

Grief in Adult Life

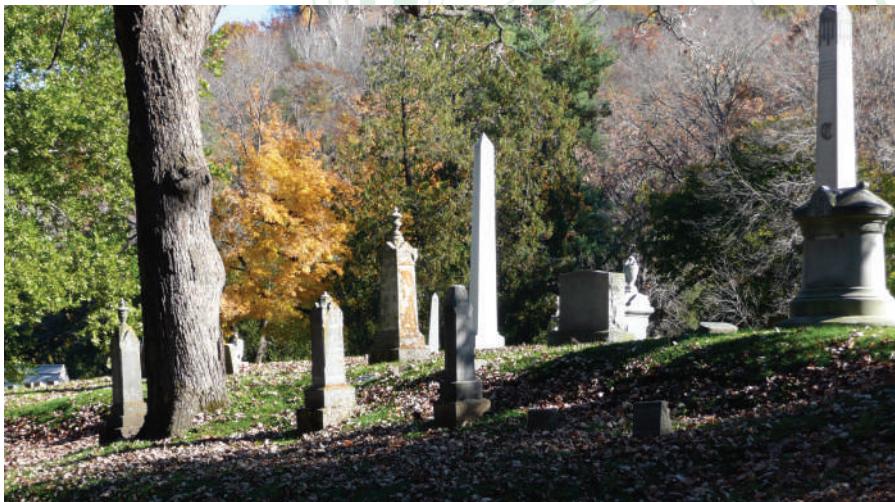


What is grief?

Grief is a natural and universal response to the loss of someone or something we love or value. While many of us may grieve the loss of home, country, physical abilities, jobs, status in the community, trust, and significant roles in our lives, we are probably most familiar with, and most affected by, the death of someone we love. Death related loss is called bereavement, grief is the internal response we experience, and mourning is grieving behaviour that can be observed by others.

The passionate intensity of grief associated with the death of someone we love is unfamiliar to many people, and because of its unfamiliarity, may initially concern us and those who care about us. We may long for relief from pain and wonder how long we can endure a response that affects every part of our being – mind, body, and spirit. We may experience physical symptoms such as shortness of breath, palpitations, sighing, burning or butterflies in the stomach, difficulty sleeping, memory loss, difficulty concentrating or retaining information, loss of appetite and a feeling of extreme tiredness.

We may be hypersensitive to sound, light and touch, and may experience decreased tolerance of many things. Because it is so difficult to concentrate, we may find ourselves daydreaming, going over and over recent events, or memories from the past. All of these symptoms and many others are similar to those experienced by people who are depressed and because of that, are sometimes misdiagnosed. Although feelings and behaviour may seem similar, it is important to remind ourselves that grief is really a passionate response to a genuine feeling of emptiness because we have lost tangible contact with someone significant in our lives.



When we receive compassionate understanding from those who care about us, we are unlikely to become clinically depressed unless we have had a previous depressive illness.

What if physical symptoms persist?

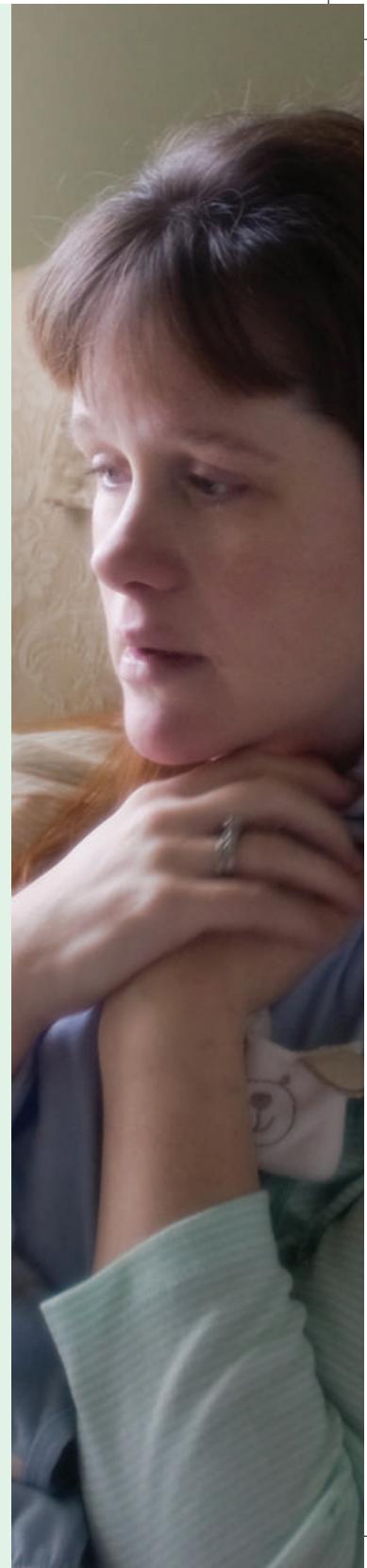
If you become concerned about any physical symptoms you are experiencing, it is a good idea to consult your GP for a physical check up. Once any organic reason has been ruled out, it is usually easier to tolerate the painful, physical effects of grief. The unfamiliar gradually becomes familiar and you will begin to regain some feeling of control over what previously felt as if it was controlling you.

