

# Loss, Grief, and Recovery— A Mini-Monograph

©Arlene R. Taylor PhD  
www.arlenetaylor.org Realizations Inc

*Waste no time in mindless grieving because it is over—  
smile and give thanks because it happened at all!*  
—Arlene R. Taylor



Loss. Grief. Recovery. Three relatively short words that represent huge concepts, the discussion of which is sometimes discouraged or repressed. Even worse, fraught with anger, fear, and conflict. Studies have suggested that the brain can deal effectively with something only when it can label and describe what needs to be handled. Topics such as loss, grief, and recovery topics need to be delved into—and handled. Otherwise the emotional energy around them can accumulate as a slush fund that sucks up energy, making the brain unavailable for successful living.

Although this is not a definitive treatise on loss, grief, and recovery, it is a framework from which you can think about, talk about, select what is needed, and eventually choose a path of recovery that works for your brain. The good news is that it is possible to move through the process successfully—even gracefully.

This mini-monograph is presented in the following sections:

- I. Definitions
- II. Identify, Label, and Describe Losses ('Loss Line')
- III. Selected Types of Death Including Suicide
- IV. Emotions versus Feelings
- V. Brain *Bent*, Emotions, and Tears
- VI. Gender Differences
- VII. Stress and Inflammation Link
- VIII. Grief Recovery Pyramid
- IX. Cultural Uniqueness
- X. Children and Loss
- XI. Recovery Strategies
- XII. Grieving with Others
- XIII. Epigenetics and Cellular Memory
- XIV. Scriptural Perspective
- XV. Leaving a Legacy
- XVI. Relationship Survival

## I. Definitions

*Nothing that grieves us can be called little; by the eternal laws of proportion a child's loss of a doll and a king's loss of a crown are events of the same size.*

—Mark Twain (1835-1910)

There are likely as many definitions for loss, grief, and recovery as there are dictionaries and brains attempting to describe them. Here are some definitions from which you can craft your own.

- **Loss:** the state of being deprived of something that you once had (or thought you had); the perception of being without something that you valued and would have liked to retain. The loss can be physical; you can touch or measure it. The loss may be abstract; you perceive it in cognitive, philosophical, or behavioral dimensions. And likely it is a combination of both physical and abstract constructs. On this planet, there are times when the loss is temporary or can be fixed and repaired. Other times, it cannot.
- **Grief:** a natural response to loss; the process the brain typically goes through when it perceives it has lost or been deprived of something or someone it valued. It can be described as intense emotional suffering related to misfortune, injury, or evil of any type. It can also involve conflicting feelings that are experienced following any major change to a familiar state of affairs. Unresolved loss or unhealed grief can accumulate and impact the intensity of one's reaction to a present experience of loss.
- **Grief Recovery:** Grief recovery is the process of learning to *feel better* and to achieve a condition of balance following any type of loss. For some, grief recovery means returning to a previously experienced state of soundness and balance; for others, it means attaining a state of soundness and balance that they may not have experienced before. It involves grieving the loss and healing the emotional pain. Just as human beings can recover from the pain of surgery and feel better as the incision heals, or recover from a broken bone and feel better as the bone knits together, so you can recover from a loss and learn to feel better as you move through the grieving process and heal from the pain. Sometimes the loss is identified and recognized and the grief-recovery process worked through. Sometimes not. The survivor may even feel angry, resentful, and even bitter at being “abandoned.”
- **Survivor guilt:** Also known as *survivor syndrome* or survivor syndrome, this is a cognitive or mental state that occurs when a person perceives themselves to have done something unfair or even wrong by surviving a traumatic event when others did not. It may be found among survivors of combat, natural disasters, epidemics, among the friends and family of those who have died by suicide, and in non-mortal situations such as when colleagues are laid off.

## II. Identify, Label, and Describe Losses

*Grief can destroy you or focus you. You can decide a relationship was all for nothing if it had to end in death, and you alone. Or you can realize that every moment of it had more meaning than you dared to recognize at the time . . . the answer to the mystery of existence is the love you shared sometimes so imperfectly, and when the loss wakes you to the deeper beauty of it . . . you're driven to your knees not by the weight of the loss but by gratitude for what preceded the loss. The ache is always there, but one day not the emptiness, because to nurture the emptiness, to take solace in it, is to disrespect the gift of life.*

—Dean Koontz, *Odd Hours*

How do *you* define loss? Your personal perception of what constitutes a loss will impact your grief and recovery process. Avoid defining *loss* too narrowly. Over time the accumulation of many small losses may be as stressful as one large loss. Many think of loss primarily in relation to death and the grief associated with death (a larger and more narrowly focused loss), but fail to recognize and address the little losses that human beings experience on a regular basis, which can accumulate. Defining loss more globally can help you to recognize not only the loss itself but also the need for effective grief recovery. Examples of loss:

- Death of a partner, family member, friend, or pet for any reason (accident, suicide, illness)
- Inability to conceive or a surrogate changes her mind
- Separation, abandonment, or divorce
- Displacement due to a natural disaster such as an earthquake, fire, hurricane, flood, or tornado
- Injuries from an accident (e.g., vehicle, sports, falls, terrorist)
- A mastectomy or removal of a body organ or the loss of a limb
- A reduction in the level of some sensory perception (e.g., sight, hearing, balance, taste, smell, dexterity, or mobility)
- A hoped-for event that does not materialize or diminishment of perceived options
- An inability to follow a desired career path or get accepted into your preferred school
- Loss of thinking ability (e.g., dementia, Alzheimer's)
- Chronic illness or disease (the loss of health)
- Birth defects, miscarriages, stillbirths (e.g., the loss of a healthy baby)

You get the idea. Individuals grieve in connection with a variety of losses throughout their entire lives. Sometimes the grieving process is conscious and effective; sometimes, subconscious and ineffective. The loss does impact the person's life, however. Unfortunately many cultures, the current one included, generally revolve around and emphasize acquiring—not losing. In a sense this preps its members to be generally unprepared to deal with loss effectively. Following are some potential contributors:

- Society generally has taught its members how to be adept at *acquiring* but not at *losing*, how to replace something quickly instead of working through grief recovery before deciding if you even
- Cultures of *instant everything* can lead to impatience with the concept that grief recovery takes time—it does—and the process is as individual as the brain involved
- Some feel uncomfortable about knowing what to say in situations of loss and sadness, so instead of learning such skills they say nothing or blurt out something inappropriate

- Many have not developed the skills necessary to deal effectively with the stress and emotional pain that accompanies loss, which can trigger the release of immune system substances that can exacerbate inflammatory processes and autoimmune diseases
- Many have not learned how to identify their emotions accurately or manage them effectively—and there is an emotional and cognitive aspect to loss
- Many learned unhelpful ways of coping with loss and the associated emotion of sadness, do not know how to deal with it appropriately, and can progress to depression

In addition, people often buy into a myriad of conflicting myths, such as:

- Grieve alone, avoid upsetting others, ‘let sleeping dogs lie’
- Get on with life; replace the loss as soon as possible
- You must cry in order to grieve; or stop crying because that shows weakness
- Stay strong for everyone else or you’ll also bring them down
- Stop being sad and move on; it’s been weeks already
- Give it time and pain will resolve on its own
- Don’t trust in the future; there is only now
- Recall only the good times to avoid disloyalty
- Just get over it—you’re not doing yourself or others any favors like this

Your behavioral patterns related to loss tend to be learned. They reflect what you saw role modeled by your parents, caregivers, other adults, personal experience, cultural conditioning, the instructions you received (e.g., school, religion, politics), expectations, and cellular memory, to name just a few. If needed, you can learn more effective behaviors to help you identify loss, grieve effectively, and recover successfully—freeing up vital energy. Generally, as you become empowered to deal more effectively with your own losses, and have worked through the grief recovery process yourself, you are better equipped to offer encouragement and affirmation to others during their episodes of loss and their journey through grief recovery.

### **Create a Personal Loss Line**

It can be life changing to create a personal loss line so you can get the big picture of losses you have experienced in life.

- Helps you visualize your losses over your lifetime
- Write down approximate dates in the middle of the page (losses below and any pluses above)
- Identify, label, briefly describe each loss event
- Make notes about your own brain’s perception of the consequences to you
- View each loss from an adult perspective—you won’t know the reasons or motivation of others but you can guess or imagine—ask yourself how each loss might appear to someone who didn’t live in the situation or know any of you
- Assess your level of recovery as you reference the Grief Recovery Pyramid
- Keep up your Loss Line, adding additional information and perceptions as you become aware of them (see example below).

+ Wanted? Yes Planned? Yes Parents married? Yes Good pregnancy? Yes	+ Full term Healthy except for jaundice and scoliosis syndrome Father happy with my gender	+ Father was happy to have a girl  Bonded with my father as he walked me to sleep at night	+ My tried feeding me buttermilk (he enlarged the hole in bottle nipple with a hot nail). Kept down the buttermilk and began to gain weight
<b>Conception</b> <b>6-1-72</b>	<b>Birth</b> <b>9-3-73</b>	<b>Depression</b> <b>9-3-73 to 2-1-74</b>	<b>Buttermilk</b> <b>2-2-74</b>
— Unplanned? No Unwanted? Maybe Wrong gender? Yes Pregnancy issues? Close in age to an older sibling?	— Breech, Emergency C-section; Jaundiced (7 days in hospital) Mother unhappy with my gender as she wanted one child: a boy	— Mother post-partum depression, in bed for 4 months, loss of breast feeding Severe colic—lost weight, didn't do well with cow's milk Multiple caregivers, all strangers	— Mother recovered from postpartum depression but I didn't 'know' her in a way – was much more comfortable with my father for entire childhood

### III. Types of Death

*And when your sorrow is comforted . . . you will be content that you have known me. You will always be my friend. You will want to laugh with me. And you will sometimes open your window, so, for that pleasure . . . And your friends will be properly astonished to see you laughing as you look up at the sky! Then you will say to them, 'Yes, the stars always make me laugh!' And they will think you are crazy. It will be a very shabby trick that I shall have played on you . . .*

—Antoine de Saint-Exupéry, *The Little Prince*

**Death of a partner.** Developing a personal relationship with another human being a challenging undertaking for human beings can do. Learning to live alone again can be an adjustment that may be equally if not more complex. This process can be more or less difficult depending on a variety of factors such as:

- Length of the relationship
- Quality of the relationship
- Age of the couple
- Reason for the death and the manner in which the person died
- Expectedness or unexpectedness of the death
- How stereotypical the division of roles in the relationship (e.g., a person whose partner “took care of everything” can be dramatically handicapped in attempting to sort out finances and get on with the business of living)
- Whether or not the couple was part of a larger couples' social group, many couples' groups seem to have great difficulty adjusting to and continuing to include the bereaved individual. And, for whatever reason, some newly single bereaved seem to encounter challenges in

reconnecting with those who knew the deceased partner. In such cases they may do better to establish new connections with a group of single friends that did not know the deceased partner.

