Lexington, MA. Lexington Books, 1989.

Figley, Charles R.; Bride, Brian E.; Mazza, Nicholas. *Death and Trauma: The Traumatology of Grieving*. Washington, DC. Taylor & Francis, 1997.

Gallo, Fred P. *Energy Psychology: Explorations at the Interface of Energy, Cognition, Behavior, and Health*. Boca Raton, FL. CRC Press, 1999.

Gayton, Richard R., Ph.D. *The Forgiving Place: Choosing Peace After Violent Trauma*. Waco, TX. WRS Publishing, 1995.

Gil, Eliana, Ph.D. *Treatment of Adult Survivors of Childhood Abuse*. Walnut Creek, CA. Launch Press, 1988.

Harris Lord, Janice. *No Time for Goodbyes: Coping with Sorrow, Anger and Injustice After a Tragic Death*. Ventura, CA. Pathfinder Publishing, 1995.

Horowitz, Mardi Joh, M.D. *Stress Response Syndromes*. New York, NY. Aronson, 1976.

Hymes, Alan M.D. "Respiration and the Chest: The Mechanics of Breathing," *Science of Breath: A Practical Guide*. Honesdale, PA. The Himalayan Institute Press, 1988, p 37.

Kalish, Richard A. & Reynolds, David K. *Death and Ethnicity: A Psychocultural Study*. Los Angeles, CA. Baywood Publishing Company, 1981.

Kapleau, Philip, (Ed.). *The Wheel of Death*. New York, NY. Harper & Row, 1971.

Kennedy, Alexandra. *Losing a Parent: Passage to a New Way of Living*. New York, NY. HarperCollins, 1991.

King, Roy, M.D., Ph.D. & Brownstone, Ann M.S., O.T.R. “Neurophysiology of Yoga Meditation,” *International Journal of Yoga Therapy* (1999), No. 9, p. 12.

Lattanzi-Licht & Doka, Kenneth J. (Ed.). *Living With Grief: Coping With Public Tragedy*. New York, NY. Brunner-Routledge, 2003.

Lewis Herman, Judith, M.D. *Trauma and Recovery: The aftermath of violence – from domestic abuse to political terror*. New York, NY. Basic Books, 1992.

Lowen, Alexander, M.D. *Depression and the Body*. New York, NY. Penguin, 1972.

Matsakis, Aphrodite, Ph.D. *I Can't Get Over It: A Handbook for Trauma Survivors*. Oakland, CA. New Harbinger Publications, 1992.

Moshoures Redmond, Lula. *Surviving When Someone You Love Was Murdered*. Clearwater, FL. Psychological Consultation and Education Services, 1989.

Panuthos, Claudia & Romeo, Catherine. *Ended Beginnings: Healing Childbearing Losses*. South Hadley, MA. Bergin & Garvey Publishers, 1984.

Raphael, Beverly. *The Anatomy of Bereavement*. New York, NY. Basic Books, 1983.

Rando, Therese A. *Treatment of Complicated Mourning*. Champaign, IL, 1 Research Press, 1993.

Smolin, Ann C.S.W.; Guinan, John, Ph.D. *Healing After the Suicide of a Loved One*. New York, NY. Simon & Schuster, 1993.

Sprang, Ginny, Ph.D. & McNeil, John, D.S.W. *The Many Faces of Bereavement – The Nature and Treatment of Natural, Traumatic, and Stigmatized Grief*. New York, NY. Brunner/Mazel, 1995.

Staudacher, Carol. *Beyond Grief: A Guide for Recovering from the Death of a Loved One*. Oakland, CA. New Harbinger Publications, 1987.

Wholey, Dennis. *When the Worst That Can Happen Already Has: Conquering Life's Most Difficult Times*. New York, NY. Hyperion, 1992.

Worden, J. William. *Grief Counseling & Grief Therapy*. New York, NY. Springer Publishing Company, 1991.

Young, Marlene A. *Victim Assistance: Frontiers and Fundamentals*. Dubuque, IO. Kendall/Hunt Publishing Company, 1993.

ADDITIONAL RESOURCES

Anxiety Attacks and Disorders (www.helpguide.org) - risks and benefits of medication for anxiety in Helpguide's Medications for Treating Depression and Anxiety

Association for Death Education and Counseling (ADEC) (www.adec.org) - ADEC is one of the oldest interdisciplinary organizations in the field of dying, death and bereavement. The almost 2000 members are made up of a wide array of mental and medical health personnel, educators, clergy, funeral directors, and volunteers. ADEC offers numerous educational opportunities through its annual conference, courses and workshops, its certification program, and via its acclaimed newsletter, The Forum.

Awareness and Relaxation Training (www.mindfulnessprograms.com) – Mindfulness based stress reduction.

David Baldwin's Trauma Pages (www.trauma-pages.com) - These Trauma Pages focus primarily on emotional trauma and traumatic stress, including PTSD (Post-traumatic Stress Disorder), whether following individual traumatic experience(s) or a large-scale disaster. The purpose of this award winning site is to provide information for clinicians and researchers in the traumatic-stress field.

GriefLossRecovery (www.grieflossrecovery.com) - Offers emotional support and friendship and provides a safe haven for bereaved persons to share their grief.

GriefNet (www.griefnet.org) - GriefNet is an Internet community of persons dealing with grief, death, and major loss. They have 37 e-mail support groups and two web sites. Their integrated approach to on-line grief support provides help to people working through loss and grief issues of all kinds.

