

Living Through Mourning

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VOLUME SEVEN

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A More Life-Affirming Outlook (The camera lens pulls back)

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By Paivi M. Outinen, RN, LCSW



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Failing to Grieve and Clues to Complicated Mourning

In the third phase of the mourning process, you are starting to gain some comfort level in your life without your loved one. You are more accepting of life without him or her. You are learning the necessary skills to handle daily life. You are facing the emptiness that greets you at home and you are managing some social situations which you might have avoided right after your loss. You are learning about finances and you might have to adjust to being a single parent to growing children. You are balancing emotions and adjusting to the practical demands of life.

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Genealogy

It might only have been three to six months since your loved one's death but you feel like you have lived a lifetime alone. You feel exhausted at times but you are also starting to see that you can manage life after the loss. There might even be some glimpses of hopefulness about the future. But the pain and fear continue from time to time to wash over you like a wave. You wish you could control your emotions better. Music, an odor, a visual memory and other triggers will remind you of your loved one and will unexpectedly get you teary. The pain might grip your gut with the anguish of missing your loved one as if it just happened. So the rollercoaster ride of grieving continues, but with little less vigor and little more time in between the intense pain experiences.

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Q & A

Ask our Specialists

Failing to Grieve and Clues to Complicated Mourning

By Scott W. Bradley, MSW, CT, NCPsyA

Dr. Mardi Horowitz, a psychiatrist at the University of California Medical School at San Francisco, a leader in bereavement research said that the issue of complicated grief is a pressing one because about a third of those who come in for psychiatric treatment have had difficulties mourning a loss, often one suffered long ago. He states, that in many cases, it is not the failure of grieving the loss itself that brings the person to therapy, but instead, the issues that surface as therapy progresses.

The question of when a mourner needs psychological treatment is best answered by distinguishing between normal grief and extremes of intensity or duration that can make grieving pathologic. As stated in the previous article in Volume 6 the typical

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Failing to Grieve *cont'd*

mourner may be deeply disturbed at various moments, but rarely needs clinical intervention.

William Worden, PhD., assistant professor of Psychology at Harvard Medical School, and research director of Massachusetts General Hospital's Omega Project says that there are five factors that can inhibit mourning.

Relational Factors

Relationships play a big part in our lives, and the death of a close relation can be devastating. Relational factors such as a highly ambivalent, highly narcissistic, and highly dependent relationship can be a hindrance to normal grief.

Circumstantial Factors

Circumstances surrounding a loss are important to the determination of the strength and the outcome of the grief reaction. Difficulties in grieving can come from an uncertain loss, such as a soldier missing in action, and multiple losses such as an entire family dying in an accident.

Historical Factors

People who have had complicated grief reactions in the past will have a higher probability of having a complicated reaction in the present. There is evidence that the influence of early parental loss without appropriate grief support may lead to the development of subsequent complicated grief reactions in other losses.

Personality Factors

Personality factors are related to the person's character and how this affects his/her ability to cope with emotional distress. Those who do not tolerate dependency feelings well will have difficulty grieving. A "strong" person may have a difficult time exploring deep feelings, which can hinder the grief experience.

Social Factors

Since grief is really a social process, and is best dealt with in a social setting of support and reinforcement, not having this can hinder the grief process. Some

examples of social factors are a loss being socially unspeakable, such as suicide, or the death is socially negated, such as a miscarriage. Both examples leave the survivors isolated and having to deal with the loss alone.

The absence of a social support network is another example of a social factor that may lead to complicated grief reactions.

Identifying Complicated Grief


I am not proposing here that people should be self-diagnosing a case of complicated grief. In any circumstance a skilled clinician should be consulted. This section is included to give you an idea

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of behaviors that would raise "red flags" for clinicians when doing a formal intake procedure with a patient. These clues would lead a clinician to suspect a case of complicated mourning. It is also important to note that a clinician would need two or more of the following symptoms to be present in order for complicated grief to be present.

1. The person being interviewed cannot speak of the deceased without experiencing intense and fresh grief.
2. Some relatively minor event triggers an intense grief reaction.
3. Themes of loss come up in a clinical interview.

4. The person who has sustained the loss is unwilling to ever move material possessions belonging to the deceased. He/she preserves the environment of the deceased.
5. An examination of a person's medical record reveals that they have developed physical symptoms like those the deceased experienced before death.
6. Radical changes in the mourner's lifestyle following a death, such as the exclusion of friends, family members, and/or activities associated with the deceased.
7. A patient presents a long history of sub-clinical depression, often earmarked by persistent guilt and lowered self-esteem. The opposite may also be true, where a patient experiences a false euphoria after a death.
8. A compulsion to imitate the dead person, particularly if the client has no conscious desire, nor competence for the same behavior.
9. Self-destructive impulses such as alcohol and drug abuse, over-working, and an overactive sex life.
10. Unaccountable debilitating sadness occurring at a certain time each year.
11. A phobia about illness or about death is often related to the specific illness that took the deceased.