## Death of a Child

*I hold it true, whate'er befall; I feel it when I sorrow most; 'tis better to have loved and lost, than never to have loved at all.*

—Alfred Lord Tennyson, *In Memoriam*

The death of a child at any age can be particularly difficult to deal with because in the accustomed order of things a child is not supposed to die before its parents. Some believe that this loss is more difficult to assimilate and learn to live with than most other types of loss. There are differing issues to identify and consider depending on the unique circumstances of each death, including these:

- Fetal demise, stillborn, miscarriage, voluntary or coerced abortion (individuals may experience resentment towards others who experience successful pregnancies)
- Severe birth defects resulting in death
- Exhaustion and dwindling resources due to a struggle to overcome severe birth defects or cancers or other life-threatening diseases
- Drug overdose, vehicle accident, or suicide
- Abduction, murder, child run-away or being trafficked
- Quality and availability of a support network
- Guilt feelings whether or not they are legitimate (e.g., parents may assume they did something wrong if a child dies from infant death syndrome or SIDS; studies now suggest that a defect in the serotonin system may contribute to SIDS)
- Separation of the parents (including an increased risk of suicide due to anger and depression) may compound recovery for both immediate and extended family members

In the case of a child's death it is critical that the immediate family members seek out and obtain quality support. Without this the grieving parents may separate or ignore / neglect other siblings and close family members, which only compounds grief and dysfunctional family dynamics. This may be compounded if all resources were perceived as being devoted to one child for several years—especially if the child was developmentally delayed or required round-the-clock care. The ramifications can extend into succeeding generations.

## Death of a Parent

*The heart hath its own memory, like the mind. And in it are enshrined the precious keepsakes, into which is wrought the giver's loving thought.*

—Henry Wadsworth Longfellow

In some ways, the impact of losing a parent represents the classic different strokes for different folks. So much depends on the relationships that existed prior to the death and a host of environmental contributors. Some generalizations can be made. The age of the child can impact the sense of loss and grief and be moderated or exacerbated based on who is available to continue the nurturing and parenting functions. During the first year of life when bonding, trust, and attachment to the parent or caregiver are

formed, even a relatively short separation can cause problems in well-being, especially if the loss occurs during the first eight to twelve months of age. Then, even a brief separation from a parent or regular care provider can cause the child distress. The child may exhibit little reaction, but that doesn't mean there is no impact. If the child is already experiencing major depression, the depression can be exacerbated.

Toddlers and younger children tend to see death more as a separation. Some even believe that death is temporary if not actually curable. Since death is difficult for them to understand, their level of understanding will affect how they respond. There may be “acting out” behaviors or regression to earlier behaviors such as sucking a thumb or finger, clinging to one person or toy, or even wanting to sleep with a bottle. Children are sensitive to the emotional tone in the home and to the electromagnetic energy released by neurons. While they don't know how to mourn, per se, they may experience the same emotional intensity they sense in the adults.

Pre-teens and teens may exhibit a variety of behaviors depending on their level of brain development and understanding of what death really means. “Good” children may suddenly exhibit delinquent behaviors; under-achievers may move toward becoming over-achievers. Some may become fixated on following routines and become disturbed when the routines are changed. They may exhibit repetitive actions or over-attachment to electronics in order to avoid thinking about the loss.

The grief can predispose any child, especially adolescents, to an increased risk for physical illness, emotional problems, addictive behaviors, or attempted suicide. Children can experience grief and exhibit similar symptoms around a change in the composition of the family unit and/or whom they live with, alterations in financial status, forced relocation, neglect, or any type of abuse by parent/care provider.

When the parent of an adult child dies, society may consider this just as part of life, which allows the person to grieve. Studies have shown, however, that the death of a parent during the adult child's mid-life is a major life transition. It may trigger an evaluation of his/her own life or mortality. Their behaviors may change dramatically, especially in the short term, and they actually shut out friends and family for a time. While the adult child may be expected to cope with the death of a parent in a less emotional way (as compared with a child), the loss can still be extremely powerful. This is especially true when the death occurs at an important or difficult period of life (e.g., graduation from high school or college, marriage, becoming a parent). For some (although not wished for), the death of a parent c

## **Death of a Sibling**

*Love leaves a memory no one can steal* —Irish Proverb

Surprising to some, the loss of a sibling can be a devastating life event that is sometimes overlooked, especially with adult siblings. Siblings who play a major part in each other's lives often become essential to each other. Adult siblings expect the eventual loss of aging parents, but they do not expect to lose their siblings any time soon. Therefore, when a sibling dies, the surviving sibling(s) may experience a longer period of shock and disbelief.

The sibling relationship tends to be the longest significant relationship of the lifespan and siblings who have been part of each other's lives since birth (e.g., nine-months apart, twins or triplets, and so on) actually help form and sustain each other's identities. Some have explained this as losing part of their identity because the siblings have “always been there.” Siblings who have enjoyed close relationships lose both the companionship and a future with their deceased sibling. If siblings were not on good terms or close with each other, then intense feelings of guilt may ensue on the part of the survivor(s). This may

include guilt for still being alive or not being able to prevent the death or any contribution to not being on good terms.

## Death by Suicide

*When you part from your friend, you grieve not; for that which you love most in him may be clearer in his absence, as the mountain to the climber is clearer from the plain.*

—Khalil Gibran

For survivors, death of a loved one by suicide can trigger a holocaust of emotion. The perception of loss due to a sense of hopelessness can be exacerbated based on factors including religion. It can be especially traumatic (for example) when survivors want to bury the loved one in a church cemetery, but are denied this opportunity due to theology that basically says the person killed him/herself and is going to hell so cannot be buried in consecrated ground--or some other variation on a theme. Unfortunately some believe that suicide is a violation of the 6<sup>th</sup> commandment.

Studies are confirming that people rarely attempt or commit suicide unless their brains are in an altered state. Studies by Cornelius van Heeringen MD PhD of the Netherlands, have pointed out that suicide may be a unique entity, reflecting the culmination of several complex processes that include the following.

- Depression
- Impulsivity
- Disinhibition
- Anxiety
- Executive function dysregulation

Candace B. Pert PhD was very clear that when in the grip of a strong emotion, the brain is in an *altered state*, especially when the protective emotions of anger, fear, and sadness are involved. Many factors can contribute to an altered brain state, especially an imbalance in neurotransmitter and hormone levels. Following are five examples.

- High levels of Corticotropin Releasing Factor (CRF), both a hormone and neurotransmitter, are released when a brain is stressed / depressed. High levels of CRF have been found in the cerebrospinal fluid of those who have major depression and those who committed suicide, likely related to the underlying major depression.
- An increase in cortisol levels. Cortisol has many important functions including working with the thyroid gland and assisting with the fight-flight stress response. Elevated 24-hour urinary cortisol production was found in patients who recently attempted suicide, compared with patients who did not have a history of suicidal behavior.
- Alterations in the serotonin system. Neurons in the reptilian (1<sup>st</sup> brain layer) produce serotonin that is carried to the prefrontal cortex (3<sup>rd</sup> brain layer) by long projections—regulating mood, sleep, etc. Abnormal levels (too high or too low) are associated with suicidal tendency, OCD, alcoholism, and anxiety. In suicide, neurons appear to send less than normal amounts of serotonin to the prefrontal cortex.



- Decreasing levels of cholesterol. Recently, decreasing levels of cholesterol have been linked with increased suicide risk, whether the decrease occurs spontaneously or is attributable to drugs or diet. The brain needs cholesterol (e.g., has an antioxidant effect; provides the raw material for progesterone, estrogen, cortisol, testosterone, and vitamin D; and impacts memory).
- Excessive activity of the norepinephrine system. Both a neurotransmitter and a hormone, norepinephrine mobilizes the body for action as in the fight-flight reaction to stress. Elevated levels of norepinephrine inhibit activity in the prefrontal cortex brain that helps regulate conscience, willpower, decision-making, and behavior.

Certainly, it behooves humans to avoid rushing to judgement about suicide. Rather, choose to share information about ‘altered brain states and suicide’ with survivors. It may help their grief recovery.

#### IV. Emotions versus Feelings

*It is foolish to tear one's hair in grief, as though sorrow  
would be made less by baldness.*

—Marcus Tullius Cicero

In many languages the words *emotions* and *feelings* are often considered to be synonyms. In terms of brain function, however, they reflect differing (although closely related) concepts. According to *The Lancet Neurology*, March 2004, emotions and feelings are mediated by two distinct neuronal systems.

**Emotions:** Think of emotions as fast-acting cellular signals triggered by an internal or external stimulus. Each emotion comes with differing gestures, postures, behavioral patterns, memories, and facial expressions. They create physiological markers that involve a wide range of bodily changes (e.g., rapid heart rate, sweaty palms, “butterflies in the stomach,” flushed or pale face, changes in breathing, triggering of substances such as hormones and neuropeptides). You are not responsible for every emotion that surfaces, as some are triggered by events outside of your control. You may be responsible for some based on your own thoughts and the way you think (e.g., watch a scary or sad or angry movie and then continue to ruminate). While you are not responsible for every emotion that surfaces, you are considered basically responsible for your own actions and behaviors. Emotions are designed to:

- Get your attention
- Provide you with information
- Connect the conscious with subconscious
- Give you energy to take action

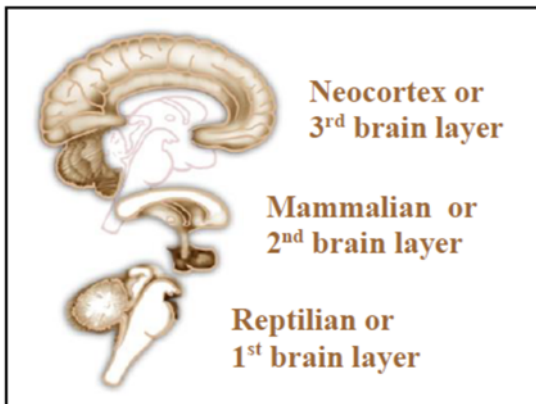
Although sometimes referred to as emotions, there are interrupters and motivators that can act in concert with emotions.