National Hospice and Palliative Care Organization (NHPCO) (www.nhpco.org) - NHPCO cares for terminally ill persons and their families, and is dedicated to making hospice an integral part of the US health care system. Most hospices throughout the U.S. have grief and bereavement programs and support for the community, regardless of whether the individual who died was on hospice or not.

National Institute for the Clinical Application of Behavioral Medicine (NICABM) (www.nicabm.com).

Neuro-Linguistic Programming (NLP) (www.nlpschedule.com) - Collection of articles, information, and resource hotlinks.

Thought Field Therapy™ Callahan Techniques (www.tftrx.com) - Official website of Thought Field Therapy and its founder Roger Callahan, Ph.D.

Grief and Depression – Can We Tell the Difference?

By
Gabriel Constans, Ph.D.

DSM-IV Criteria for Major Depressive Episode

Basic Criteria

5 (or more) of the following symptoms must have been present during the same two-week period and represent a *change from previous functioning* ; at least one of the symptoms is either (1) "depressed mood" or (2) "loss of interest or pleasure" (do not include symptoms that are clearly due to a general medical condition, or mood-incongruent delusions or hallucinations):

- (1) Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).
- (2) Markedly diminished interest or pleasure in all or almost all activities most of the day, nearly every day (as indicated either by subjective account or observation by others.)
- (3) Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% body weight a month), decrease in appetite, or increase in appetite, nearly every day.
- (4) Insomnia or hypersomnia, nearly every day.
- (5) Psychomotor agitation or retardation, nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
- (6) Fatigue or loss of energy nearly every day.
- (7) Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
- (8) Diminished ability to think or concentrate or indecisiveness, nearly every day (either by subjective account or as observed by others).
- (9) Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or specific plan for committing suicide.

All the following statements must be true.

- The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

- The symptoms are not better accounted for by bereavement (i.e. after the loss of a loved one); the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

Differences with Grief

1. Grief - There is an identifiable loss that has occurred, is occurring or will occur.

Depression - No apparent loss or the present loss is seen as punishment.

2. Grief - Mood variability. Intermittently changes from sadness and regret to relief, joy, anxiety, frustration, hope and a variety of other emotions.

Depression - anxiety and/or absence of energy. Feeling depleted. No energy or interest in communication, sex or food. And/or combined with abundance of nervous energy focused on talking, sex, food or worries about the future.

3. Grief - Responds to reassurance, love and warmth.

Depression - Unresponsive to most gestures of caring and/or only responds to repeated pressure or coercion.

4. Grief - Openly hostile and/or angry.

Depression - Inability to identify anger or directing it at or towards someone else.

5. Grief - Intermittent waves of tears, crying and/or weeping.

Depression - Constant crying and inability to stop or unable to cry or weep at all.

6. Grief - Clear dreams, fantasy & capacity for imagery; occasional difficulties in getting to sleep.

Depression - Difficulty in accessing dreams, severe insomnia, waking up early in morning and little ability to fantasize or imagine (unless punishing one's self).

7. Grief - Has regrets and/or questions about past actions, present circumstances and future decisions. Can feel empty and see world as meaningless. Beliefs and cognitive assumptions about life and living are challenged. Asks "What is it all about?" or "Why do people have to suffer?" Often feels alone, overwhelmed or that others don't understand.

Depression - Blames self for situation and sees self as "bad"; experiences the world as empty and meaningless. Focuses solely on what is NOT happening or painful events that have already occurred. Sees no future. Is detached and unconcerned with events and people in one's life and feels helpless to create any internal or external change.

8. Grief – Difficulty in allowing one’s self to experience joy or pleasure or to feel pleasant emotions and memories.

Depression – Consistent inability to experience pleasure and/or joy.

Assess, Evaluate, Question and Obtain Her/His Story

Whenever possible, do a psychological, social and physiological assessment of the individual you believe may be experiencing depression.

1. Are their pre-existing or previous mental health problems, such as anxiety, depression, schizophrenia, personality disorder, suicidal ideation and/or suicide attempts? Have they ever felt this shut down (depressed), lethargic or “out of it” before? *If so, were these conditions situational and acute or chronic and non-dependent on circumstances?* Have other people in their family experienced any of these issues and if so, what support or help did or do they receive?

Jasmine's elderly mother had died about a year before she came for grief counseling. She said, "I just can't get over it. It doesn't make any sense. She was 85 years old and had a good life. I'm so tired I can hardly get up in the morning and I feel sad all of the time. Nothing seems to matter and there's no joy in life. It hasn't changed at all. I thought it would be better by now."

It would be easy to assume that her lethargy and sadness were all related to her mother's death, but on further questioning, she revealed that she had been having periodic and lengthy episodes of exhaustion and sadness prior to her mother's death. Past instances did not seem to be associated with any specific event and she said her doctor had once suggested that she may have symptoms of depression and should see a psychiatrist, but she had never done so. I encouraged her to see a physician for her possible depression. After it was determined that she was suffering from major depression, her physician recommended anti-depressants. When she returned for grief counseling a few months later, she reported that the medication was helping, that she had renewed energy and wanted to investigate alternative ways of honoring and remembering her mother's life.

2. What previous losses have they experienced? (Deaths: violent, anticipated, multiple, miscarriages, children, etc.) Have they experienced physical and/or sexual abuse as a child and/or adult? Ask about divorces, separations, job loss, moving, changes in environment. *Are there any triggers or current events or situations that are bringing up or reawakening these losses* and the associated mental, emotional and physical reactions?

