

GRIEF – AN OVERVIEW

As hard as the process of grieving can be, it can be transformative. It may not feel that way today but know you have taken the first step in this process by seeking support and learning about the grieving process.

Your brain has a special way of storing memories of the person you have lost. These memories, on most occasions, can give us a sense of well-being. We have a bond with the people we have lost. When they die, it can seem like we don't know who we are anymore, and that grief is the only thing we have left of the bond. You may wish to think of grief as the form the bond takes after the person dies.

Grief, by definition, is the painful response that follows a loss and is a reflection of the broken connection between you and the person you have lost. Loss affects you mentally and physically. It contains thoughts, behaviours, emotions, and physiological changes, which you can bounce from one moment to the next or get stuck in for a while. Grief is not linear or time-specific. Everyone does it in their own time. It evolves and changes as you learn to adapt to the loss. Grief is unique to each person, with everyone having their own unique way of adapting to the loss.

Bereavement is the grief and mourning experience following the death of someone or a significant loss. It is the fact of the loss, whereas grief describes the emotional response. Bereavement is often associated with time, such as “bereavement leave.”

Grief is the natural reaction to a loss. It is the feeling you have, the sort of intensity that overwhelms you, the in-the-moment experience. It includes emotions, thoughts and behaviours, as well as physiological changes. It is permanent. It will always be a part of you.

Grieving is the way that grief changes over time without actually going away. At first, it can be intense and painful. Over time it usually becomes less intense. However, you can experience intense feelings during certain times of the year, like birthdays or anniversaries.

Acute grief occurs in the early period after a loss and usually dominates your life for a significant period of time. The feelings can be so strong that it feels it is going to last forever, but it usually doesn't. It is a complex, multi-faceted experience that is often highly emotional, powerful and disruptive. Strong feelings of yearning, longing and sorrow are typical, as are insistent thoughts and memories of the person who died. Other painful emotions, including anxiety, anger, remorse, guilt or shame, are also common. Activities are often focused on doing or not doing certain things to try to deal with the loss.

Our initial reaction is to try to protect ourselves from the much unwanted consequences of the loss of a loved one. We do this with some automatic defensive responses, such as protest, disbelief, imagining alternative scenarios and engaging in experiential avoidance. This way of responding to grief is natural and can provide some temporary relief but is not optimally effective in the long run. Sometimes, you can become stuck, which derails your grief journey. Changes don't happen easily and are often imperceptible, but acute grief is usually integrated more quickly than you expect.

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Complicated grief occurs when something interferes with adaptation and the healing process. When this happens, acute grief can persist for very long periods of time. A person with complicated grief feels intense emotional pain such as sadness, loneliness, fear, anxiety, guilt, resentment, anger or shame. They can't stop feeling like their loved one might somehow reappear, and they don't see a pathway forward. A future without their loved one seems forever dismal and unappealing.

Integrated grief is a lasting form of grief that has a place in your life without dominating it or being overly influential in thoughts, feelings or behaviour. This form of grief is usually bittersweet and can be helpful in learning and growing in life. When grief is integrated, it mainly resides in the background, but it's often activated on certain calendar days, life events, or unexpected reminders of the loss. However, these moments do not mean that you have not adapted to your loss.

Prolonged grief disorder is a new diagnosis by the psychiatric society. The person may experience intense longing or preoccupation with thoughts of the person who has died. They may experience significant distress or struggle to perform daily tasks at home or in other important areas. Grief is disabling and affects everyday functioning in a way typical grieving does not. For a diagnosis, the death must have occurred at least one year prior for adults and 6 months for children and adolescents. They must also have three of the following symptoms nearly every day for the last three months prior to diagnosis. Identity disruption (such as the feeling as though part of oneself has died); Marked sense of disbelief about the death; avoidance of reminders that the person is dead; intense emotional pain (such as anger, bitterness, sorrow related to the death); difficulty with reintegration (such as engaging with friends, pursuing interests, planning for the future); emotional numbness (absence or marked reduction of emotional experience); feeling that life is meaningless; intense loneliness (feeling alone or detached from others).

Traumatic grief is the response to a sudden, unexpected loss often associated with a traumatic event. It can be related to complicated and or prolonged grief disorder. People often experience (but are not limited to) nightmares, difficulty sleeping, flashbacks, numbness, fear and anxiety.

Steps to Healing

Mourning is the outward expression of grief. Mourning, like grief, is unique to each person. Everyone copes, and the time needed is different for each person. However, we do have some things in common. Mourning can be expressed through crying, talking to other people about the death, sharing stories, putting together photo albums or videos and other actions. It is through these actions that healing takes place. Through mourning, we learn how to dose our pain, and over time our brains learn to turn away from the intensely painful feelings.

Adapting or accepting the loss entails accepting the reality of the death and restoring the capacity for well-being. Accepting the reality includes the death's permanence and the permanence of grief, a changed relationship to the person who died, and the many other changes that accompany the loss. Restoring the capacity for well-being includes a sense of autonomy, competence and relatedness so that the future holds possibilities for a life with purpose and meaning, joy and satisfaction. And learning how to balance the pain with periods of respite, giving themselves permission to set the grief aside for a time.

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Three key processes of adapting

1. Accepting the reality, including the finality and consequences of the loss
2. Reconfiguring the internalized relationship with the deceased person to incorporate this reality, and
3. Envisioning ways to move forward with a sense of purpose, meaning, and possibilities for happiness.

Places that you can get stuck in and derail the process

- Thoughts and feelings

- Disbelief or protest
- Imagining alternative scenarios
- Caregiver self-blame or anger
- Judging grief
- Survivor guilt

- Behaviours

- Avoiding grief triggers
- Inability to move forward
- Inability to connect with others

Relearning grief is a sort of relearning and rewiring for our brain. When we lose someone, it can feel like we have lost a part of ourselves. Our brains encode a bond with our loved ones, and when they have died, we actually experience their death as a part of us missing—kind of like phantom limb syndrome. When we lose a loved one, there are physiological changes that happen.

We have to relearn/rewire:

- How to live in the world now.
- What it means to move forward in life without this person.
- How to be in the world as a person who carries this loss.
- All the little habits and predictions we know have to change, like picking up the phone to call them.