**Motivators:** Surprise and Disgust are emotional motivators that can increase the strength of an emotion or a resulting action. They may surface in combination with any core emotion.

**Interrupters:** Shame and Guilt are emotional interrupters. They get your attention most likely in combination with one of the protective emotions. Likely learned reactions, they may be helpful and healthy or false and unhealthy

**Feelings:** When an emotion arises, your brain makes a subjective interpretation while trying to make sense of what just happened (i.e., physiological changes in your body) and what the emotion is trying to tell you. Emotional signals appear to be interpreted into feelings in the frontal lobes of the 3<sup>rd</sup> brain layer. The pre-frontal areas help to moderate emotional expression. *Feelings* is the label that describes your brain's interpretation of what the emotion means. Because your brain creates your feelings, you are considered at least partly responsible for the feelings you hang onto overtime. Dr. Wayne Dyer was very clear that feelings always follow thoughts (yours!) and that to change the way you feel you must change your thoughts and the way you think. Many have found that concept both freeing and empowering. You do not have to be a victim of a feeling or a mood, which is just a feeling maintained over time.

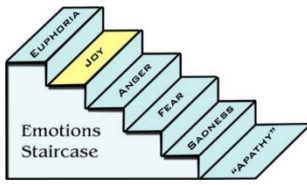
Emotions are powerful. So powerful that many are uncomfortable with them—their own or those of others--and wish the emotions would “just go away.” Without an energy source, a clock would be motionless. In a similar sense, humans would be “motionless” without emotions to give them information and energy. You can experience every emotion without emoting (i.e., expressing it) or acting upon it. The process of managing loss and grief effectively can be jump-started when you understand the difference between emotions and feelings—two biochemically different states—and are committed to managing both appropriately. Although emotional impulses are believed to arise in the mammalian (2<sup>nd</sup> brain) layer, there is no one emotional center in the brain. According to Joseph LeDoux in *The Emotional Brain*, emotions arise simultaneously in cells throughout brain and body as a product of brain and body acting in concert. Emotional processes operate at a much higher speed than conscious thoughts and may bypass the mind's linear reasoning process entirely.



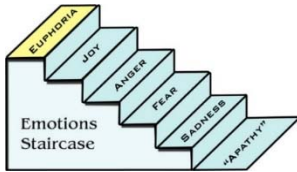
PET (Positron Emission Tomography) scans have shown that the left hemisphere lights up when the brain is engaged with joy, and the right hemisphere lights up when the brain is in the grip of a protective emotion (e.g., anger, fear, or sadness). There are potentially a hundred times more connections between the right hemisphere of the brain and the mammalian layer. This may mean that individuals with a brain *bent* in the right hemisphere may be more aware of and in touch with emotion in themselves and in others.

Growing up, did you learn that all emotions are positive and some are also protective? Many did not. Each core emotion is designed to help you become aware of specific sensory stimuli and to manage specific situations appropriately. Emotions are often ignored, misidentified, misread, or mismanaged – usually to the person's detriment. Unfortunately, the feelings and behaviors related to emotions are often mismanaged, which can result in negative outcomes.

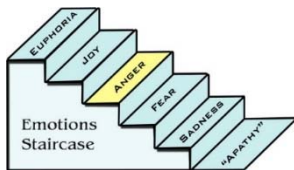
Studies have shown that at least four core emotions can be seen on the face of the fetus during gestation—depending on what is happening to the mother: Joy, Anger, Fear, and Sadness. Any or all of these four core emotions may surface during an episode of loss. The Emotions Staircase visually portrays each core emotion as one step on a set of stairs. Following are brief descriptions.



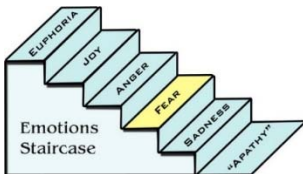
**Joy** (or contentment) is a signal that life is basically going well. Not flawlessly, but fulfilling at some level. It can also be a choice to respond in a specific way to an event or situation. Joy provides energy to live life to its fullness. It is the only emotion that does not result in negative outcomes when maintained over time. Think of it as a natural state of anti-depression hard-wired into the brain. Without joy you may be unable to become the balanced, contented, productive individual you were intended to be. Pseudo (false) joy can lead to addictions, obsessions, compulsions, a sense of unreality, frustration, and even depression.



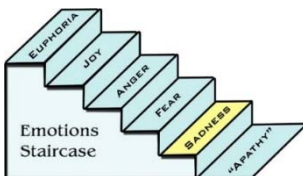
**Euphoria** (awe or elation) is an intense type of joy, a signal that something very pleasurable or exciting is happening. Euphoria provides energy to experience special moments at an intense level. It is not designed to be sustained for long periods of time. Without euphoria you may under-appreciate—if not actually miss—special moments, and your life may lack appropriate spice and excitement. Unmanaged euphoria can lead to a search for activities (often addictive behaviors) that provide a continual high through direct or indirect self-medication that alters your neurochemistry.



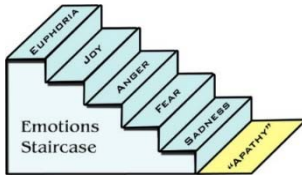
**Anger** (hostility or irritation) is a signal that your personal boundaries have been invaded (e.g., physical, emotional, sexual, spiritual, social, financial, or you-name-it). Anger provides energy to create, implement, reassess, or reset appropriate personal limits; and to take appropriate action. Without anger you may lack the motivation and energy to take appropriate corrective action, or you may become complacent and begin to tolerate the intolerable. When unmanaged, anger can lead to bitterness, illness, injury, and even death.



**Fear** (apprehension or terror) is a signal that you perceive some type of danger, actual or imagined. It provides energy to take appropriate protective action for you and/or for others. Or the opportunity to re-evaluate the imagined fear and choose to alter your thoughts. Without fear you may be unable to protect yourself or your loved ones adequately. Imagined fear can create immobility, however. Unmanaged, fear can kill ideas, undermine confidence, and escalate into phobias and/or immobilization. Fear often is linked with grief. The individual “fears” losing something else important. This type of fear can trap a person. Harbored, it can grow stronger and stronger. Suma P Chand MPhil PhD, Department of Neurology and Psychiatry at Saint Louis University School of Medicine, has been quoted as reminding individuals that the most reassuring thing they can say about fear is this: “All emotions change . . . Persevere, and the fear will dissolve.”



**Sadness** is a signal that you have experienced a loss. It provides energy to grieve losses, heal past woundedness, and recover by feeling better. Without sadness you may fail to identify loss, recover, and/or grieve successfully. When unmanaged, sadness can suppress immune system function, may decrease levels of serotonin, and can lead to depression and/or immobility (even apathy). It is important to accurately recognize the emotion of sadness and use the energy it generates to help you take appropriate action and move through grief recovery at a pace that is right for you.

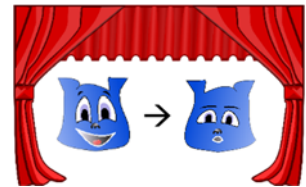


**Apathy** (lassitude or ‘couldn’t care less’) likely represents a state of emotional overwhelm, often due to unmanaged emotions. It is often accompanied by lack of energy and lethargy. Anecdotally, people rarely commit suicide when in a state of apathy. They don’t have enough energy! Let them begin to climb back up the emotions staircase toward joy, however, and then watch out. Some, as they begin to gain energy, do attempt suicide and some are successful.

## Your Brain—a Stage

According to Shakespeare the world is a stage and people are only players. Metaphorically picture a stage in your brain. Make it look as plain or as fancy as you wish. You are on stage in your brain every moment of your life. You have four special assistants to help you: the four core emotions. At any given moment one of your four assistants (i.e., core emotion) is on stage with you. Candace B. Pert PhD, pointed out that a specific neuropeptide may be associated with each emotion, so you can only experience one core emotion at a time. However, your assistants can rapidly alternate running on and off stage depending on what is happening at the moment in your life.

Since joy is the only emotion with no negative consequences when maintained over time, you want it with you on stage most of the time. The other three assistants (protective emotions) are designed to wait in the wings, coming on stage only when needed—one at a time. When a protective emotion takes center stage with you, it sends the core emotion that was on stage off to wait in the wings.



What decides which assistant (core emotion) is on stage with you? The thoughts you harbor, of course. Thoughts that are pleasant, joyful, grateful, contented, and “you can do it” keep joy on stage. Thoughts involving rage, bitterness, unforgiveness, or hostility send joy to the wings and bring anger on stage. Thoughts about a real or an imagined danger bring fear onto the stage. (Low levels of Emotional Intelligence and self-esteem issues can also contribute to this.) Thoughts that are sorrowful, gloomy, hopeless, helpless, melancholy, despondent, mournful, dispirited, miserable, disheartened, dejected, etc., bring the assistant of sadness on your stage.

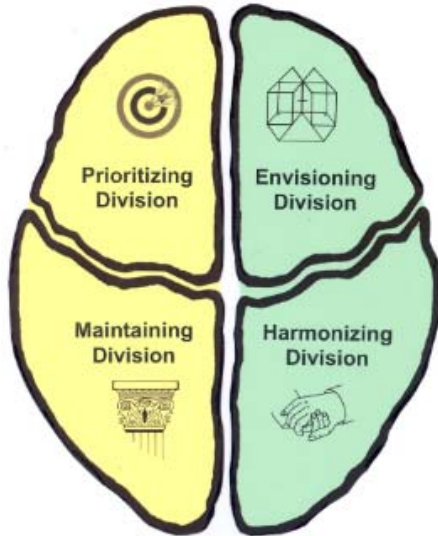
The goal is to have a protective emotion come on stage only when that specific assistant is needed to help you deal with a specific type of incident or environment.

- Anger – your boundaries or those of someone you value and care about are being violated
- Fear – you or someone you value and care about is in danger (real or imagined)
- Sadness – you or someone you value and care about has experienced a loss

## V. Brain *Bent*, Emotions, and Tears

*We must embrace pain and burn it as fuel for our journey.*  
—Kenji Miyazawa

Loss hurts. That's the bad news. There's no way around that. The good news is that you have some control over how bad you will feel and for how long. Both your emotions and feelings are closely intertwined with loss and with the grieving process. Because of this, your grieving style is impacted by your brain *bent* as well as the behaviors you learned related to the process.