If you can recognize some of these symptoms and behaviors in a person who is going through a loss or has suffered a loss and falls into one or more of the five factors listed above, that person may be a good candidate for individual or group therapy. 

REFERENCES:


Daniel Goleman, Study of Normal Mourning Process Illuminates Grief Gone Awry, New York Times, P.C6, March 29, 1988. Ibid, pp. 61-63

More Life Affirming *cont'd*

In the third phase, one moves back and forth between emotional pain and mastery of the new reality without the loved one.

Each new day forward can bring more and more affirmation of life. You will continue to carry the deceased person's memory with us as you embark on the next phase in our own life. You notice that all of our relationships with family and friends go through a period of realignment. That might be challenging at first but we will make the adjustments as necessary. You will examine our own roles in different settings and possibly make very different choices now. Your values might change about work and relationships. That is all a normal part of grieving and adjusting to life after loss.

Some pitfalls to avoid:

- Being overly dependent on others might create helplessness that we may have a difficult time breaking. Be brave and try a new skill first before you rely on other people.
- Social withdrawal at the beginning of grief can turn into long-term social isolation if one always turns friends and family away. Be patient with your support network even if they don't always seem to understand your grief. 

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Canine, John D., Ed.D., Ph.D. *The Psychological Aspects of Death and Dying*. Stamford, Connecticut: Appleton&Lange, A Simon & Schuster Company, 1996.

Worden, J. William. *Grief Counseling and Grief Therapy, A handbook for the Mental Health Practitioner*. New York: Springer Publishing Company, 1982.

Q&A about Grief, Mourning, and Bereavement

My husband died three months ago. Why am I so irritated with everyone? It seems that people make the biggest deal out of the smallest things!

Loss and grief change our priorities in life. The small daily frustrations that one encounters seem unimportant to you at this time. Since your focus in life right now is very different from that of people around you, it is expected that you would feel irritable when other people make a fuss over things that seem so trivial to you. Irritable mood is a normal part of grieving. You might need to evaluate if you are getting enough time alone to do your grieving work. An appropriate balance between social interaction with friends and family and private grieving time might lessen some of your irritability.

Genealogy

Tracing your roots and passing down your family history



Genealogy is the study of your unique family history. It is a personal record of your ancestors—when they were born and where they lived, who their children were and whom they married, and where you belong in your extended family tree. Learning about your family history usually starts at home by talking with relatives and friends, and recording information about your ancestors.

What about Genealogy?

Often, when people think about their own immortality or have experienced a recent loss, their thoughts go to the generations that have preceded them and to future generations. Where were our great and great-great grandparents from? Do we remember where our parents told us our families came from? Do we know where they are buried? Have we shared what we know with our own children?

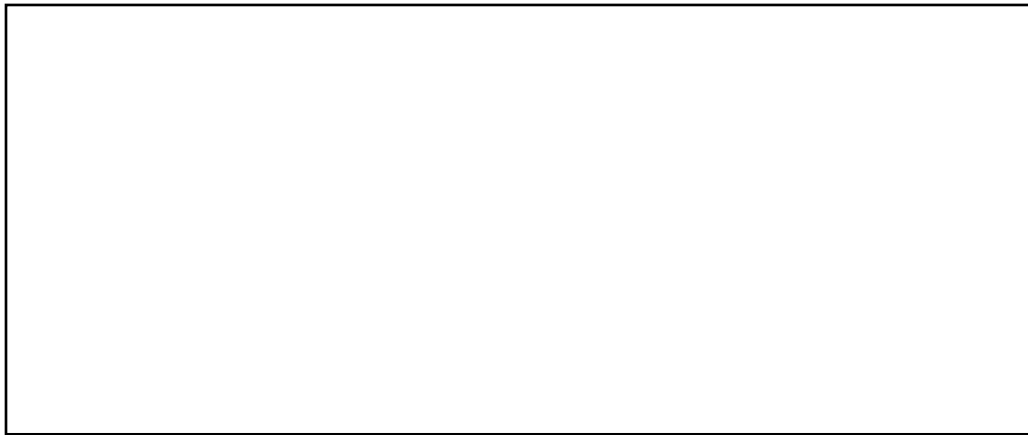
Making a family tree, or even making short notes about family members, can help one make sense of who one is

and where one came from. At times, this may help people make meaning out of their loss, according to Scott Bradley of Bradley Funeral Homes and the Center for Life Transition.

Tracing your roots can be as complicated or as simple as you want it to be. A simple family tree can include each person's full name, birth and death information. A simple "pedigree chart" can be a starting point for later research and additions.

Family trees can be mapped out by hand on sheets of paper, on charts which can be purchased, by using computer applications or on a few internet websites which have the promise of linking your information with other users to create a very large and complete family tree.

For complete information on Genealogy, please visit our website www.bradleyfuneralhomes.com and click on Center for Life Transition and Genealogy or call 973-665-1782 to speak with a Bereavement Specialist. 



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