Sticking to simple, easily digestible food helps, as does simple exercise and walking with the sun on your face for 10-15 minutes each day possible.

What if I can't sleep?

Difficulty falling asleep, sleeping fitfully, or waking early are all natural aspects of grief. Initially, our physical response to learning of the death of someone we love is to produce large amounts of adrenalin, a 'fight or flight' response that upsets feelings of balance and well being and interferes with normal sleep patterns. We may also have difficulty sitting still, or concentrating and remembering. Later, restlessness may be replaced with lethargy, and we may find it difficult to motivate ourselves to do anything.

Gradually, as grief becomes more familiar, a new rhythm, a different way of organising our lives, begins to emerge. In the meantime, familiar stress relieving activities such as gentle or familiar exercise, warm showers, herbal teas, warm milk drinks and



easily digested food, distracting activities, or listening to ‘talking books’ can all help to make at least a few hours sleep possible.

A mild sedative may help on odd occasions, but it is not advisable to introduce or increase reliance on alcohol or any other drugs of dependence at a time of great vulnerability.



Do men and women grieve differently?

People have different styles of grieving that are influenced by many things including gender, personality, family example, culture and beliefs. There are three main styles of grieving that could be called overt (openly expressed emotions and thoughts) and covert (grief that is felt internally and perhaps expressed privately or in some physical activity), and a mixture of the two, which is probably the most common.

In our culture, men are more likely to grieve internally and women more openly, but in some families the reverse may occur, or some family members may grieve differently at different times. There is no right or wrong way to grieve.

Sometimes difference in grief styles can create difficulties in relationships, though usually only for a relatively short time. If we want to talk about our loss and our partner or other close relative finds talking too painful, we may interpret their silence as not caring.

Sexuality is often affected by grief, increasing or decreasing libido. In a committed relationship for example, following the death of a child, one partner may seek and/or find comfort in the intimacy of their sexual relationship, while the other may only want to be held and nurtured. Neither is right or wrong, just different. If imbalance in this aspect of the relationship is sustained and seems to be causing difficulties, or changes in libido or sexual behaviour cause concern for any grieving person, whether in a relationship or not, it is a good idea to talk it over with a competent bereavement counsellor.

Grief is a lonely experience for most people. Sometimes it is enough to have someone just to be there, to do things alongside us, and occasionally *for us*. If that doesn't seem to be enough, talking to an experienced bereavement counsellor may be helpful.

How might grief affect my relationships?

Grief can affect all of our relationships, but not necessarily in a negative way, especially in the long term. Many people re-evaluate friendships and decide to end those that no longer have any real value in their lives. Marriages and partnerships sometimes experience a few hiccoughs because of regression, individual differences, and because grief is ultimately a very lonely and self focused experience.

Sometimes a wise outsider can help us reduce any unrealistic expectations we might have of our partner, close friends or relatives, allowing us to accept (or tolerate) differences in styles of grieving. We can be helped to remain respectful friends for a while until we understand more of our changed selves, and the intensity of our grief becomes more familiar and more manageable.

It is important not to end any relationships impulsively. Decisions about partnerships and close friendships, like most other major decisions, are best postponed until we have passed the first anniversary of the death and have experienced one of everything – seasons, anniversaries and other special occasions.



Should my children see me grieve?

Children experience the same grief responses as adults, although their grief is often less visible to the untrained observer. They look to significant adults for cues about the acceptable way to express grief in their own family and their own social environment. They need to see grief expressed in ways that are safe for everyone involved. They may need to be reassured that 'mummy/daddy/grandma/grandpa are crying because they are sad, and they are sad because they are missing...'. They may need to be assured that sadness is healthy and won't make anything bad happen.

It is not helpful for children to see adults they rely on trying to anaesthetise grief with alcohol or other drugs, driving unsafely, being destructively angry to others or destroying belongings.

Because all grieving people regress, it is important to have someone present whenever possible who is less affected by the death. This person, or persons, can help to maintain an environment that is safe for all involved so that everyone can grieve in their own way.