You may recall that the 3<sup>rd</sup> brain layer (neocortex) is divided by natural fissures into two hemispheres. Two other natural fissures further divide each hemisphere in half. This illustration portrays those four natural divisions. Because some find right-left distinctions confusing, each division is labelled with a word that describes one of its key functions.

Although all parts of the brain work together at some level, each human brain is believed to possess a *bent* in one of the four divisions of the neocortex. This appears to involve the amount of energy required to transmit information across the synapse (the space between neurons). This biochemical energy advantage in one division over the other three means that you tend to expend less energy when performing tasks that draw primarily on your area of brain *bent*. You may also find it easier to develop and hone skills that draw heavily from your area of brain *bent*.

Conversely, you tend to expend more energy (e.g., require more oxygen, glucose, micronutrition, recovery time, and rest and sleep) when performing tasks that draw primarily on functions in the other three divisions (and that's after skills are developed). It also means that unless you make a different choice your brain tends to gravitate toward tasks that utilize your brain *bent*. This can impact grief perception, expression, and recovery.

The chart below provides a brief summary of stereotypical approaches to emotion based on a person's brain *bent*.

<p style="text-align: center;"><b>Prioritizing Division</b></p>  <ul style="list-style-type: none"> <li>• Tends to be somewhat oblivious to emotion in the self and in others (lacks easy access to the Harmonizing division)</li> <li>• Doesn't read nonverbals and perceives emotion as a potential loss of control</li> <li>• Since joy is aligned with the left hemisphere, may be more sensitive to joy and may be more cheerful (if everything is going well); may be more pragmatic about life events, as well, choosing to be optimistic and head toward another goal</li> <li>• May express emotion through criticism, biting wit, and blowing up</li> </ul>	<p style="text-align: center;"><b>Envisioning Division</b></p>  <ul style="list-style-type: none"> <li>• Tends to perceive emotion in the self but less so in others and doesn't read nonverbals well; is comfortable with change so is less threatened by emotions</li> <li>• May be uninterested in following traditional rules, rituals, and expectations (lacks easy access to the Maintaining division)</li> <li>• More sensitive to the protective emotions (anger, fear, sadness) aligned with the right hemisphere; may need to choose to genuinely look for, embrace, and express joy (aligned with the left hemisphere)</li> <li>• May express emotion through gestures (e.g., tears, large motor movements, whole body position, prosody, humor, drama, stories)</li> </ul>
--	---

<p style="text-align: center;"><b>Maintaining Division</b></p>  <ul style="list-style-type: none"> <li>• Tends to ignore emotions in the self and in others as emotions represent change and change is uncomfortable (lacks easy access to the Envisioning division)</li> <li>• Does not read nonverbals</li> <li>• Perceives emotions as potentially disruptive to the status quo so may try to ignore them in order to avoid rocking the boat</li> <li>• May maintain an emotion out of habit or the emotion most often experienced; and tends to expresses emotion habitually and minimally</li> </ul>	<p style="text-align: center;"><b>Harmonizing Division</b></p>  <ul style="list-style-type: none"> <li>• Tends to perceive emotion in the self and in others and is sensitive to emotions in nature</li> <li>• Empathetic, reads nonverbal body language, and may mirror the emotions of others</li> <li>• Finds it a challenge to be pragmatic about emotions (lacks easy access to the Prioritizing division)</li> <li>• Expresses emotion through affective speech, tonality, drama, stories, nonverbals (e.g., touch, body position, small motor gestures)</li> </ul>
---	---





## A Word about Tears

***There is a sacredness in tears. They are not the mark of weakness, but of power. They speak more eloquently than ten thousand tongues. They are the messengers of overwhelming grief, of deep contrition, and of unspeakable love.***

—Washington Irving

There are different types of tears just as there are differing expectations and misunderstandings regarding tears. In humans, basal tears help keep the cornea wet, lubricated, nourished, and free of dust particles. Most people are familiar with reflex or irritation tears that occur due to foreign particles that get into the eye. These may include onion vapors, pepper spray, tear gas, and the like. Irritation may also be the result of bright lights, hot or peppery foods and drink, or vomiting, coughing, and yawning.

And there are emotional or psychic tears (sometimes referred to as crying or weeping) that may be the result of humor and laughter, physical pain, emotional stress, or grief. In fact, any intense core emotion may trigger these types of tears. Studies by Dr. William H. Frey II, a bio-chemist from St. Paul Ramsey medical center in Minnesota, have shown that while basal and reflex tears are composed largely of water, antibacterial enzymes, salts, and antibodies, emotional tears contain more substances such as prolactin, enkephalins, and adrenocorticotropins. There is some evidence that toxins are released during emotional tears, which may form the basis for ‘feeling better after a good cry.’ In addition, tears may help to heal the heart after a wrenching loss.

[Some learn to produce ‘tears on demand’ when acting in plays or movies that require them. Some learn to use tears as a manipulative strategy to get their own way. And there are so-called crocodile tears that refer to a perceived insincere display of grief or dishonest remorse. This latter term may derive from an Ancient Greek perception that crocodiles would pretend to weep while luring their prey.]

Each brain on the planet is different and each brain approaches the concept of tears differently. Infants cry to get their perceived needs met. It becomes a way of communicating. Around the age of ten months or so, babies are believed to change their goals for crying, using it to gain attention, which may be the beginning of manipulative crying for some. In adulthood, females (more so than males) may continue using manipulative crying to get what they want from forgiveness and pity to more tangible rewards (e.g., diamonds are a girl’s best friend). Boys and girls often exhibit the same amount of tears until puberty looms on the horizon. Then, as testosterone levels rise tear-shedding in boys decreases. As estrogen levels rise in females, their tear-shedding may occur four times as often as in boys. Some have hypothesized that because males sweat more on average than females, males tend to release toxins through sweating that would otherwise be released through tears. There is also some evidence that as males age they become more comfortable with tears, while as females age and estrogen levels fall, they cry less frequently.

Individual responses and comfort or discomfort with tears often stems from childhood and the ‘scripts’ that were handed down about what is appropriate and inappropriate, especially in relation to gender expectations. Many people believe that weeping is a sign of weakness in any adult, but especially in males. Speaking of this, Dr. Judith Orloff has been reported as saying: *The new enlightened paradigm of what constitutes a powerful man and woman is someone who has the strength and self-awareness to cry. These are the people who impress me, and not those who put up some macho front of faux-bravado.*

The bottom line? You can choose to allow tears to come when your brain wants to gesture through tears if you want to, and you can gain the skills of managing them appropriately, especially in public if you believe this is warranted. By the same token, avoid insisting that everyone must cry in order to move through grief recovery appropriately.

*I believe that imagination is stronger than knowledge. That myth is more potent than history. That dreams are more powerful than facts. That hope always triumphs over experience. That laughter is the only cure for grief. And I believe that love is stronger than death.*

—Robert Fulghum

## VI. Gender Differences

*Men's and women's brains are distinctly different. While men have more neurons in the cerebral cortex (the brain's outer layer), women have more neuropil (or neuropile), which contains the processes allowing cell communication. Neuropil is the stuff between axons, and it is fair to say that, traditionally, it has been largely ignored. Most synaptic activity in the brain occurs in neuropil.*

Gabrielle de Courten-Myers, MD, University of Cincinnati

Recovering from loss is a process that often differs for the male brain as compared with the female brain. In one sense, *forewarned is forearmed*. Understanding more about gender differences in grief recovery can often prevent some of the misunderstandings that can linger on far after the loss itself. Remember, sadness is the appropriate core emotion that alerts you to a loss and helps you to recover.

Researchers showed a large group of study participants pictures designed to elicit the emotion of anger. Male participants recognized and acknowledged the emotion of anger. Females said they felt sad but were unaware of anger. (Females may be socialized to avoid anger because it isn't feminine.) Next the researchers showed pictures designed to elicit the emotion of sadness. Female participants readily recognized and acknowledged the emotion of sadness. Males did not seem to recognize or acknowledge the emotion of sadness. Rather they reported the faces looked angry. (Males are more likely to be socialized to avoid sadness because it is not masculine.)

**Males** - The male brain tends to have a smaller corpus callosum bridge (both in numbers and diameter of neuronal axons), which gives that brain, in effect, two independently operating brains—one side may be helping them complete a specific task (although parts of the whole brain are always working together) while the other side is sort of idling. The upside is that it takes less energy for the male brain to run. However, if they are working from the brain's right hemisphere and perceive one of the protective emotions (anger, fear, or sadness), it is more difficult for males to express those emotions verbally. Males are more likely to 'act out' their emotions rather than talk about them. They may become angry, kick the cat, shout or clam up, get drunk, crash the car, or exhibit any number of other behaviors that often require some clean up later on, or that can leave hurt feelings in their wake—on top of the loss and grief already being experienced.

**Male risks** - Studies have shown that when a protective emotion arises, males often move to the step of anger, whether or not anger is the appropriate emotion for the situation. When this happens, the male may be unable to grieve successfully, as sadness is the emotion appropriate for a loss. This tendency can be problematic in a family system. For example, females (who are likely on the step of sadness) cannot





understand the anger and perceive that the male is unsympathetic or doesn't care. Children may wonder what they did to make the male angry and can become fearful and even distance themselves from him. The male may not even realize how angry he is at the loss and instead may become upset that children and female family members seem to be walking on eggs around him. If he isn't careful, a pattern of relational interaction may be established after the loss that (if maintained) can be carried forward for years and years and the related behaviors (in the form of cellular memory) passed on to succeeding generations.

**Females** – Females tend to move to the step of sadness even when anger or fear would be the more appropriate emotion for the situation at hand. When this happens, the female may be unable to take appropriate action when her personal boundaries are invaded and/or she needs to keep herself safe. Not only can this be unhelpful to the individual who is misidentifying the emotion, it can be a source of conflict and misunderstanding between couples and friends, especially at a time when supportive cross-gender communication is vitally important.