Alex couldn't understand why the death of his father was bringing up such strong emotions. He said he had never been that close to his father, but found he was getting angry at the drop of a hat and overwhelmed with sadness over the slightest provocation or event. "I was never close to my Dad. In fact, I was somewhat relieved when he died from his heart attack last summer. I hadn't seen him or spoken with him for about a year and

the last time we did, it was awkward and distant as usual. What's going on? This doesn't make any sense."

After Alex spoke some more about his present reactions to his family and co-workers, he told me about his relationship with his father. He said that he had been a physically abusive and demeaning father and since he was the oldest, he'd taken the brunt of most of his father's actions. He'd always put it out of his mind and thought he had let it go long ago, but upon his father's death everything was rekindled. Not only was he upset about the childhood he had, but he also realized that he had unconsciously hoped that some day they could make amends or his father would apologize, but he never did and would never be able to now (in person).

On subsequent sessions, Alex revealed that he had also had multiple losses when he was a teen, which happened to occur at the same time as some of the abuse at home. His best friend Jeffrey died in a car accident (from drunk driving) and his grand-father, who was the only other close male relationship he had at the time, died from a stroke. When he needed support the most, both of the men he used to turn to were gone.

In this instance, it might have been determined that Alex was trying to deal with depression by being angry and "in control", but it became obvious that his father's death had triggered other losses and reminded him of the abuse he'd experienced as a child. With additional support, some techniques to deal with anger and his understanding how the past was affecting his life, he was able to work through and with his feelings without them turning into depression or inhabiting them for an extended time.

3. *Any past and/or present drug abuse or use of alcohol, prescription medication, opiates, amphetamines, etc.?* If in recovery, what has helped keep them stay clean and sober in the past and/or present?

Juliet's husband had died after a long illness just 4 months before she came for counseling. Upon first appearance, she seemed to be listless, easily distracted, and quite subdued at having lost her partner of over 20 years. "I'm OK," she said. "We all knew it was coming. There was nothing we could do about it. I cried all the tears I needed to then; now it's time to get on with it." When I asked why she had come for counseling, she told me that there was a pile of medical and financial bills piling up and her mother had said something was wrong and she should see someone. She figured she'd get around to things whenever she "felt like it" and didn't see what the problem was.

After missing the next appointment and further conversation, Juliet disclosed that she was an alcoholic and had been in recovery for over 20 years. In fact, she had met her husband at an AA meeting and they had supported one another's sobriety throughout their marriage. About a month after her husband died, Juliet started drinking. She didn't care about anything because she was "drinking my troubles away". She wasn't grieving because it was "too painful". Now, in addition to the loss of her husband, she was dealing with the complications of her drinking. Within a month's time, she was once again attending 12-step meetings, regularly speaking with her sponsor and staying sober. We

met more often so she could deal with the intense emotions she had been suppressing. What may have developed into a major depressive and extended alcoholic period in Juliet's life was dealt with by not making assumptions, by asking questions and by differentiating between a pre-existing issue and her grief.

4. *What is their present level of physical comfort? Is their pain being controlled? Are they experiencing nausea, bowel discomfort, etc.?* Anxiety and apprehension about physical symptoms can often be the primary cause of anxiety and/or depression.

Gwendolyn was referred by her adult daughter, who said her mother alternated between extreme anxiousness about the future and periods of depression "over the past". Her father (her mother's husband) had died the year before from a short but extremely painful illness and her mother had not been the same since.

Gwendolyn presented exactly as her daughter had described. One week she was a bundle of nerves and could hardly sit still and the next week she was half asleep and withdrawn. As it turns out, there was good reason for her to be having these reactions. She said that she had recently been having unexplained back pain which the doctor had not yet been able to diagnose. She also described her marriage and went into detail about the traumatic days preceding his death and the times his pain had not been controlled. It was soon apparent that she was worried about a similar fate and at times dealing with her anxiety by shutting down so she wouldn't be "overwhelmed with fear".

Two things took place which helped Gwendolyn proceed with the rest of her life without such intense fear and apprehension. First, she was able to see the connection between her present worry and her husband's dying days, which she had not connected previously. Secondly, her doctor soon discovered that her back pain was due to arthritis and she began taking medication that helped ease the pain.

5. *What are they afraid of? What fears and/or concerns do they have for themselves and/or their family or friends?* Are there financial, job related or health concerns?

When there has been a death in someone's family, it is often assumed that any grief or depression they are experiencing is a result of their loss; but it can often be due to "secondary" or additional fears, issues and worries with which they are dealing.

Henry's wife of 40 years had died 4 months ago. All of his children, grandchildren and friends thought he was becoming increasingly depressed and grief stricken because of the loss of his wife; but he was actually at peace with her loss and felt they had had a "wonderful and long life together". "What's got me all in a bunch," he said, "Are all the bills that are piling up. She used to take care of the monthly bills and kept saying she was going to show me what to do, but never got around to it. Now, it's like I'm back in kindergarten all over again, learning to read for the first time. It seems like everything is a mess and I have no idea where to start."

Henry's situation had nothing to do with his intelligence; it was just not his "job description". He was embarrassed to tell his kids that he didn't know what to do and that was why he was so "down in the dumps".

After a half-hour of "talking about this crap", Henry realized that there was nothing wrong with asking his oldest son (who happened to be an accountant) for a little help and that he had in fact offered to do so before. "It's hard to ask for help when you're the one who has always helped them," he said.

6. Who supports them (emotionally and physically)? Which relationships are meaningful or important? *Is there a relationship that has been or is difficult* and has been perceived to be (or is) impossible to rectify and/or understand? What gives them meaning, purpose and/or faith, if anything?