What is meant by 'regression'?

Regression in grief is universal and outside our control. It means that we feel younger and more vulnerable on the inside than our chronological age. This feeling of vulnerability comes and goes and is exaggerated by tiredness and ill health. Our regressed age will feel somewhere between 8-15 years, even younger if we experienced grief or traumatic events at an earlier age. This doesn't mean we are 'childish'. It simply means that we feel temporarily unable to function at our previous level of competence and as a result we may initially lose feelings of self esteem.



Does grief change people?

Grief tends to change just about everything, although some of these changes are temporary. We may feel different, we may see the world differently, and we may see almost everybody and every relationship in a different light, especially in the first couple of years.

Grief is a crisis, and when any of us experience a crisis in our lives, not only death related crises, we tend to regress. From this vulnerable position we become an exaggerated version of our former selves, and use coping mechanisms that were familiar in our earlier lives. We may initially feel as if grief controls us, that *everything* is out of control, and we may struggle to regain some sense of order by trying to make things the way they used to be. But, no matter how hard we try, nothing will ever be quite the same again. However, that doesn't mean that life will never be good again. In time, we gradually learn how to live with grief, to live with our changed selves in a changed world, and some changes may even be for the better, in the long term.



How long does grief last?

The most accurate indicator of how long the intensity of grief will last is usually the degree of centrality the person who has died had in our everyday lives, how important they were to our identity and our sense of well being. Each person's experience of grief is unique, although some aspects are universal. If the person who died gave our life a sense of meaning and purpose, part of us will grieve for them forever, but the 'shape' and intensity will change over time.

In the beginning, we may feel consumed by grief twenty-four hours a day, seven days a week and wonder how long we can survive. We may feel controlled by pain, but with compassionate understanding and a safe environment, we gradually learn how to manage our grief so that we no longer feel controlled by it.

Grief is by nature unpredictable and may surface as a result of a seemingly insignificant event, or be stimulated by a smell, sound, touch, taste or sight that brings memories of the person who has died flooding back.

Does grief happen in stages?

Grief does not happen in neat, predictable stages from protest against the unfairness or unreality of the event to some placid state of acceptance. The process is much more chaotic, often several steps forward, some backwards, and others round in circles. We can learn, with help, to live with all emotions co-existing – sadness, fear, joy and anger.

What if I can no longer find meaning in life?

In the early days, weeks, months after someone we love dies, the purpose of life, of our lives, may be hard to understand. This is a natural, understandable reaction to loss. When we express feelings about life seeming



meaningless, those who care about us sometimes become anxious and it is often at this point that medication may be inappropriately prescribed. It can be hard for many people to distinguish passionate sadness from depression, but there is a difference.

It is important to slow down and not expect too much of yourself. Initially, all most of us can do is find a reason for getting out of bed in the morning, for keeping ourselves going for the next hour, the next day, the next week. In time and with compassionate support, we will eventually integrate the experience of loss into our lives, change as a result, and find new meaning and purpose.

However, if you are concerned, or the feelings of hopelessness persist for a prolonged period, contact a skilled bereavement counsellor.

Does everyone need counselling?

No, many people struggle on and learn to accommodate grief on their own. Others have compassionate and understanding friends and relatives who