According to Michael Gurian, PhD, the female brain processes more emotive stimulants, through more senses, and more completely than the male and verbalizes emotive information quickly. (Boys can sometimes take hours to process emotively and manage the same information as girls.) Richard Restak, MD, author of *Mozart's Brain and the Fighter Pilot*, has pointed out that the right hemisphere in the female brain shows enhanced sensitivity to expressing feelings and reading emotional responses of others. In addition, females have been socialized to express grief aloud and encounter fewer taboos against crying. Their larger corpus callosum bridge allows for greater ease of information exchange between the two cerebral hemispheres. The hemispheres appear less likely to work independently (as in the male brains). Interestingly, adult females tend to do better at concealing emotions than males, if circumstances call for such dissimulation.

**Female risks** - Since the protective emotions of anger, fear, and sadness are believed housed in the right cerebral hemisphere (while speech appears to be loaded in the left cerebral hemisphere, regardless of handedness), females often can express emotions in words more easily. They may avoid taking constructive action, believing that talking is enough even when taking action could help them cope more effectively. They can become stuck in recounting the loss and develop the habit of brooding. This enmeshment can delay acceptance and resolution and lead to immobility.

In addition, enmeshed in loss and grief, the female brain may 'forget' or 'neglect others' in the family and actually fail to nurture them during the typical grief-recovery process. Some continue that pattern for years and years down the line.

### ***She Forgot All About Us***

Ned and Nell were sitting in the office of the school nurse. The teacher had asked the nurse to chat with the twins. Ordinarily excellent elementary-level students, their grades were slipping and their behaviors deteriorating. "Has anything changed at your house lately?" the nurse asked offhandedly, handing each child a *famous* fruit shake. Students sometimes made up excuses to see the nurse because they loved the fruit shakes served in little stemmed glasses.

Ned looked at Nell. Nell looked at Ned. The twins nodded.

"Want to tell me about it?" the nurse asked. The story unfolded slowly. Even more slowly than the sipping of the fruit shakes.

“There’s something wrong with our two-year-old little sister,” said Nell.

“We don’t know all the things that are wrong, but it’s not good,” said Ned. “She never could sit up or crawl or do anything that other babies do.”

“And our mother forgot all about us,” said Ned.

“She spent all her time with the baby and was always crying,” said Nell.

When the nurse asked about their father, the twins were quick to respond.

“He was so mad,” said Ned. “Mad about everything. We thought it was our fault, something we had done.”

“Once when he yelled at me,” said Nell, picking up the story, “I asked him why he was mad at me. He stopped yelling, looked at me funny, and said that he wasn’t mad at me or at Ned. He was just mad at life and it had nothing to do with us.”

“But he didn’t act so mad at us after that,” said Ned.

The nurse learned that Aunt Sue (their mother’s half-sister) had come to stay with the family and help out, while their mother continued to be a ‘shadow’ person.

Eventually Aunt Sue and the twins’ father had started spending time together. (Evidently the twin’s mother had forgotten about her husband, too.) To make a long story short, the father and Sue had moved to an apartment near the school—together—so the twins could walk to and from school.


“And how is that working?” asked the nurse.

“We’re getting used to it,” said Nell. “We hardly saw our mother anyway.”

“And I hated hearing her cry all the time,” said Ned.



“Come back for another fruit shake any time you want to chat,” the nurse told them. “I want you to do well in school. I’m proud of you for getting through all you have had to deal with.”

Ned and Nell smiled in return, but their smiles were thin and sad.

**Grieving styles** - No surprise, males and females often exhibit widely differing grieving strategies in situations of loss and grief—although with additional information and knowledge both genders can choose to exhibit healthier coping and grieving behaviors. Because of societal expectations that males should remain in control of their emotions at all times (essentially be silent) males may fail to articulate their grief. The unexpressed pain can trigger an emotional retreat into stony silence, attempts at suicide, or violent behaviors. 

Females, on the other hand, may become stuck in their sadness and emotional pain. They may continually rehearse their grief until others become exhausted from the listening. They may refuse to act upon any constructive suggestions, holding onto the sadness tenaciously. If a child or family member is injured or develops a serious illness, the female may express her grief through excessive caregiving, exhausting herself. At times she may ignore or neglect others in the immediate family, putting all her attention on the individual who is injured or sick. Due to the great disparity in grieving styles, some relationships fall apart when loss occurs. Even when the partners do not separate, they may misread each other's messages and fail to offer the support, acceptance, and nurturing that are so vital for healthy healing and recovery.

The outcome can be a continually strained relationship and a loss of the caring and closeness they once experienced—in and of itself an additional loss. This is all too common and could be preventable in many cases. Males and females would do well to learn from each other's strengths, share the burden of loss, recognize stereotypical gender tendencies, and encourage each other in implementing effective recovery strategies. The following chart provides a short summary of stereotypical grieving styles by gender.

<b>Females</b> 	 <b>Males</b>
<ul style="list-style-type: none"> <li>• Generally exhibit more of an experience-oriented style of grieving</li> <li>• Tend to be more comfortable articulating their loss and grief, verbalizing it to friends and family</li> <li>• Have often been socialized to express grief through tears (some have learned to 'get attention' through them)</li> <li>• Some tend to over process and rehearse endlessly, believing that <i>talking</i> about it is enough and that no action is required</li> <li>• May focus on the needs of others to the exclusion of taking good care of themselves (e.g., may fail to pamper themselves appropriately during recovery)</li> <li>• May get in the habit of brooding and ruminating endlessly and fail to take constructive action that could help them to cope more effectively</li> <li>• Are more likely to have a social network of female friends with whom they can talk about what happened and get it outside of the brain in front of them. Savvy and nurturing female friends can be a great help.</li> </ul>	<ul style="list-style-type: none"> <li>• Generally exhibit more of a goal-oriented grieving style</li> <li>• Tend to be less comfortable verbalizing their grief, and would rather <i>fix</i> the loss rather than discuss it</li> <li>• May distance themselves from anything that reminds them of the loss and run away (physically or emotionally) when the loss can't be fixed</li> <li>• Are more likely to act out their grief (crash the car, get drunk, kick the cat, engage in high-risk behaviors)</li> <li>• May try to stuff or escape from the emotional pain of loss through excessive time spent at work or on other activities (e.g., television, computer games, movies, sports, sex, food, drugs, sleep)</li> <li>• May allow unresolved loss to build up inside where it can explode later on when another loss occurs</li> <li>• Are less likely to already have a social network of male friends in place, trusted individuals with whom they can spend time, which can help discharge some of the emotional pain</li> </ul>

<ul style="list-style-type: none"><li>• Need to learn to take constructive action whether or not they feel like it at the moment as a strategy to help resolve the emotional pain</li><li>• Need to avoid perpetual brooding and endlessly rehearsing, ignoring friends and family, and exhibiting behaviors that are more likely to result in negative outcomes</li></ul>	<ul style="list-style-type: none"><li>• Need to learn to communicate verbally and act out their emotions in ways that are more likely to result in positive outcomes</li><li>• Need to identify the loss and engage in the grief recovery process as emotional pain is unlikely to resolve on its own</li></ul>
--	---

*When you are sorrowful, look again in your heart, and you shall see that in truth you are weeping for that which has been your delight.*

—Kahlil Gibran, *The Prophet*

## VII. Link with Stress and Inflammation

Regardless of gender, loss is a stressor. Studies have shown that when confronted with a stressor, the male brain tends to underestimate the impact while the female brain tends to overestimate the impact—although both genders may actually feel the stress at a similar level. This disparity can also exacerbate the perceived disconnect between gender grieving styles.

When you know this tendency you can make a different behavioral choice and not take the opposite gender's perception personally or as any more real and valid than yours. The genders can help each other find middle ground without assuming that one perspective is more right or wrong than the other. They just differ.

Conclusions from MRI studies led by Mary-Frances O'Connor and published in the journal *NeuroImage*, under the title "When grief heats up: Pro-inflammatory cytokines predict regional brain activation," linked grief with inflammatory changes. She studied grief among participants who had experienced the death of a mother or a sister within the previous five years. Conclusions included these:

- Grief produced a local inflammatory response as measured by salivary concentrations of pro-inflammatory cytokines. This correlated with activation in the anterior cingulate cortex and the orbitofrontal cortex, suggesting that grief can cause stress and that this is linked to the emotional processing portions of the frontal lobe.
- Activation of both the anterior cingulate cortex and the vagus nerve are similarly implicated in the experience of heartbreak—whether due to bereavement of social rejection.
- Participants who had experienced bereavement within the past three months showed ventral amygdala and rostral anterior cingulate cortex hyperactivity to reminders of their loss. In the case of the amygdala, this linked to the participants' sadness intensity.

Unfortunately, prolonged and unmanaged grief can lead to alterations in immune system functions. To recap, cytokines are proteins released by immune system cells that regulate immune responses. Proinflammatory cytokines coordinate inflammation processes in the body. Increased levels of these substances have been linked with depressive symptoms, such as:

- Dysphoria—the opposite of euphoria
- Anhedonia
- Fatigue
- Apathy
- A sense of helplessness

People with depression tend to have increased levels of proinflammatory cytokines—which may help to explain the reason inflammatory diseases and autoimmune diseases are often associated with depression. This is another reason to learn more about loss, grief, and recovery, and to make choices to move through the recovery process in as healthy a manner as possible.

## VIII. Grief Recovery Pyramid

*From the brain only arise our pleasures, joys, laughter, and jests,  
as well as our sorrows, pains, griefs, and tears.*  
—Hippocrates (460-377 BC)

Grief is a little bit like a toothache. It rarely resolves on its own. Trying to stuff all thoughts of the loss and avoid grief recovery can set you up for developing a slush fund of unresolved loss and grief in the brain. This can put you at risk for overreacting when even a small loss occurs down the line and can trigger behaviors that result in negative outcomes.

Elizabeth Kubler-Ross discussed the five stages of grief in her book *On Death and Dying* (1969). The five stages—denial, anger, bargaining, depression, and acceptance—have been landmark in helping individuals prepare for their own death. There can be a vast difference, however, between the grieving process useful in preparation for one's own death and the grief-recovery process effective for survivors.

The Grief Recovery Pyramid is designed to help survivors work through loss episodes and move successfully through the grief recovery process.



Identifying a loss along with the perception of what it means to you in your life and the choice to move through the grief recovery process all begin in the brain.

The Grief Recovery Pyramid Stages I, II, and III follow and Suggestions for Action follow.

