



What is

Grief?

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Introduction

In

2008, I watched my wife go through intense grief after the death of her mother. It was devastating to watch as she basically became a broken down vegetable, sleeping on the sofa and spending what waking hours there were watching FOX News. There were no resources for grief available at that time in our community. There was an “aftercare” program through a local funeral home, but that program lacked structure and reliability. Our church community at that time came around us during the time of the funeral, but were gone as quickly as the death had occurred. I felt helpless.

Additionally, we had just gone through a bankruptcy which had cost us our house and two cars and forced us to move into a borrowed family home.

This situation was about as close to the perfect storm as possible and we all suffered to some extent but the hardest hit was my wife.

As she began to come out of her grief I began trying to identify ways to help others through their grief so that they didn’t have to go through it the way we had, lost and confused. I located Darcie Sims and the American Grief Academy out of Seattle, Washington and went through her training to become a Grief Services Provider, Grief Support Group Facilitator, and a Grief Management Specialist. Her mentorship after training also led me to pursue a Master of Arts in Pastoral Counseling and subsequently my Doctor Psychology in Grief Counseling.

The grief programs we now offer through the Doing Well program at Caldwell & Cowan Funeral Home and Lawnwood Memorial Park evolved from the study of grief and psychology during these programs. Doing Well is designed to walk with people through their grief, helping them through that darkness, in a path to a “new normal” where they can live life again without losing connection with their deceased loved one.

An Introduction to Grief

Grief is something we all face. Death is inevitable so it is safe to say that at some point in our lives grief over the death of someone close to us, family or friend, will become something very real that we must deal with. However, the real problem is that by the time we experience grief over the death of someone we care about, we have already dealt with many instances of grief in our lives that we didn't recognize and probably didn't process healthily. By the time we get to the grief of a lost loved one we already have established coping methods that may or may not be successful.

You see grief is caused by any major change in our lives. These changes can come from relationship changes (such as divorce or breakups), job loss or change, moving (whether by choice or not), diagnosis with chronic illness, and any other occurrence in our lives that is life altering in some way. Grief is a natural reaction to these changes and how we deal with these changes and the grief that follows is important to establishing proper coping methods that will assist us when we experience the death of someone close to us.

All of that being said, the grief experienced when a loved one has died is not easy. Even if you have established the best coping skills possible, grief will still be a complicated mess and tangle of emotions that can make even the most put together person feel as if they are losing control of everything. Grief is unique to the person because the relationship each person has with the deceased is unique. You may have experienced the death of your mother only to find that when your grandmother who raised you dies, you are impacted more heavily. Grief has no fixed pattern or appearance and there is no one-size-fits-all treatment.

In days gone by the rule to grief was to sever ties with the deceased, blocking them out of your life and when memories did arise they needed to swiftly and efficiently be pushed to the back and let go. The mantra was "get over it" and the general rule was to move on with your life as quickly as possible.

While some things have changed today, there is still this emphasis in our culture to “get over” the death of our loved ones. Our “need it now” drive-thru culture has imposed limits on our grief. Grief is tolerated, but only for a brief time. Most employees get three days bereavement leave if they are lucky and when they return to work they must be productive and fully functional. Crying in public or in the work place is only overlooked during a brief span of time but then “life must go on” for everyone involved. Friends say things like “they are in a better place” or “you need to just move on” not realizing that they are hurting their friends with what is received as unfeeling and inappropriate comments.

Additionally, disenfranchised deaths, those of people who may still be ostracized by society or those that are self-inflicted, leave real pain and real sorrow behind, but the survivor is left feeling ashamed and unwilling to reach out for help.

Within this short informational booklet we will look at grief in a way that may give you some tools for your grief toolbox. These tools can help you when you are faced with grief of any kind as you move through the remainder of your life.

10 Things You May (or May Not)

Know About Grief

As was mentioned in the introduction of this booklet, **grief is the reaction to major change** in life. These changes can be brought about by anything from death, relationship changes, job changes, etc. Although grief from the death of a loved one is probably what most people think about when they hear the word “grief”, it is possible for someone to have reactions to other causes of grief that are, or at least appear, as serious.