The kind of relationship someone had with the person who died and with others makes all the difference in the world. Ten people can have the exact same kind of loss (age, similar death, same cultural and social background, etc.), yet every one of them is affected differently. Don't assume anything about a relationship. Were they close to the person who died? In what ways were they or the person who died dependent on one another? Was it an ambivalent conflicted relationship or always loving, fun and respectful? What were the issues between them in the past and more recently? Who is in their life now and in what ways are they supportive and helpful? Is there any person, organization or group with whom they are presently involved that is nurturing, supportive and of help? If not, can they identify who and in what ways they could ask for and get the kind of support they need or desire?

Tory and Bonnie said they both felt at a "total loss" after their parents had both died in an airplane crash. Tory had always depended on her parents for financial support and Bonnie said "my mother was my best friend". In addition to losing their parents, they were also having to confront the other ways their lives would now be different and how they could take responsibility for some things themselves or connect with others "not to replace my Mom, but just to have someone to talk to," Bonnie said. By identifying the primary loss and all the other associated losses, Tory and Bonnie were able to grieve the sudden loss of their parents without it becoming a complicated long-term series of un-conscious reactions that may have led to depression or post traumatic stress.

7. What is the person's sense of self, their self-concept and *level of self-esteem*? What is their cognitive style, maturity, problem-solving ability and assumptive world view?

"There is no way I can live through this," Rebecca exclaimed. Her young husband had just died as a soldier in Iraq. "I've got 2 little kids and absolutely no skills. Steven (her husband) provided everything. I might as well lie down and die right here and now."

Rebecca wasn't going to actually lie down and die, but these were the most powerful and accurate words she could use at that moment to describe how she was feeling. Throughout the next 2 months, she became more aware of how much of her self she had

let go of during their marriage and how her entire sense of self and personal identity was wrapped up in her children. She had never believed she was worth much and had been surprised that Steven had wanted to marry her in the first place. With her husband in the service and a young family, she had felt she "belong to something" and had an identity. With his loss came not only intense grief and the pain of mourning but the need to re-discover who she was beyond her labels and roles.

As time progressed, Rebecca began to see that she was not only of value to her children, but to herself and others. She got support from a number of veteran's groups and services, volunteered at a shelter for people who were homeless and started taking para-legal classes online, which is something she'd always been interested in but had never attempted or thought she was capable of doing.

8. *How have they managed or coped with psychosocial transitions and difficulties in the past?*

Zachariah had always coped with change and loss by working twenty-four/seven and throwing himself totally into work. It gave him a sense of purpose and something to focus on. The drawback was that it also distracted him from experiencing the myriad feelings and thoughts that accompany major transitions. He thought working made it so he could avoid "distressful" or "unpleasant" feelings altogether. In fact, his immersion in work only temporarily sidetracked intense anger, frustration, sadness, resentment and fear.

When Zachariah's sister died, he thought he was doing "OK". She had been ill for many years with cancer and he had been like a rock for her. He was responsible and dependable and always helped her out financially as well as physically. When he lost his job six months after her death and couldn't find another, he began feeling overwhelmed and "like everything is caving in on me". He didn't know what to do or where to turn. He wanted to "fix it" and "get over it".

By looking at how he had dealt with stress, illness and change in the past, Zachariah was able to see both the advantages and disadvantages of his behavior. He realized that he still wanted something "to do", but also saw that it could help to take "a little time" each day to acknowledge what he was feeling and thinking; he could actually let go of some thoughts and emotions and not have them crash in on him "all at once".

9. *If they could put a name to how they are feeling, what would it be?*

Saying it out loud and externalizing whatever "it" is can be a great relief, as well as bring awareness to what is happening internally. Giving a "name" to the feelings, thoughts and sensations we are having makes it possible to get some perspective, honestly confront the situation and make conscious choices about how we wish to respond.

From all appearances, Monique was one depressed lady. No matter what was going on around her or what was said, she avoided eye contact, rarely replied and when she did,

she said something negative. She didn't seem to care about anything or anyone, especially herself.

Talking with Monique seemed to be like pulling teeth, but it turns out that there was actually so much going on that she was afraid to name it and say it, and she turned it all upon herself. Once she realized it was safe to convey anything, even the parts that were frightening or that she perceived as shameful, it was like opening a flood gate. Once the gates were open, there was no going back (thank goodness) and her depression and sadness began to lessen. People had presumed that Monique was born depressed, but it turns out she had good reason to be. Childhood abuse, multiple losses and fear of abandonment had taken their toll and depression was the antidote that helped her survive until she was in a place and time when it was no longer necessary.

10. What are your own perceptions, observations, insights, understanding, judgments, preconceptions and biases with this person, in this situation, at this time? What are others who know the individual noticing? Where are *you* coming from?

With both depression and grief, there are events and experiences that actually happen and cause either or both and then there are the things we tell ourselves or others tell us about what has happened that are piled on top of the experience. It is these added messages or judgments that often reinforce or cause more suffering than the primary events. We then live our lives based on these assumptions and "messages" and do so automatically, without realizing where they started or when they are taking place.

Suzie thought she was depressed and should be, because everyone said she "had a right to be" after her husband Ron was murdered. "Who wouldn't be down after something like that happened?" her sister said. "You take as long as you need to," her mother told her. "You have every right to be depressed; who wouldn't be?!"