<p><b>Stage I -Shock</b></p> <p>Symptoms may last from a few days to several weeks and may include</p> <ul style="list-style-type: none"> <li>• Agitation and confusion</li> <li>• Inability to concentrate or pay attention</li> <li>• Collapsing and or crying</li> <li>• Denial or disbelief</li> <li>• Hysteria</li> <li>• Unnatural euphoria</li> <li>• Insomnia</li> <li>• Lethargy or weakness</li> <li>• Loss of appetite, nausea</li> <li>• Numbness or sense of unreality</li> </ul>	<p><b>Suggestions for action</b></p> <ul style="list-style-type: none"> <li>• Feel and show grief in your own way</li> <li>• Talk with a trusted friend as needed</li> <li>• Access your support network</li> <li>• Ask for and accept help from others—receiving is the other side of giving, so allow others to help you</li> <li>• Avoid making major decisions right away</li> <li>• Rest and survive</li> <li>• Avoid substance abuse</li> <li>• Spend time in nature, around living things</li> <li>• Choose to spend time with those who help you keep up your spirits and take a balanced approach to the loss. Whenever possible, avoid those who drag you down.</li> </ul>
--	--

<p><b>Stage II – Distress</b></p> <p>Symptoms may last from a few weeks to two years and may include</p> <ul style="list-style-type: none"> <li>• Anger, anguish, anxiety, crying, confusion</li> <li>• Fear, guilt, mood swings</li> <li>• A sense of hopelessness; life seems to be in <i>limbo</i>, low self-esteem</li> <li>• Insomnia, restlessness</li> <li>• Irrational decision-making, poor judgment</li> <li>• Loneliness, isolation</li> <li>• Pain, physical illness</li> <li>• Overeating, undereating, improper diet</li> <li>• Slowed thinking, suicidal thoughts</li> </ul>	<p><b>Suggestions for action</b></p> <ul style="list-style-type: none"> <li>• Beware of rebounding</li> <li>• Seek and accept counseling as needed</li> <li>• Acknowledge and verbalize emotional pain</li> <li>• Keep decision-making to a minimum</li> <li>• Get a physical examination</li> <li>• Allow yourself to mourn; try journaling</li> <li>• Access your support network</li> <li>• Return to career or volunteer work</li> <li>• Heal at your own pace</li> <li>• Plan ahead for good nutrition</li> <li>• Get plenty of rest and exercise</li> <li>• The brain is innately spiritual—hone your sense of spirituality</li> </ul>
---	--

<p><b>Stage III – Acceptance</b></p> <p>Time lines will vary for each individual. Generally you may expect that . . .</p> <ul style="list-style-type: none"> <li>• Distress becomes less acute with only periodic <i>crashes</i></li> <li>• You feel stronger and more energetic</li> <li>• Physical symptoms decrease, nostalgia replaces emotional pain, and loneliness surfaces only intermittently</li> </ul>	<p><b>Suggestions for action</b></p> <ul style="list-style-type: none"> <li>• Avoid hanging onto the episode of loss and allowing it to define you</li> <li>• Look for the gift—there always is one</li> <li>• Speak of positive and happy memories; avoid endless rehearsal of the negatives</li> <li>• Exercise consistently</li> <li>• Pamper yourself regularly</li> <li>• Let go of <i>might-have-been</i> and <i>what-if</i></li> <li>• Forgive yourself and others</li> </ul>
---	--

<ul style="list-style-type: none"><li>• Interests return and you are more comfortable with yourself</li><li>• Gradually you return to optimum functioning</li></ul>	<ul style="list-style-type: none"><li>• Socialize; include new people and develop new interests</li><li>• Learn to <i>act</i> rather than <i>react</i></li><li>• Take control of your own life—knowing that you cannot control everything</li></ul>
---	---

Because grief recovery is a process, you may find yourself moving back and forth and around on the Grief Recovery Pyramid. There is nothing wrong or abnormal about this. Recognize what you are doing, however, and identify the triggers that send you from one stage to another. Eventually, the swings and backtracking tend to become less frequent.

## IX. Cultural Uniqueness

*Life does not cease to be funny when people die any more than it ceases to be serious when people laugh.*

—George Bernard Shaw

The process for dealing with a recovering from loss is not only individually unique, it can be culturally unique, as well. Every culture has (or has had) its own rituals related to death. This may include dress styles, activities and ceremonies, acceptable attitudes and behaviors, and expectations for the bereaved. Anecdotally, this not only differs by culture but by Eastern versus Western cultures. For example:

- Some cultures wail loudly for several days. Others have a wake or party, eat and drink, and tell humorous stories about the deceased. Still others practice silence.
- In some Native American cultures, there is a ceremony and then life goes on and the deceased are not particularly mourned in any on-going prescribed way.
- In some Asian cultures rites and rituals involved with maintaining ties with the deceased are performed.
- For some African cultures laughter, dancing, and drinking are the order of the day.
- In some societies crying is a normal, natural, and expected part of grieving. Each brain differs in its expression of grief, however, and crying is not the only healthy response. It can actually be detrimental if a person is told he/she must cry in order to grieve successfully.

Because different brains perceive loss differently, it can be helpful to become aware of different grieving styles. In her book *The Five Ways We Grieve: Finding Your Personal Path to Healing after the Loss of a Loved One*, Susan A. Berger identifies five ways of grieving and assigned five descriptive metaphorical labels to the styles:

- **Nomads:** These people have not yet resolved their grief and do not seem to understand the loss that has affected their lives.

- **Memorialists:** These individuals are committed to preserving the memory of the loved one that they have lost.
- **Normalizers:** This group is committed to re-creating a sense of family and community and moving on with healthy living.
- **Activists:** These people focus on helping other people who are dealing with the same disease or similar issues that caused their loved one's death.
- **Seekers:** These individual tend to adopt religious, philosophical, or spiritual beliefs to assist them in creating meaning in their lives.

George A. Bonanno, professor of clinical psychology at Columbia University, conducted studies on grief and trauma for more than two decades. One of the first researchers—if not *the* first—to use pre-loss data, he outlined what he called four trajectories of grief. In his book *The Other Side of Sadness: What the New Science of Bereavement Tells Us about Life after a Loss*, he writes about his study conclusions and the four trajectories:

1. **Resilience:** The ability of adults in otherwise normal circumstances who are exposed to an isolated and potentially highly disruptive event (such as the death of a close relation or a violent or life-threatening situation) to maintain relatively stable, healthy levels of psychological and physical functioning as well as "the capacity for generative experiences and positive emotions."
2. **Recovery:** When normal functioning temporarily gives way to threshold or sub-threshold psychopathology (e.g., symptoms of depression, Posttraumatic Stress Disorder [PTSD]). This typically lasts for at least several months and then gradually returns to pre-event levels.
3. **Chronic dysfunction:** This involves a prolonged period of suffering and inability to function, which can last several years or longer.
4. **Delayed trauma:** Delayed trauma, when adjustment seems normal but then distress and symptoms increase months later, appears to be a genuine phenomenon.  
Some believe that a condition termed delayed grief may occur, as well, and that it may resemble delayed trauma. For example: Prolonged Grief Disorder [PGD] is thought to represent a pathological reaction to loss representing a cluster of empirically derived symptoms that have been associated with long-term physical and psycho-social dysfunction. Individuals with PGD may experience severe grief symptoms for a minimum of six months and may be stuck in a maladaptive state.

## X. Children and Loss

*A child can live with anything as long as he or she is told the truth and is allowed to share with loved ones the natural feelings people have when they are suffering.*

—Eda LeShan

Loss can be overwhelming for children. They may exhibit this by going from being quiet to noisy (or vice versa), or from caring to aggressive or stoic. They may experience nightmares or sleep-walking, become easily upset, become frantic when care providers are out of sight, or revert to more infantile behaviors (e.g., thumb sucking, bed wetting). To the extent that you are comfortable with your own grief recovery, you will be able to role model an appropriate process for them.



Following are suggestions for helping children deal with loss.

- Provide opportunities for them to talk about how they are feeling. Listen without judgment. Don't rush them.
- Encourage them to express their feelings by drawing, taking pictures, journaling, or working on crafts.
- Role model using words that express emotions: afraid, sad, angry, or happy.
- Let them know that tears are okay and can be helpful in the grieving process, regardless of gender. Avoid pushing them to shed tears, however.
- Reassure them that you expect to be there to take care of them.
- Give them hope for the future (e.g., calendar activities for next week, month, and year).
- Maintain familiar routines as much as possible to help promote a sense of security, familiarity, and stability.
- Provide opportunities for them to experience a sense of being in control over something (e.g., clothes, foods).
- Avoid isolating from others. Schedule happy times with friends and relatives. Joy and loss are part of living.
- Allow them to participate in doing something to improve the situation for others (e.g., visiting a friend, taking flowers to the hospital, writing a letter, sending an email or text, making phone calls, donating food to a homeless shelter).
- Include them in your grief recovery process. Be real. Be authentic. Allow them to see your frailty as well as your strength.
- Role-model your process of grief recovery and show them that success is possible!
- Give them a mental picture, a visualization to help them “see” hope and/or comfort.

*What we have once enjoyed deeply we can never lose.  
All that we love deeply becomes a part of us.*  
—Helen Keller

## XI. Strategies for Recovery

1. Create a loss history with specific dates and labels. Avoid denial, mislabeling, and minimizing. Include all losses, even small ones. Loss and grief can be cumulative!
2. Verbalize your loss. Use real words and avoid euphemisms. Actively engage in effective grief recovery. Know that we all experience loss in life, and we *can* recovery from those losses.
3. Stop blaming yourself or others. Most people did the best they could at the time, and if they didn't you can't change that now. Allow yourself to experience all your emotions knowing that you don't have to take overt action on any of them.
4. Take responsibility for your own grief recovery. This doesn't mean you have to *go it alone*. It does mean no one can do it for you.
5. Look for the open door. When one door closes, we often spend a great deal of time banging our head on it. Instead, look for other options, be alert to unexpected opportunities, and take constructive action.
6. Access your support network. Human beings are relational and spiritual creatures. Hopefully, you've already developed a personal, spiritual relationship with your Higher Power and can access support there, as well.
7. Avoid trying either to prevent or force tears. Do what seems right for your brain. You can allow tears to come without losing control and sobbing wildly in private or public.
8. Celebrate the resilience of the human spirit. Embrace the truth that death and loss are as much a part of life as are birth and the process of acquiring. Respect the memory of those who have died, knowing they probably did the best they could at the time with what they knew and the tools they possessed. Honor your own resilience in the face of loss!
9. Anthropomorphize your sadness. A recently published study suggests that anthropomorphizing the sadness may help. What does that mean? When people anthropomorphize, they tend to attribute human characteristics or behavior to someone other than yourself: an animal, and inanimate object, a god . . . When you talk about a **thing** or an **animal** as if it were human, you're anthropomorphizing it. The Easter Bunny is an anthropomorphized rabbit. For example, humans tend to anthropomorphize their pet dogs. Apparently, this works for sadness, as well. Create a mental image of something on which you can transfer some of the sadness and this can help you detach from it. Anthropomorphizing appears to help depersonalize the negativity to some degree—and you really want to avoid depersonalizing happiness. The authors suggest that while anthropomorphizing can help with negative thinking, it's best to own one's state of happiness and avoid anthropomorphizing it. However, avoid anthropomorphizing joy. Anthropomorphic thinking related to happiness tends to dilute the happiness.