1. **Grief is unique to the individual** and the duration and intensity of grief depends upon many different factors:
 - a. A person’s history with grief – the way a person has coped with or processed grief in the past will indicate how they will approach grief in the present or future. In many instances people have not processed or coped with previous causes of grief and therefore will continue along that same dysfunctional path with every future occurrence.
 - b. A person’s environment – a person who finds themselves grieving in a supportive environment will have an easier time as they move through their grief because they have a trusted support system around them.
 - c. A person’s assumptive beliefs – every person believes the world to be a certain way and the way we see the world can either complicate or assist how we grieve. For example, many people believe the world around them to be a safe place; however, the murder of a loved one nullifies that assumptive belief and can through the person into emotional turmoil as they reconcile this new reality that their community is not as safe as once believed.
 - d. A person’s relationship with the deceased – in most instances grief for someone close to a person will be more intense than the

grief for a more distantly related person. However, it should be noted that expectations of grief should not be minimized simply because the loved one who died is more distantly related.

- e. A person's history of loss – grief layers itself. Each loss, if not properly processed through will remain with a person and the next loss will simply layer upon it. This layering can cause grief reactions to be overly strong for normally insignificant losses. For example, a loved one dies and the survivor does not properly grieve their death. A number of years later their dog dies and they are thrown into the depths of complicated grief because they are now grieving multiple losses.
- 3. Grief has no single effective treatment** – since grief is unique to the relationship that each griever has with the deceased it stands to reason that no one treatment will be effective to handle every occurrence of grief. Also, since grief is affected by the variables mentioned above, it also stands to reason that each person's grief will be modified in different ways. The only right way to grieve is the way you grieve and therefore treatment for grief will be variable.
- 4. It is possible to grieve before the death of a loved one** – in instances where the deceased suffered from an illness with an expected outcome of death, loved ones may begin the process of grieving before the death actually occurs. However, grief before death does not replace grief after death. Although, it can make grief after death somewhat easier.
- 5. Grief is not an illness** - people in grief experience such a tremendous number of emotions that it is hard to classify medically. The chart on page 8 lists some of the symptoms a griever may experience:

Behavioral	Emotional	Physical
Disorganized	Shock	Appetite changes
Forgetful	Numb	Crying
Apathetic	Lonely	Insomnia
Disoriented	Anxious	Short of breath
Withdrawn	Confusion	Digestion problems
Unable to concentrate	Restless	Sighing
Regression	Frustrated	Fatigue
Critical	Disbelief	Dizziness
Day Dreaming	Sad	Change in sexual desire
Substance abuse	Guilt	Trembling
Preoccupied with deceased	Anger	Empty Feeling
Sense deceased	Despair	Lowered immunity
Perform rituals	Relief	Dry throat
Isolated	Abandoned	Headache
Wearing deceased's belongings	Hopeless	Menstrual difficulties
Seek forgiveness	Depressed	Change in activity level
	Failure	Muscle spasms
	Yearning	
	Anguish	
	Worthless	
	Shame	
	Inadequate	
	Fear	
	Peace	
	Resolution	

6. How a person handles their grief could cause physical illness – when the feelings surrounding grief are not properly processed through, it is possible that the griever could cause themselves to become physically or mentally ill. Depression can become a complicated illness if it is not properly diagnosed and treated; however, depression is only one part of the grieving process. It is important that grievers stay in touch with their Primary Care Doctors during their grief so that physical and mental illness caused by grief can be readily diagnosed.

