

# Stonebriar Psychiatric Services News & Views

## *Grief Redoubled*

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*You've seen her on our website and now we are pleased to have **Wendy Copeland** as a contributor to our Newsletter. In the following article she shares her expertise in the area of grief and loss.*

### ***Grief Redoubled?***

In the book, *A Grief Observed*, C.S. Lewis reflects that, "No one ever told me that grief felt so like fear. I am not afraid, but the sensation is like being afraid. The same fluttering in the stomach, the same restlessness, the yawning. I keep on swallowing."

The grief response is as unique as our fingerprint. No two people will respond the same way. Often, we are disturbed or bothered by these differences, placing judgments on others or even ourselves about "how" we should go about grieving. Further, society as a whole tends to ignore grief. A distasteful subject, few words are uttered in public about grief. Yet, if you live any length of time at all... grief will surface.

For those in bereavement, or with any form of deep grieving, the endless shadow of loss looms heavy and thick, bringing a sense of helplessness and disconsolation. Grief can be intensely lonely, carrying a painful sense of isolation. So what do we make of grief? What is normal grief and what is not? How do we make it through pain that can seem to engulf us?

Grief catches us by surprise and it stretches and challenges us to grow in ways we never imagined. One of the first steps in healing is to identify our loss or losses. Typically, there is a grief-activating event, such as the loss of a loved one through death or divorce. There are many other types of grief producing events. These may include having a miscarriage or abortion; the loss of a child through death, adoption, or being denied custody; having a special needs family member; partner betrayal; loss of a job/ economic hardship; natural disaster; military disaster; loss of health through surgery, disability, chronic illness/pain, terminal illness, or disease onset; victimization (mental, emotional, physical, or sexual abuse); mental disorder; addiction; the termination of a long-term relationship or engagement; death of a family pet; moving; retirement; empty nesting; and unrealized dreams. Clearly, life is full of grief opportunities, and there are plenty to go around.

In death-related grief, grieving can be complicated by additional factors, such as how the death occurred, the role the deceased had in our lives, and the nature of the relationship, such as close versus conflictual, abusive versus nurturing, etc.. Grief has a way of making us feel abnormal or "not well." Yet, as abnormal as the grief experience feels, many grief symptoms are quite normal. Some expected grief symptoms include sleep disturbance, appetite changes, absent-mindedness, social withdrawal, having dreams of the deceased, avoiding reminders of the deceased, searching and calling out, restless activity, crying spells, and visiting places or treasuring objects that memorialize the deceased. Spiritual disruption is also common to the grief experience. Grief requires difficult work. In order to move through grief to healing, four essential tasks are involved:

1. To accept the reality of the loss
2. To experience the pain of the loss
3. To adjust to an environment in which the deceased is missing; to move to an acceptance of the loss
4. To withdraw emotional energy from the loss & reinvest it in other relationships and life.

Although American society typically affords the bereaved only one year to work through the seasons of grief, in reality the healing process can take considerably



*Wendy Copeland*



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longer. In fact, a few years may be a normal healing process for someone working through loss and grief. The task of rebuilding your life following significant loss is difficult and change takes time.

If grief is compounded by the accumulation of more than one loss, then the grief experience may be amplified. Compounded grief occurs when a loss is experienced, but prior losses have not been fully dealt with or processed. The result can feel like a consuming tidal wave with our world crashing down around us. For example, consider a 40-year-old woman who experiences the death of her pet Labrador. In her grief, she falls into a debilitating depressive episode where she is bed-ridden and unable to function at work or home. At first glance, this grief response may appear extreme. However, when considering that the woman purchased the pet 10 years ago to help her father cope with the ravages of chemotherapy, the loss takes on a considerably deeper meaning. The dog's death is sad, but it also surfaces painful, unresolved grief from her father's death.

At times, the symptoms of grief can become chronic and extreme, to the point where reinvestment in daily life is halted. This is considered unresolved grief and is often referred to as "complicated" or "traumatic" grief. Complicated grief typically requires clinical attention, is pervasive in that it lasts longer than a year or at times even a few years, and includes symptoms such as intense intrusive thoughts of the loss, feeling excessively alone and empty, pangs of severe emotion, distressing yearnings, excessively avoiding tasks reminiscent of the deceased, unusual sleep disturbances, and an extremely diminished interest in personal activities. Clinically diagnosed psychiatric disorders commonly accompany complicated grief. Some disorders typically associated with complicated grief include clinical depression, mania, generalized anxiety, phobias, post-traumatic stress disorder, substance abuse, and addictions.

In addition to psychological illness, grief often manifests itself physically through physical illness and/or chronic pain. Numerous disruptions have been noted to occur in the neuroendocrine and immune systems for several months following stress and loss. These disruptions can lead to vulnerability to illness for up to two years following the loss, with men more at risk than women. However, in cases of unresolved grief, these physical and mental vulnerabilities may continue.

So what gets us stuck in grief? We previously mentioned some factors that can complicate grief. At times, our own predispositions and coping mechanisms can limit our healing process. Some coping patterns that can retard healing include the following: choosing to ignore or deny the loss, holding on to anger (toward ourselves or someone else), refusing to let the loss or the departed loved one go, or resigning herself to despair as the new "normal" of her life. When grief becomes a barrier to well-being and prevents us from reinvesting in our lives and relationships, it is time to seek help. Consultation and treatment by a psychiatrist may be indicated, as medication can reduce symptoms such as depression, anxiety, and poor concentration that can severely impair functioning and overall mood. This is intended to improve functioning to a point where the individual feels able to address their own grief. Professional counseling can help a grieving person by partnering with them in the grief process, helping them to put words and meaning to their loss, processing through the loss and gain insight, and then moving into a healing acceptance as new coping skills are learned. Joining support groups or process groups, often referred to as "grief groups" can also be invaluable in helping the grieving person to connect in meaningful ways with others, experience validation, and rediscover hope and healing.

Other tools that are vital to grief recovery include proper nutrition, rest, and physician-approved exercise. The grieving individual requires intentional self-care. Spiritual support and care is also highly recommended. Seeking connection and support through emotionally healthy family and friends and refusing to totally isolate oneself is primary to the healing process. If your loss involved the loss of relationships, then part of your grief work will include building new relationships in your family, faith or civic community. Doing the work of grieving is the only way to heal. As the French playwright, Moliere, aptly cautioned, "If you suppress grief too much, it can well redouble."



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