



ADVANCING SCIENCE AND PROMOTING UNDERSTANDING OF TRAUMATIC STRESS

Grief: Taking Care of Yourself in the Aftermath of Loss

In the wake of loss, there is no particular way of grieving that is right or wrong, and there is not a “normal” period of time for grieving. The amount of time it will take a person to grieve will depend on the circumstances of the death, the nature of the relationship, and their own personal needs. The popular “stage theory”, in which grief passes through five stages: denial, anger, bargaining, depression, and acceptance, may be appealing in that it makes loss seem controllable. However, research suggests that grief doesn’t follow a set of stages. It’s more of a complicated, ongoing process that comes in waves.

On the one hand, scientists have found that grief, like fear, is a stress reaction, which may be accompanied by physiological changes in stress hormones like cortisol, disrupted sleep patterns, physical distress such as weakness, breathlessness, restlessness, and immune system changes. On the other hand, some people do not appear to need to grieve as keenly as others, even for those they most love sometimes. Additionally, the bereaved person sometimes feels as much relief as sorrow, especially when suffering was involved prior to the other’s death.

While grief is not the same for everyone, there are characteristic behavioral/emotional reactions among people grieving after a loss of a *close* relationship, be that a family member, friend, or coworker. Again, these reactions are dependent on many factors, including the nature of the relationship, the person’s personality style, their characteristic coping strategies, and the environment in which they work or live:

- Spending a lot of time thinking about the person who died.
- Feeling strong feelings of sadness and loneliness, fear and anxiety, and even resentment and anger. The person may avoid thinking about the loss, while at other times they may make special efforts to remember or include the person’s memory in their life.’
- A subsiding of the intensity of grief as time goes by but with fluctuating periods of emotions, even as the intense grief subsides. A constant state of grief increases the risk of ruminating and withdrawing from the world or alienating others. Fortunately, emotions tend to come and go. Over time the cycle widens, with a gradual return to a more balanced state of equilibrium.
- A sense of guilt when starting to re-engage in activities and relationships, especially if the person feels guilty for having lived when the other person died or if they feel that by re-engaging in life, they are betraying the person who died.
- Worrying about forgetting the person who died, or losing memories associated with that person.

The longest bereavement study that has been conducted, spanning 35 years, found that for some, many aspects of bereavement fade only gradually, after many years have passed. Reflective thoughts and

memories happen less frequently over time, but they are not completely absent. Some studies have shown that some mourners hold on to a relationship with the deceased for long periods after the death, with no notable ill effects.

Many risk factors can influence the severity of grief reactions along a continuum, including traumatic or sudden death, relation to the deceased, time since death, age, and gender. When grief symptoms are affected by these risk factors, they can contribute to what has been called “prolonged grief disorder”, which has been related to more severe or long-lasting grief, as well as a variety of psychological, behavioral, and medical outcomes such as depression, substance use, suicidality, blood pressure, and changes in central nervous system and cardiovascular responsiveness. Studies have shown that there can be a blend of post-traumatic and grief reactions when loss is sudden or traumatic. Some people may:

- Retreat from close relationships with family and friends.
- Avoid their usual activities because they are reminders of the traumatic death.
- Stay focused on the circumstances of the death, including being preoccupied with how the death could have been prevented, what the last moments were like, and who was at fault. These reactions may interfere with grieving, making it more difficult for survivors to adjust to the death.
- Have post-traumatic stress symptoms such feeling numb, wanting to avoid anything that reminds them of the death, or experiencing intrusive, disturbing images of the death. These reactions make them feel confused or guilty for not having what they perceive to be more typical grief reactions. They can also prolong the grief process or interfere with positive reminiscing.

Some ways of thinking can increase or prolong grief after a traumatic, sudden or unexpected death. Common thinking patterns in prolonged or complicated grief are:

- Trouble accepting the death
- Guilt about their possible role in the death, or the fact that the other/s died and they survived
- Inability to trust others
- Numbness and detachment
- Excessive agitation, bitterness, or anger
- Feeling very uneasy about moving on with life
- Feeling that life is empty or meaningless
- Believing the future will be bleak

These thinking patterns can be difficult to change on one’s own, and if they linger for months, or cause significant distress or interference with functioning, evidence-based prolonged grief treatment has been found to reduce the severity and frequency of these thought patterns, as well as the length and severity of prolonged grief.

Self-Care:

There are many different ways to take care of oneself during grieving, which may vary depending on a variety of factors, including the amount of time since the death, your personality, your history, your relationship with the person who died, and the context of your life in the wake of the death. Here are a few strategies that have been noted by others to mitigate or reduce grief over time. Not all of them are necessary or appropriate for everyone, but they may provide some possible options for self-care.

Social Processes:

- *Reach out to those who have been through similar situations.* The most helpful support often comes from those who have suffered similar losses. Instead of saying, "I'm sorry for your loss," they might validate what you're experiencing and let you know how they got through it. Just being with them may feel comforting. Seeing how they've endured may give you hope or help you to feel less alone. They may not have to say many words, but you still feel understood via the kinship of shared or similar experiences.
- *Reach out to your closest friends.* As people get older, they typically focus on a smaller set of meaningful relationships, and the quality of friendships becomes a more important factor in happiness than the quantity. Not everyone feels comfortable talking openly about personal losses. We all make our own choices about when, where, and if we want to express our feelings. However, evidence suggests that opening up about traumatic or loss events can improve mental and physical health and can help you understand your own emotions and feel understood, rather than isolated.
- *Be clear and authentic when others reach out to you.* You can make changes in your actions to make better connections with the people you choose to be more authentic with. For instance, if you automatically answer the question "How are you?" with "Fine," it doesn't encourage those you're close with to ask further questions. If you don't give a true response the other person may not feel comfortable pushing for one. In order to get better support from them, instead of saying "I'm fine," you could say something like, "I'm not fine, but I appreciate you asking and it's nice to be able to be honest about that with you." Let them know when you may want to have more authentic conversations, and when the timing is right, you do want to talk more in-depth with them. In the meantime, you can tell them the best times and ways to reach out, such as in person, over the phone, over food, or by text. You can also tell them that it's okay for them to ask you questions or talk about how they feel too, especially if they seem to be feeling paralyzed when you're around, worrying that they might say the wrong thing.