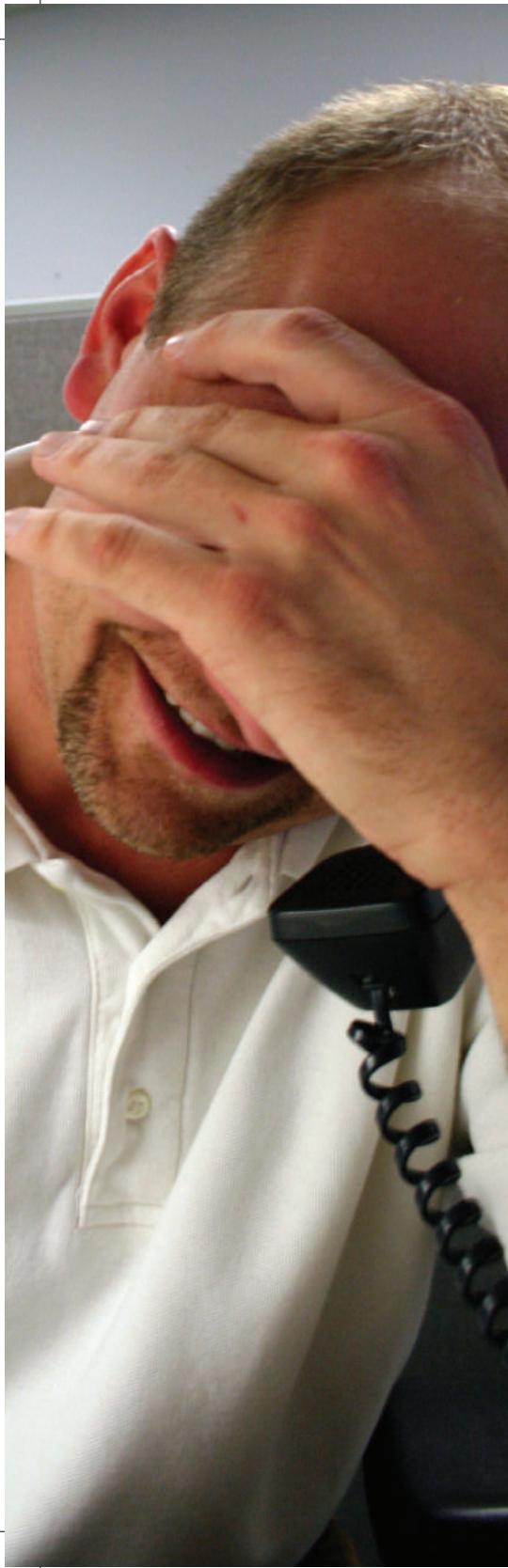
will support them in doing what is right for them. Sometimes, the way in which life can complicate grief, or concerns about overburdening those close to us, may prompt us to seek professional help.

Is counselling necessary if the death was traumatic?

Many people would describe grief after bereavement as traumatic, no matter how the death occurred. However, for some people the manner of death is so graphic that it remains constantly in the foreground. Images, sounds, smells and other sensory memories may remain intrusive, interfering with sleep and the grieving person's ability to find respite anywhere, any time.

This may happen for example, if the grieving person was present at a horrific accident, a natural disaster, or even a painful death in a hospital setting. In these circumstances, most of us would find benefit from the support of a skilled counsellor.





How do I find a good bereavement counsellor?

Word of mouth recommendation is usually the best way. If personal recommendations are not available, any of the following suggestions may be a good starting point.

- **The National Centre for Childhood Grief**
Call 1300 654 556 or 9804 6909
- **The National Association for Loss and Grief (NALAG)**
Call 02 9489 6644
- **The Compassionate Friends**
(for grieving parents)
Call 02 9290 2355
- **SIDS and Kids**
(for grieving parents of babies and young children)
Call 1300 308 307
- **SOLACE**
(for widows and widowers)
Call 02 9519 2820
- Local Community Health Centres
- Hospital Social Work Departments
- **Lifeline**
- **The Salvation Army**
Call 02 9743 2831
- **Homicide Victims' Support Group**
Call 1800 191 777

What if counselling isn't available in my local area?

Some people find telephone support helpful. You could contact any of the organizations listed for information about phone counselling or support. Others like to contact a web site, or use email support if they have access to a computer. Some useful web sites are:

- www.childhoodgrief.org.au
- www.grief.org.au
- www.sidsandkids.org
- www.thecompassionatefriends.org.au
- www.hvsgnsw.org.au

E-mail contacts:

afriendsplace@me.com

Is there anything I can do to help myself?

Think about how you have coped with difficulties in the past. What helped then? And what would you want to do differently now? Many people are likely to offer advice, some helpful, some patronising or insensitive.

If you know yourself pretty well, you will probably sense what is right for you to do at any given time. We are all so different that it is not possible to prescribe a list of things that will be helpful for everyone, so these suggestions are simply offered to stimulate your own ideas.

- Have plenty of rest – overtiredness increases vulnerability.
- Eat small, easily digested meals.
- Keep alcohol, tranquillisers, analgesics, and sleeping tablets to a minimum.



- Avoid other mood altering drugs.
- Use coping strategies that have worked well for you in the past.
- Distract yourself from grief periodically – take time out to do something you would normally enjoy, even if you feel now as if you are just going through the motions.
- Do gentle exercise like walking, swimming, gardening, or something more energetic if you are feeling agitated.
- Use help that is offered and available when it feels right for you.

Is there anything I can read that will help?

Reading is often difficult in the early days, weeks and months after a significant loss. When concentration begins to return, the following books may be of help:

- ***Coping With Grief*** – McKissock, Mal and Dianne (Harper Collins)
- ***The Grief of Our Children*** – McKissock, Dianne (BCC)

Other helpful titles can be found by accessing www.compassionbooks.com and www.openleaves.com.au.

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