*You will lose someone, and your heart will be badly broken, and the bad news is that you never completely get over the loss of your beloved. But this is also the good news. They live forever in your broken heart that doesn't seal back up. And you come through. It's like having a broken leg that never heals perfectly—that still hurts when the weather gets cold, but you learn to dance with the limp.*

—Anne Lamott

## XII. Grieving with Others

*The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing... not healing, not curing... that is a friend who cares.* —Henri Nouwen

As Meghan O'Rourke pointed out, there is a discomfort that surrounds grief. It makes even the most well-intentioned people unsure of what to say. And so many of the freshly bereaved end up feeling even more alone.

### *But What Do I Say?*

"Thank you, yes," said Colleen when the waiter asked if she wanted her coffee cup refilled.

"No more for me," said Anita, shaking her head.

The two women had met to talk about how to interact with a third friend—Jillian was obviously not present—whose parents had just been killed in a vehicle accident that was not their fault. "I never know what to say," Anita went on. "I'm afraid I'll say the wrong thing, so I often end up either mumbling some innate platitude or saying nothing. I know the other person senses my discomfort. And it's really embarrassing when they try to comfort me." She made a sound halfway between a snort and a moan.

"For starters," said Colleen, sipping her steaming brew, "I can tell you what *not* to say. As you know, I also lost both of my parents. For whatever reason, I was closer emotionally to my father than to my mother. For six months I was in so much pain I was dry-eyed. Of course, people didn't know what to say to me, either—I know that now. Rather than being comforted, however, I was usually totally irritated by their comments. No one ever used the word *death*. Not even the clergyman who did the memorial service. Some launched into a recital of how they felt when one of their loved ones "passed on." I wasn't interested in their grief just then. Many of them offered some innate platitude that was less than comforting. I remember silently creating retorts in my brain and am just glad that my brain filter worked so I didn't blurt any of my thoughts out."

"Retorts?" asked Anita, genuinely puzzled.

"Yeah, retorts," said Colleen. "I knew they meant well but I doubt they really thought about what they were saying. I remember going to the grocery store and one clerk saying, *Sorry to hear about your dad. Too bad he couldn't have waited a bit longer to get his one-way ticket to the big sleep punched*. I tell you: that was unhelpful. For weeks I collected examples of what people said to me. Sometimes I chuckled

in private, but for a person in real emotional pain their comments typically were beyond inane and unhelpful. They sure did nothing to comfort me, that's for sure."

"Oh, my goodness," said Anita. "That is exactly what I want to avoid, which is the reason I sometimes fail to say anything. Give me some more examples and tell me what your 'silent retorts' were." So Colleen did just that.

- I was sorry to hear that your father passed on. *Passed on to where? I sure can't find him. Do you know where he is?*
- Too bad your dad cashed it in. Hope he made it up the stairway to heaven. *That is not in the least humorous.*
- I heard your father crossed over the River Stix. Be glad he's in a better place. *What are you talking about?*
- Sorry for your loss. *You have no idea!*
- I just found out that your dad went to his eternal rest in the sweet hereafter. *There are no words for this comment!*
- Just give it time. Time heals everything. *Oh no it doesn't. Time by itself heals nothing.*
- Someone just told me that you father went to his happy hunting ground. *What a completely idiotic thing to say. You know he was not a hunter.*
- Well, he met his end and you can hope he met his maker. *Now that comment just makes me angry.*
- Glad to see you have a stiff upper lip. *Of all the nerve . . . to assume I'm not hurting just because I'm not sobbing!*
- Will he be pushing up daisies, or will you be sprinkling him above ground? *That is so crude.*
- Guess he got caught by the fate from which there is no escape. *Excuse me?*
- Look on the bright side. Where he went you can't visit—you'll save a lot of time. *I would never begrudge time visiting him. What a horrible thing to say! Frankly, I feel like altering the shape of your nose.*
- Maybe he decided to shuck this mortal coil in favor of learning to play the harp. *Oh, great.*
- Just think of your dad as taking a permanent vacation. *Oh, yeah? Without us? That's cruel.*
- I know just how you feel. *Oh, no you don't. You have no idea how I feel.*

Anita started to laugh. "I really regret laughing, Colleen," she said, "but in a way it's hysterical that laughing is therapeutic. You could do a whole stand-up comedy routine with those comments. What were they *thinking?*"

“That’s the point,” said Colleen. “I doubt they were. Thinking. They were uncomfortable and may have felt bad later on, if they even remembered what they said. That’s the problem with platitudes and euphemisms. They often pop out automatically. It would have been more helpful to me if they’d just smiled sympathetically and kept their mouths shut.”

“So, did you ever shed tears for your father’s death?” asked Anita.

“I did,” Colleen replied. “About six months after Dad died, I crossed paths with a colleague whom I’d not seen for several years. When we recognized each other she stopped, put her hand on my arm, and said, ‘I read about your father’s death in the paper and I meant to write you a note because I know how close you were to him. I remember him. He was such a warm, people person. Honestly, I have no idea what you are going through because my father is still alive. Is there anything I can do for you?’ I told her that she had just given me a gift by what she said. ‘I know he loved music,’ she had added. ‘I’ll picture him playing his favorite instrument in a marvelous venue.’ She smiled and we parted. Driving home I suddenly burst into tears and bawled on and off for two days. Her words were so real and authentic; not contrived or trite. They helped me to feel ‘real,’ to embrace the grieving process head on.”

“Wow!” said Anita. “What a difference. Let me put into words what I think happened.”

- She was, as you said, ‘authentically real.’ No jokes, no minimization, and no magnification of the event.
- She actually used the word ‘death’ which made it real to your brain.
- She avoided pretending or assuming that she knew exactly what or how you were ‘feeling.’
- She mentioned one of your father’s best qualities and gave you a lovely mental picture, a visualization to look at in your mind’s eye.”

“It’s almost like a formula,” Anita added. “I know what I can say to Jillian. I can tell her that I remember how I grieved when my mom died unexpectedly. But can only dimly imagine what she must be going through with both parents dying at the same time.”

“There’s such a difference between almost brushing off the death as if it were a fly on the table or making fun of it through euphemisms and just calmly stating what is,” said Colleen. “It was a stroke of genius—her giving me a picture of him playing music in marvelous venues, even though that wasn’t his profession. I often see him like that now in my mind’s eye playing the violin or the marimba-phone or the alto sax. Such a comforting picture.”

If you know someone has experienced a loss, be alert and pay attention. You may become aware of their grief through observing changes in their behaviors, especially if they have been unable to verbalize. For example, you may notice that:

- Their eating habits have changed
- They are having difficulty paying attention or staying focused
- They sleep a lot less or a lot more than usual

- They appear to have either lost interest in grooming or seem to be spending large sums of money on grooming
- They complain of vague physical symptoms
- Their behaviors have done an about-face, moving from being outgoing to withdrawn or vice versa
- They are listless and uninterested in things they formerly enjoyed
- They are self-medicating in ways that are giving them negative outcomes
- They seem to be unexpectedly reckless or exhibiting risky or hurtful behaviors that differ greatly from their past *modus operandi*

You might ask if they want to share what is happening in their life. If they acknowledge loss and grief, ask what they would like you to do for or with them. What they think would be helpful may be light years away from what you expected. One woman asked her friend to accompany her to the mortuary to pick up her loved one's ashes. If you know them well enough, you may comment on what you notice has changed. Honoring another person includes not trying to push on them what you think would be helpful. They may or may not be willing to talk about them but you have broached the subject and let them know you are interested in their wellbeing. Avoid assuming you know the depth of another's grief. Ask them to tell you about the person they loved. Telling another person about their loved one can be healing and a way of keeping their memory alive. In some cases, the most helpful thing you can do is just sit quietly with them for a time, sending them loving and positive mental thoughts and not requiring them or expecting them to do anything.

Remember, grieving with those who have experienced a loss is about them, not about you. Answer their questions if you want to do so, but refrain from talking about yourself and delivering a monologue about "how it worked for me." That can be deadly not only for grief recovery (because every brain is different) but also for the relationship down the line.

### **XIII. Epigenetics and Cellular Memory**

***Once two systems come in energetic contact, they are connected forever by the cellular memory of their connection. Experiences with parents / others close to you remain within you.***

—Paul Pearsall, PhD

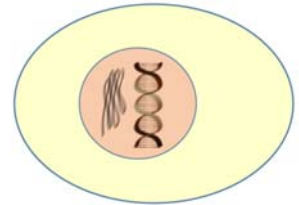
Briefly, human beings are a unique combination of nature and nurture. Nature or genetics encompass building blocks in the cell nucleus that transmit information from generation to generation through the DNA sequence or genome as it is often called. Genetics is the study of heredity and inherited pattern of organisms related especially to the 46 chromosomes (sometimes 45 to 49) and the 20,000-30,000 genes they contain. On the other hand, nurture or epigenetics involve other building blocks in the cell nucleus that also transmit information from generation to generation via memories filed on strands of regulatory proteins. Epigenetics is the study of the transmission of information from a cell to its descendants (separate from genes and chromosomes). Epigenetics has determined that a variety of environmental influences (e.g., nutrition, stress, emotions) can modify strands of regulatory proteins in the cell nucleus. Epigenetics may also impact how genes are expressed without changing any of their actual DNA blueprint (turn off, turn on). This form of non-declarative memory stored in the cell nucleus (no nucleus in red blood cells) can influence a person's preferences, choices, and behaviors. You may be impacted by cellular memory of the past three or four generations of your biological line. And you may influence the next three or four generations of your biological line.