Although Suzie had understandably been in shock soon after her husband had been killed and was afraid to go out for some time, her feelings of fear and sadness lessened as months progressed. She had an excellent support system and came to terms with the fact that Ron had been killed by "mistaken identity" and was trying to move on with her life. Two years after her husband's death she came for counseling and said, "I've met this wonderful man through church, but I don't know where to begin. He's very sweet and we have a great time together, but as soon as I notice that I'm happy, I turn it off. All of a sudden, I remember and it doesn't seem right. I'm supposed to be sad and depressed. It's not right for me to have joy in my life."

Suzie was able to identify the source of the self-defeating messages she was giving herself; but we are bombarded with them so often that it can be difficult to tell where they come from and how to avoid letting them define who we are.

What Can We Do To Help?

- Help the individual and/or family member to identify the cause or root of their depression (if situational) and encourage them to externalize and express those feelings, fears and thoughts in the form and manner that works best for them – talking, emoting, drawing, writing, praying, ritualizing, etc.
- Assist in alleviating all external factors that you or others (care team, family members, friends, lawyers, etc.) are able to influence or control – such as pain, unresolved family issues, legal/financial concerns and end-of-life planning. Acknowledge what is or is not in the person’s control and if possible help them accept the things that can not be changed or “fixed”.
- Most cases of depression are mixed with anxiety. Depression is, in fact, often a reaction to extreme anxiety and fear about the future – “How long will this pain last? Will my father ever tell me he loves me? When is this going to be over?” Whenever someone appears depressed or states that they are experiencing depressive symptoms, make sure to evaluate, assess and get his/her story about the anxiety.
- Give the physician all the information and contributing factors that *may be* influencing the patient’s present emotional state to help them rule out other physical causes so they can find the correct medication (quick acting – within a day or two, not three or four weeks . . . depending on current life expectancy). Once an anti-depressant and/or anxiety reducing medication is prescribed, monitor it closely (by observations from others and client’s subjective feedback) for its benefits, ill-effects and/or any other emotional or physical reactions.
- Show the person how to tap the areas that correspond to specific meridians for depression (Chinese Medicine). Use two fingers and tap hard enough to feel, but not to cause pain. Tap 30-50 times on the back of the hand (clenched) between the fourth and fifth knuckle, then 5 times on the collarbone. It doesn’t matter which side of the body. For anxiety have them tap 5 times under their eye, then five times under their arm, then five times on their collarbone.
- Studies have shown that deep breathing Yoga exercises can have as much benefit as some medications for depression and anxiety. One such exercise is to have the individual slowly count to five while inhaling, and then slowly count to five while exhaling. Each breath should start from the stomach up to the chest (on inhalation) and reverse from chest to stomach (on exhalation). Doing this for only five minutes every hour or two when awake has been shown to significantly lighten and lesson depressive symptoms.
- Other studies have shown that the old adage “look upon the bright side” has some significance. When people remember to look up and not look down, they tend to have less depression and anxiety.

References

- Brazier, Caroline. *Other-Centred Therapy*. O Books, 2009.
- Connolly, Suzanne M, LCSW, LMFT. *Thought Field Therapy: Clinical Applications Integrating TFT in Psychotherapy*. George Tyrrell Press, 2004.
- Doka, Kenneth J. *Disenfranchised Grief: Recognizing Hidden Sorrow*. Lexington Books, 1989.
- Edelman, Hope. *Letters From Motherless Daughters: Words of Courage, Grief, and Healing*. Addison-Wesley Publishing Company, 1995.
- Gallo, Fred P. *Energy Psychology: Explorations at the Interface of Energy, Cognition, Behavior, and Health*. CRC Press, 1998.
- Herman, Judith Lewis, M.D. *Trauma and Recovery - The aftermath of violence-from domestic abuse to political terror*. Basic Books, 1992.
- Kennedy, Alexandra. *Losing a Parent*. HarperSanFrancisco, 1991.
- Lattanzi-Light, Marcia & Doka, Kenneth J. (Ed.). *Coping With Public Tragedy*. Brunner-Routledge, 2003.
- Matsakis, Aphrodite, Ph.D. *I Can't Get Over It: A Handbook for Trauma Survivors*. New Harbinger Publications, 1992.
- Rando, Therese A. *Treatment of Complicated Mourning*. Research Press, 1993.
- Redmond, Lula Moshoures, R.N., M.S., LMFT. *Surviving When Someone You Love Was Murdered*. Psychological Consultation and Educational Services, Inc., 1990.
- Salter, Anna C. *Transforming Trauma*. Sage Publications, 1995.
- Shengold, Leonard, M.D. *Soul Murder: The Effects of Childhood Abuse and Deprivation*. Fawcett Columbine, 1989.
- Tedeschi, Richard G. & Calhoun, Lawrence G. *Trauma & Transformation: Growing in the Aftermath of Suffering*. Ballantine Books, 1995.
- Wholey, Dennis. *When The Worst That Can Happen Already Has*. Hyperion, 1992.
- Weintraub, Amy. *Yoga for Depression*. Broadway Books, 2004

Men's Reactions to Loss
We're All the Same and Different
By
Gabriel Constans, Ph.D.

After thousands of years of indoctrination, biological association and cultural expectation, there are an abundance of clichés about the differences between men and women and how we react to grief and sadness. At this point, it is not very relevant whether these differences are biological (different brains) or environmental (learned behavior) other than to acknowledge that both factors have had strong influences upon men and women and continue to affect the way we perceive and react to loss. Exploring these differences can help us better understand our own reactions, as well as others we wish to support or help through painful times.