- 7. Medication can delay grief** – Many doctors attempt to treat only a hand full of the symptoms of grief. This is done due to the managed care system and the necessity of placing someone in a category of illness that is covered by the insurance providers. In many instances doctors will prescribe anti-depressants which numb the feeling of emotional pain to the extent that the griever does not grieve. It is important that grievers feel the pain of the loss of a loved one so that they can properly process that pain. It is important for grievers to tell their doctors that they do not want to be numb to the pain they just want it to be more manageable.
- 8. Grievers must experience emotion to process grief** – As mentioned above, it is important for grievers to experience the pain of their loss. This means embracing sadness, anger, guilt, etc. as they occur. Learning to manage these emotions and the pain associated with them allows the griever to better process pain from losses in the future.
- 9. Grief is harder alone** – In grief many people turn inward and try to avoid others. This is done as a self-defense mechanism so that the griever does not have to continue to tell the story of the loved one's death or deal with people looking upon them as if they deserve pity. The problem with grief in isolation is that there is not support system around the griever. There needs to be someone who will listen when the griever is ready to talk, or simply be there when they are needed. It is also possible that a griever's attempt to avoid others in an effort to ignore or deny the reality of the death. When this occurs, and there is no release or emotion, the griever becomes a walking, talking emotional explosion waiting to happen.
- 10. Remembering your loved one aids in grieving** – although this is not how things were done in the past, this is the healthiest aspect of grieving. Remembering your loved one will bring pain at first because of the raw emotional state of the griever; however, as memories turn from causing sadness to remembering the joy of times spent with the deceased, grievers will find that they will begin to reach their "new

normal.”

What Does Grief Look Like to Those Around Us?

Grief to friends may look like you don't want to have anything to do with them. Phone calls may be ignored or you may turn the other direction when you see them in public. They may give you some space, which you can very easily misinterpret as abandonment. Grievers often have this misguided perception that they will be bothering their friends if they talk about their grief. Don't be afraid to call on friends to be a shoulder to cry on or an ear to listen. Ignoring those around you during grief is not helpful.

A griever may also feel compelled to talk about nothing other than their grief which puts friends, whose helping and empathic capacities can become maximized, into an odd situation. Grievers need to not overreact when a friend needs to take a step back in order to process things within their own lives. Don't overreact when this happens. Seek out other friends that are willing to listen or seek out a support group that is designed for such intense sharing.

What Does Grief Look Like at Work?

Grievers who return back to work during their grief may simply look mentally absent from the work environment. They may appear unorganized and forgetful. Mistakes may come more easily and the grievers normal work ethic is lacking. The griever may also lose interest in their overall appearance. Grievers who are trying to ignore or deny the death of a loved one as well as their own grief may ask to work extra hours and may volunteer for additional time if possible. This is an attempt for the griever to distract themselves with work and it can only last so long before something has to give.

Grievers who attempt to ignore their grief in this manner have the tendency to become an emotional time bomb; much like a pressure cooker with a broken pressure valve. It is not IF they will blow up, but WHEN.

How do People React to Those in Grief?

People react to grievers in three main ways:

With **SYMPATHY** – sympathy is when we see the plight of the griever at a distance and feel sorry for them. However, you refuse to get involved in any way. This is best described by the person who throws the life preserver to the person drowning and then walks away leaving the person to fend for themselves.

With **OVER-IDENTIFICATION** – over-identification is when we see the plight of the griever and jump in to help them. However, we allow ourselves to become overwhelmed by their plight, sacrificing our own well-being. This is best described as the person who jumps into the water to save the drowning person without a life preserver and unable to swim themselves. In this situation it is usually necessary for both people to need rescuing.

With **EMPATHY** – empathy means that we see the plight of the person and attempt to help while still remaining grounded in our safety. This is best described as the person who throws the life preserver to the drowning person while maintaining control of the rope and remaining on safe ground themselves.

Grievers need to identify the people in their lives who are willing to approach the situation from a position of empathy, listening, supporting, but remaining grounded to their own emotional health.

Conclusion

Grief can be a very dynamic and unpredictable course of events in one's life. However, realizing what to expect and surrounding yourself with those who are willing to help goes a long way towards processing through your grief in a healthy way.

Doing Well is a program of Caldwell & Cowan Funeral Home and Lawnwood Memorial Park which provides Grief Support to anyone within their community free of charge. For more information about groups offered and meeting days and times, please call 770-786-7062 and ask for Adam Cooper, Director of Bereavement.

For more information concerning grief and its impact, please contact
Dr. Adam Cooper at adam.c@caldwellandcowan.com or
by calling 770-786-7062.

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