Mental Processes:

- *Focus on how sadness or despair will feel less acute with time.* Studies reveal that we tend to overestimate how long negative events will affect us, but most people who have lived through tragedy say that over time the sadness subsides.
- *Focus on the moments when the pain temporarily eases up.* Learn that no matter how sad you feel, another break will eventually come. It can help you regain a sense of control.
- *Focus on being realistic.* Words like "never" and "always" are signs of permanence, which can make recovery more difficult. Try to reduce the words "never" and "always" and replace them with "sometimes" and "lately." "I will *always* feel this awful" becomes "I *often* feel this awful, but over time it might just be *sometimes*."
- *Focus on reality.* Instead of being surprised by the negative feelings, plan for them. Rather than feeling sad that you are down or grief-stricken, or anxious that you are anxious. Admit that you cannot control when emotions arise. Take "feeling breaks" and stop fighting those moments, and you may find that they pass more quickly.
- *Focus on acceptance.* We all deal with loss: jobs lost, loves lost, lives lost. The question is not whether these things will happen. They will, and we will have to face them. Resilience comes from analyzing how we process grief and from simply accepting that grief. Sometimes we have less control than we

think. Other times we have more. Accept that aging, sickness, and loss are inevitable. It lessens our pain because we end up "making friends with our own fears."

- *Focus on worst-case scenarios.* Rather than trying to find positive thoughts, think about how much worse things could be. Find other things to be grateful about, which research has shown can increase happiness and health by reminding us of the good in other areas of life.
- *Focus on changing beliefs that don't serve you.* For instance, consider that the way you typically respond to offers of help from people might need to change in some circumstances. Some people hate asking for help, hate needing it, or worry that they will be a burden to everyone. They may define friendship by what *they* can offer, such as advice, support, or practical help. If you are like this, you may need to change this pattern when grieving. Rather than focusing on feeling like a burden, you may need to reframe your thought that *friendship isn't only what you can give, it's what you're able to receive*. And by receiving it, you can better give back to others going through similar situations in the future.
- *Focus on honoring.* Find a way to honor the loss. Writing or creating a ritual can help you feel connected to the person, give his/her life continuing meaning, and allow you to live in a way that honors and reaffirms your relationship, instead of cutting ties, "getting over it," and moving on with your life. Once the initial shock of grief wears off, many bereaved people realize that the best way to pay tribute to their loved ones is not through their own pain and suffering, not through their own metaphorical death, but by living on as fully as possible, or by living as the other person would want them to live.
- *Focus on philosophy/religion/or values.* This can help you gain a broader view, gain a sense that you or your loved ones are looked after, and feel connected to a greater power. For example, for some people, turning to God gives them a sense of being enveloped in grace that is eternal and ultimately strong. Or it may result in the realization that you are connected to something much larger than yourself or connected to a universal human experience.
- *Focus on healing.* If you continue to experience debilitating or highly distressing feelings of grief, post-traumatic symptoms, or depression, consider talking to someone who specializes in prolonged or traumatic grief. There are evidence-based treatments that can give ongoing support and guidance to learn to correct unhelpful thoughts and beliefs, find positive coping strategies, and gain meaning from the loss. Treatment can help you find ways to honor and maintain positive memories of the person/people you lost, work towards accepting the death, manage emotions like anger or avoidance, resume normal day-to-day life, and look forward to a better future.

References

- Berkowitz, S., Bryant, R., Brymer, M., Hamblen, J., Jacobs, A., Layne, C., & Watson, P. (2010). Skills for psychological recovery: field operations guide. *Washington (DC): National Center for PTSD (US Department of Veterans Affairs) and National Child Traumatic Stress Network (funded by US Department of Health and Human Services and jointly coordinated by University of California, Los Angeles, and Duke University).*
- Bonanno, G. A. (2009). *The other side of sadness: What the new science of bereavement tells us about life after loss.* Basic Books.
- Jordan, A. H., & Litz, B. T. (2014). Prolonged grief disorder: Diagnostic, assessment, and treatment considerations. *Professional Psychology: Research and Practice, 45*(3), 180.

Kliem, S., Lohmann, A., Mößle, T., Kröger, C., Brähler, E., & Kersting, A. (2018). The latent nature of prolonged grief-A taxometric analysis: Results from a representative population sample. *Psychiatry research*, 260, 400-405.

Petriglieri, G., & Maitlis, S. (2019). When a colleague is grieving. *Harvard Business Review*, 97(4).

Prigerson, H. G., Frank, E., Kasl, S. V., & Reynolds, C. F. (1995). Complicated grief and bereavement-related depression as distinct disorders: Preliminary empirical validation in elderly bereaved spouses. *American Journal of Psychiatry*, 152(1), 22-30.

Roulston, A., Clarke, M. J., Donnelly, M., Candy, B., McGaughey, J., Keegan, O., & Duffy, M. (2018). Psychological therapies for major depressive disorder and prolonged grief in bereaved adults. *Cochrane Database of Systematic Reviews*, (12).

Sandberg, S., & Grant, A. (2017). *Option B*. Michel Lafon.