The science of epigenetics may help to explain . . .

- How specific behavioral and disease patterns reoccur frequently in specific generational lines, albeit inconsistently
- Behavioral differences often observed in siblings and in adopted or foster children
- The strength of culture, society, education, religion, and socialization within races on transmitting rituals, beliefs, and expectations from generation to generation

Oliver Wendell Holmes reportedly said: *Every man is an omnibus in which his ancestors ride*. That now makes much more sense against the backdrop of genetics and epigenetics. Paul Pearsall points that out. So often when a loved one dies (or chooses to separate and distance themselves), those who remain—if they aren't already struggling with survivor guilt—tend to think of that loved one primarily in terms of absence and lack of tangible presence.

Continuing to focus on the *absence* or lack of *tangible presence* of a loved one can slow the recovery process and make the emotional pain seem even worse. No, you no longer have the loved one with you in tangible presence. But epigenetics suggests that you do have them within you, carried in your heart and brain and likely in every cell in your body that has a nucleus—perhaps filed on the protein strands in the nucleus. Understanding that you likely carry the memory of the person you loved within every cell in your body that has a nucleus can be a great comfort to many.



Cellular memory can impact everything around death, dying, and grieving style, including beliefs about cremation versus traditional burial, type of casket, format of memorial services, and even where an individual can be buried. It also can impact grief recovery since cellular memory is thought to include both the information and the emotions experienced at the time the memories were filed on the protein strands. If pain and fear were present, for example, the survivor may be reluctant to recall or discuss the information in order to avoid remembering the pain and fear. This can have huge implications for grief recovery, even impairing its success. To the extent that you are able to learn about your ancestors, talk with some in the previous one or two generations, and glean information that might have been transmitted to you through cellular memory, you may be light years ahead of many on this planet who have not had that opportunity.

***All thoughts that carry emotional, mental, or spiritual energy produce biological responses that are stored in cellular memory.***

—Caroline Myss PhD

***Each receptor molecule remembers how many times it has been stimulated and whether it was over- or under-stimulated. This memory affects the flow of information through the brain and the body. That's why abuse is lethal and affirmation so powerful.***

—Candace B. Pert PhD

## XIV. Scriptural Perspective

*Earth has no sorrow that heaven cannot heal.*

—Thomas Moore, 'Come Ye Disconsolate'

In scripture, the Apostle Paul pointed out that believers don't grieve as do those who have no hope (I Thessalonians 4:13-18).

Students of scripture may also be familiar with the passage in Ecclesiastes that indicates that the spirit (life's breath) goes back to God for safe keeping. (Ecclesiastes 12:7).

### *Memory Room*

It was a beautiful and bitter-sweet memorial service for a beloved baby who had died of SIDS (Sudden Infant Death Syndrome). In closing the cleric read a familiar verse found in Ecclesiastics 12:7, pointing out that the spirit—life's breath—returns to God who gave it. As the family prepared to leave the mortuary, a seven-year-old sibling asked: "Where does God keep our baby's spirit? I want to know."

A bit taken aback, the cleric replied: "Ah-h, I believe in God's Memory Room."

The child persisted. "What does God's Memory Room look like? I want to know."

"I've never seen it," the cleric answered truthfully. "But I believe it must be the most beautiful and special place in the whole universe." The cleric suggested the child picture the most beautiful room she had ever seen, and then know that God's Heavenly Memory Room would look even better.

"We don't really believe in God," the grieving mother interrupted.

"You don't need to believe in a Higher Power to give your child a helpful metaphor," the cleric replied.

"Oh, we believe in a Higher Power," the mother replied, "just not in the vengeful God I grew up fearing."

"I don't believe in that God, either," said the cleric, kindly. "Call the room what you will—just allow the metaphor to help your child picture where the baby's spirit is. You know what it's like when you become accustomed to seeing a person in one place and then he or she moves. Your brain either sees them in the old place or senses some dis-ease until you visit them in their new place or see a picture of their new place and your brain can place them in that new place in your mind's eye. A helpful strategy for some is to imagine a temporary resting place for the spirit of their deceased loved one. The Heavenly Amber Memory Room could be a good start. Many people, adults as well as children, do better when they picture in their mind's eye a place where their loved one is."

"I know!" cried the child suddenly. "The Amber Room. We saw a DVD of the Amber Room. It's in Catherine's palace near St. Petersburg. Remember mummy? It is the most beautiful room I've ever seen. That's how I'll picture the Memory Room. The *Amber* Memory Room." Her mother nodded and smiled through tears.



“Now that I know where her spirit is,” said the child with a satisfied sigh, “I can relax. I’ll imagine that it’s in safe keeping in the Amber Memory Room—just around the corner.”

## XV. Leaving a Legacy

***The reality is that we don’t forget, move on, and have closure, but rather we honor, we remember, and incorporate our deceased children and siblings into our lives in a new way. In fact, keeping memories of your loved one alive in your mind and heart is an important part of your healing journey.***  
—Harriet Schiff, *The Bereaved Parent*

It has been said that success is the best revenge. A life well lived may be the best way to honor the person you love—to make sure the individual did not live in vane and to cheat (in a sense) the often frightening specter of death—and to honor them and their legacy through helping others. The impetus for the creation of many foundations, nonprofits, and other organizations saw the light of day because of a loss that occurred. Following are two examples:

- AMBER Alert, a Child Abduction Emergency. Established 1996. In memory of Amber Hagerman. Mission: to provide a national process whereby law enforcement can broadcast alerts using the Emergency Alert System.
- MADD, or Mothers Against Drunk Driving. Established 1980 in memory of Cari Lightner. Established 1980. Mission: to stop drunk driving, support the victim, and prevent underage drinking.

Think about what you might do for yourself and/or for others that will honor the life of the person you love. The possibilities are endless and are only limited by the boundaries of your own mind and heart.

For example:

- If you are a musician, you may compose a song and dedicate it to their memory.
- If you are a writer, you may write short stories, articles, or even a book about the contribution they made to life on this planet.
- If you are an entrepreneur, you may elect to form a non-profit, foundation, or other organization to help others in some way that becomes a memorial to your loved one.
- If you are a poet, you may feel moved to write something that brings comfort to others as well as reflects well on the deceased person.
- If you are scientist, you may be able to collaborate on inventing state-of-the-art equipment, tests, or treatments that can advance health and longevity.
- If you are a volunteer, you may become involved in some effort that was dear to the heart of your loved one and do it in their name.

Harry Scott Holland left a legacy. A British educator, professor at Oxford, and finally a Canon at St. Paul’s Cathedral, Holland was born in Birmingham, England, January 27, 1847, and died March 17, 1918. According to history, he never intended to write a poem, just something he included in his sermon when King Edward VII was lying in state in Westminster Abby. His words are sometimes referred to as ‘Death Is Nothing at All’ and also as ‘All Is Well.’

No doubt you've heard the term *reframing*. You put a new frame around an old picture and it can completely change how you view it. In a way that's what Holland did; reframed the concept of death. Set it in a new frame and changed the picture from one of loss and deprivation to one of hope and anticipation.

This is how Holland reframed death. And his poem, a favorite of many, has also become a comforting metaphor.

## All Is Well

Death is nothing at all. It does not count.  
I have only slipped away into the next room.  
Nothing has happened.  
Everything remains exactly as it was.  
I am I, and you are you, and the old life that we lived so fondly together is untouched, unchanged.  
Whatever we were to each other, that we are still.  
Call me by the old familiar name.  
Speak of me in the easy way which you always used.  
Put no difference into your tone.  
Wear no forced air of solemnity or sorrow.  
Laugh as we always laughed at the little jokes that we enjoyed together.  
Play, smile, think of me, pray for me.  
Let my name be ever the household word that it always was.  
Let it be spoken without an effort, without the ghost of a shadow upon it.  
Life means all that it ever meant.  
It is the same as it ever was.  
There is absolute and unbroken continuity.  
What is this death but a negligible accident?  
Why should I be out of mind because I am out of sight?  
I am but waiting for you, for an interval, somewhere very near, just round the corner.  
All is well. Nothing is hurt; nothing is lost.  
One brief moment and all will be as it was before.  
How we shall laugh at the trouble of parting when we meet again!  
—Harry Scott Holland

## XVI. Relationship Survival

*You can clutch the past so tightly to your chest that it leaves your arms  
too full to embrace the present.*  
—Jan Glidewell

Unfortunately, it is more common that one would wish to see. Relationships may break up after one partner experiences a severe loss, often the death of someone they or she loved. There have been many attempts to define the reason this happens. There is some consensus that perhaps this is because one

human being cannot have and sustain a meaningful relationship with another human being who is having an ongoing relationship with grief.

This can happen for many reasons, for example, the grieving person may:

- Believe that life is unfair and spends most waking minutes asking “Why me? Why did this happen?” Perhaps the more relevant question is, “Why not me?” Bad things happen to good people all the time.
- Feel remorseful either for something that he/she did or didn’t do and cannot forgive themselves and then tend to wallow in self-pity and shame. All human beings do things they wish they had not done . . . it just proves one is human.
- Become a burden to his/her partner because continual sadness does influence the other individual and can suppress immune system function for both individuals, leading to an increase in illness or disease and lead both down the path to sadness and depression.
- Tend to think of the person only in the sense of absence, of loss of tangible presence. Often failing to realize that anyone he or she has loved created cellular memories in the survivor’s brain and body, perhaps filed on protein strands in the nucleus of every cell that contains a nucleus. As such, you carry them within you for as long as you live.
- Have learned the lessons society teaches that includes how to acquire but that does not teach how to lose. Therefore, many lack skills for dealing with loss-related stress effectively or they learned unhelpful coping styles—so they fall apart quickly creating drama and messes to clean up that were unnecessary, often spiraling down into depression.
- Have no idea how to identify, grieve, and recover from the loss much less how to manage his/her emotions and feelings, often with corresponding low levels of emotional intelligence or EQ.

When the partner for whatever reason can no longer live week after month with the unrelenting rehearsal of grief and sadness and moves on, this compounds the grief for the partner who experienced a loss—often because he or she has no concept of the impossibility of continuing a meaningful relationship with a person whose primary relationship is grief.

*No one ever really dies as long as they took the time  
to leave us with fond memories.*

—Chris Sorensen