There is a wide spectrum of emotions, thoughts and reactions which men experience when there is a sudden or expected loss in their life. The following does not apply to all men all the time, but are observations about some patterns that exist within a majority of men in grief. There are hundreds of shades of gray, nuance and exceptions. No man (or woman) is exactly like another; we are shaped by our biology, family and community environment, religious background, cultural norms and individual personality. Men are not from Mars and women are not from Venus. We are all born and we all die on the same planet Earth.

The Obvious

Now that it's clear that we are all the same and different, we will identify some of the obvious generalities about men and grief.

Men are told by their parents, families, friends, lovers, religions, governments and the media to stay in control, be strong, grin and bear it, be providers, endure to the bitter end, win at all costs, act logically, perform, achieve, don't cry and above all be in control. Some of these messages are blatant and others more subtle. Some are proclaimed orally or in print and others are non-verbal and observed by actions and deeds. They all tell boys that in order to be a "real man" you must never ever express or convey fear, dependence, loneliness, weakness, passivity or insecurity. When men are hurt growing up, they are told to "get up and brush it off". That is one reason it can feel so overwhelming when a man experiences the natural reactions to loss and grief and they can't just "brush it off" and carry on as if nothing has happened.

When a man loses a loved one, by death or separation, they can be thrown into an unknown world of pain that casts their beliefs, personal expectations and accepted ways of being into an ocean of doubt, turmoil and isolation. Loss can cause an eruption of feelings, fears and thoughts that fly in the face of what it has meant to "be a man" and assail the very concept and view of how one perceives themselves and who they "think" they are.

Men tend to think in a linear fashion and are prone to getting from point A to point B. If something disrupts the "plan" or how things "should be going", it can throw them for a loop, especially when there is no clear cut map or manual for how to fix the problem or get back on the road.

Johnny, whose long-time girlfriend had died from ovarian cancer, said, "Tell me what to do. How do I fix this? There must be some steps or some way to move on."

Efforts at avoiding, "toughing it out" or "getting rid" of the pain of loss usually result in temporary relief and rarely change the reality of the condition. The pain of grief is one of the few kinds of pain in life that are best dealt with head on, by doing something men are often taught to avoid. The pain of grief and mourning tend to change and heal with time and attention (not just time) when we can honestly acknowledge what we are feeling, thinking and believing and externalize such reactions in a positive, healthy environment and/or manner.

It's not what you say, but how you say it.

Both genders feel the impact of grief and loss in many of the same ways. What tends to be different about the sexes is the *way* in which we talk about and verbalize such feelings and experiences. We filter them differently.

Men often talk about the things we *did* for our loved one, how we took care of them, what we are *doing* now and what we *plan* to do in the future. We blame others or ourselves for something that did or didn't happen or something that could have been different, i.e. something that would have spared us the pain we are now experiencing. Anger, guilt and reasoning are ways we try to control and make sense out of our grief and the situation it has put us in. It doesn't actually give us any more control, but rather a *sense* of control.

Mark expressed this sentiment when he said, "That doctor was a jerk. He never listened to anything Allison (his wife who died of heart failure) said. I hope I never see him again. I'm not sure what I'd do if I did." On a later visit, Mark said sadly, "I shouldn't

have gone to sleep that night. I should have known. If I'd been with her, I could have given her some medicine or helped her in some way. I know it. I just know it."

Mark's anger, guilt and false sense of control need not be interpreted as negative or unreasonable reactions. When it can be seen for what it is, it can be an ideal opportunity to explore what it is we are trying to control or explain and why: a way of trying to come to terms with situations and events that are out of our control. "If only..."

Men tend to speak "about" instead of "with". If you ask a man how he's been "feeling" or what has been the most difficult thing about the loss of his wife, partner or parent, he might look at you as if you were speaking an unfamiliar foreign language.

Paul had been told to come for counseling because his aunt was concerned about his reactions to his mother's death. He had not been talking about it or sharing his feelings with her for many months. He said, "She's always asking me 'how I feel' or telling me I should 'talk about it'. It's crazy. I think about her all the time, but it's not something I'm going to go blabbing about. I'm dealing with it. I don't need my aunt telling me what I should be doing or how I should be doing it."

If on the other hand you questioned him about his "reactions" or asked him to tell you a story "about" the deceased or separated, he would be more likely to take the road to the same valley of pain that a woman experiences; but he could more easily do so by taking this different route. As he "tells the story" he can delve or acknowledge as many of the painful feelings and reactions he's been having as he chooses, when he chooses. It will be on his terms and in the context of his "reactions" and what "happened", as opposed to talking about some nebulous or frightening feelings and emotions.

Jerry's brother had died from complications of alcoholism. He hadn't been surprised when his brother died, but it had brought up a lifetime of conflicted emotions. Instead of asking Jerry to talk about his feelings, he was asked to describe his reactions since the death. "I just keep working and taking care of the family, you know," he explained, "One foot in front of another". "It's been rough, but it's not like it was a shock or anything. We saw it coming for a long time." Within the context of sharing his reactions to the death, he mentioned it 'being rough' and 'a shock'. Both are intense and normal reactions to loss, but Jerry didn't need to be asked to 'talk about them', since he already was. At a subsequent meeting, Jerry told the "story" about his brother Ralph and by doing so revealed the mixture of associations, feelings and thoughts he'd had about his brother since childhood and how he was making sense of them now.

When the grief journey is presented as a problem-solving cognitive activity that men can *do* something about, they are much more likely to connect and allow themselves to process and identify with what they are experiencing.

Vince was feeling a mixture of feelings. He felt overwhelmed and said he was at a loss about what to do since his sister had died. He wanted a blue print, a way to "get out of this mess". Though he never described his feelings directly, such as feeling angry, frustrated and sad, it was clear that he was experiencing all of these emotions and more. He didn't want someone to tell him what he already knew or to identify himself as "emotional". He wanted some direction, a finger pointing in the right way. He wasn't expecting the "perfect answer", but some validation that what he was experiencing was "normal" and there was a way out (sooner or later).

It is when men are involved in an activity that they most often let the memories, sadness and tears come forth. Going on a walk, taking the dog out, building something, working, cleaning or doing some "project" can often be just as healing or more so, for men, than to sit with someone who expects them to cry, "break down" and talk about their loss.

Stephen wasn't about to let anyone know that he was having trouble sleeping at night or he felt like his life was a nightmare after his wife had died in an accident, so he decided to sue the car company of the car she'd been driving. After many months of struggle to find a lawyer and being repeatedly told that he had no case, he realized that he had to "do something" to "make it right". "Everything started to change," he said, "when I shifted into doing something to help others and not just trying to get back at somebody or fix what couldn't be fixed. I'm a pretty good mechanic myself, so I started helping out some of Susan's friends and my sister and Mom when they were having trouble with their cars. I wanted to make sure that nothing would happen to them and did everything possible to prevent an accident. I know it can still happen, but it helps to know I'm doing everything I can in my control to stop it."

Steven Kalas shares in his book *Human Matters* a quote from one of his teachers who said, "If I had to put in a one-liner the most pervasive and chronic psycho emotional handicaps of the genders, I would still say, even after all these years since Freud, feminism and the men's movement: Men can't cry, and women can't get pissed."

There is a lot of truth in that statement and yet it also perpetuates the myth that men have to cry and women need to get angry in order to not be "handicapped". Although those are both qualities that tend to be absent with the associated gender and

can be strengthened, acknowledged and encouraged, they need not be the expectation for ultimate health and well-being. There is some evidence that there are biological reasons for these emotional differences. Men have less prolactin than adult woman. Prolactin is a hormone that is excreted by the pituitary gland and causes tears. Until age 12, boys and girls have equal amounts; but as they become adults the levels of prolactin in men falls dramatically as their levels of testosterone rise.

Whether a man cries or does not is less important than whether he is acknowledging to himself (and if possible to another) what he is experiencing, how he is reacting and what he is doing to "work with it". Being honest with one's self is the most difficult aspect of any "problem" or situation, especially when it is dealing with loss, grief and separation. When men are able to admit that something has changed and they are questioning "what to do about it", they are more likely to be open to suggestions, support and finding their own way. Most men don't want therapy or to be psychoanalyzed; they just want validation, acknowledgment and information. They want to feel like they're "figuring things out" on their own. Men (and women) don't need to be patronized, minimized or categorized. They want understanding, support and tools that make a difference.

Intimacy

The women in men's life are whom he tends to share his most intimate needs, desires and fears with, as it is seldom safe or accepted to talk about such things with other men. Thus, when a woman mate, friend or mother dies or leaves, men often have nobody they feel they can acceptably turn to and their need for intimate human contact and

emotional well being is left in a desert of thirst for companionship, friendship, validation and/or physical contact.

"I told Sherry everything," Ben said. "She knew exactly what I was thinking." He hung his head. "Nobody else has a clue. I have no idea what to do." He looked up. "For the last 4 months I've stuffed everything inside or tried not to think about it. I feel so alone."

Many men, though not all, also connect physical touch with sex, because it is one of the few occasions in their lives when they are permitted or expected to touch or be touched. To hug, kiss or embrace another man or woman, aside from the act of sex, is frowned upon and charged with a variety of expectations, judgments and fears. Thus, after the death of a loved one or a separation, men often do not know how, where or when it is acceptable or possible to have any human contact that is not sexual or when to get involved in another intimate relationship.

"I don't know what the hell to do," Samson explained. "It's only been 10 months since Jasmine passed, but there's this lady I've known for a long time and there's something definitely going on between us."

There are no steadfast rules or secret formulas to reassure someone that is experiencing and contemplating such thoughts and concerns about loving again, but there are some observations and suggestions that may provide some comfort and reassurance.

- You may choose to never get married or in a relationship again and that's OK.
- You will never forget the person you lost, no matter who you join up with in the future, nor how deeply in love and involved that relationship becomes.

- ❑ Other people want you to "go out" again, not because you necessarily should or shouldn't, but because they want you to be happy and they think another relationship will provide that kind of happiness and is the magic pill to "make you feel better" or "help you get over it".
- ❑ Most people who have experienced a good marriage or partnership have a natural desire, at some point in their lives, to repeat that experience.
- ❑ Look closely and honestly at your motivation for companionship. How much of your wish to *be* with someone else is out of loneliness and need? What values or interests are you ignoring in order to "be with" someone else? Can the person you develop a new relationship with accept and understand that your deceased mate will always be part of your life?
- ❑ Loving another person and being loved by another is a natural human need and desire. To do so shows no disrespect for the one that has died. There is plenty of room in our hearts to hold the loved one who died and love another. We don't have to throw one person out in order to make room for someone else.
- ❑ You will never have an identical love or relationship with another that you had with the person who died or left, but that doesn't mean you can't experience the same intensity or depth of connection with another. It will not be the same, but it can be just as profound and intimate.
- ❑ Some people choose not to have another lover in their life and are perfectly happy. Others stay alone out of fear and some because of circumstances beyond their control.

Many times the questions men ask surrounding whether or not to get involved with another comes from fears of losing someone again. When we have lost a loved one to death or separation we are more aware than most of the reality of our limited lives and realize the fact that at some point in all relationships, either by one person choosing to leave or by death, one of us will leave the other. We consciously and most often unconsciously tell ourselves, "If I let myself love again and become intimate and attached to another, that person may leave me or die. I don't want to experience that kind of pain again."

These reactions and thoughts are entirely understandable. We all try to protect ourselves to varying degrees and lengths from painful experiences; but to do so at all costs ends up being too costly. It cuts us off from other aspects of life. The eternal Shakespearean question remains. "Is it better to have loved and lost, than never loved at all?" We must each find within ourselves when, how and/or if we choose to love again.

Don't Just Sit There, *Do* Something!

When it comes to grief, loss and separation, men don't have to *sit there and take it*. Mourning the loss of someone you love, adore, respect, hate, despise or have any combination of feelings toward takes time, attention and action. Sometimes grief can cause such exhaustion and lethargy that it can seem impossible to do anything other than get through the day. The irony is that once you get moving, emoting or acting it usually increases your motivation, energy and health.

Once we have taken the time to acknowledge our loss (whatever it may be) and understand the impact and changes it is causing in our lives, we can then find ways to

relieve, release, expel, create, explore and/or honor those feelings, sensations, thoughts, memories and beliefs.

Grief can involve the most painful emotions we have ever experienced. It is natural and understandable to want them to stop. One would have to be a masochist if they wanted such feelings to remain. Thus we ask the understandable question, "When will it stop?!"

Unlike most kinds of pain where medical attention or medication can remedy the situation, the pains of grief are hard to shake, avoid or medicate. If it was advantageous to avoid or medicate ourselves after a death, we would encourage people to do so; but usually such avoidance or use of chemicals to numb the body, heart and mind's reactions to separation simply delays, suppresses or complicates matters.

Though there are thousands of ways to positively release the pressure cooker of emotion and suffering that death and separation can cause, here are a few brief suggestions. Men (and women) can duplicate these actions in their own lives or use them as a catalyst for their own unique creations and manifestations of grief. The only precaution is that they are done in a safe environment and/or with people that are trusted (where one does not have to censure oneself) and that they not cause harm to oneself or another.

- ❑ Attend and/or create a service or event for the person who has died (which is actually for those living). Gatherings for the dead have many names - funerals, memorials, remembrances, wakes, celebrations and send-offs. They may be different in form, intent, content and cultural expectation, but they all speak to our human need to acknowledge the profound experience of death and make some

sense out of loss. Whether public or private, families, relatives and friends gathering to proclaim the life and death of someone they knew is a centuries old ritual that can provide comfort, solace and support. Funerals give us the opportunity to say, "Yes, my loved one has died. Yes, other people recognize the fact of their death. I am not alone in this experience. In the midst of death, there are the living and the memory of the one who died. Yes, I see that their life has had an impact on others as well as me. Their life was significant. Their existence in my life had and will continue to have meaning."

- Eat one good meal a day.
- Exercise; even when you don't feel like it. Walk, run, swim, hike, bicycle, workout, dance at least two to three times a week by yourself or with others.
- Rest and drink lots of water to counteract our body's dehydration during grief and sorrow.
- Breathe deeply. Consciously take deep breaths throughout the day and evening.
- Scream, wail, moan, sob, laugh hysterically, play music, sing, howl or cry out loud in the shower, on the floor, into a pillow, at the beach, in the woods, out fishing or with a trusted friend.
- Breathing exercises, visualizations, relaxation, stretching, meditation, affirmations and yoga have all been scientifically shown to relieve stress, anxiety and provide positive endorphins to help the body heal.
- Relax in a hot tub, hot bath, shower, sauna, sweat lodge or with a massage and let the emotion seep from your pores and evaporate with the steam.

- ❑ Put together a collage, alter, memory book, picture frame, treasure box, video or audio tape/CD about the person who died or left.
- ❑ Create a memorial, plant a tree, make a donation, volunteer, start an organization or dedicate an event, an action or your life to the loved one who has died. Some men have created organizations or made a point of helping a neighbor, relative or buddy in honor of the person who died.
- ❑ Write, talk, pray, light a candle, burn incense, look at a photo and/or have a conversation with, to or about the person who has passed away. Many people find that talking to the deceased helps soften the effects of their physical absence and supports them in maintaining an ongoing (though different) relationship and connection with the person who has died. Even if it is only for five to ten minutes, take a moment every day in some special place - your favorite corner of a room, in your garden, by the beach, in the redwoods, in a special park, at the graveside or with another person. There is no right or wrong way to do it. How we live with the dead can also reflect and/or mirror how we choose to stay connected to and relate with those who are living.
- ❑ Keep going. Don't give up. There IS a light at the end of the tunnel, even when you're in the depths of darkness. Life changes, feelings change, attitudes change, perceptions change and our understanding and appreciation of life are often awakened in the painful process of mourning.

Don't let this list stop you from finding your own way to act, walk, crawl, run, jump or dance on your unique, individual journey of living as a man with the reality

of loss. You don't have to ignore or try to "get over" grief and mourning by avoiding or suppressing it. Use it as a catalyst, as fertilizer, as and open door for change, growth and transformation. Don't just sit there, *do* something!





"This course was developed from the document: Grief, used with permission from Quantum Units Education by Dr. Gabriel Constans."