

Healing the Heart

the experience of grief and loss

Editors:
Leslie Steffes, LMSW, ACSW
Sharon Hall, LMSW

Designer:
Debra Hoban

Dear Families and Friends,

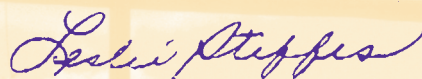
We know that this first year is a time of many changes for you. Whether the death of your loved one was sudden or anticipated, their absence alters your life. It is a dramatic change to no longer have their physical presence. You can no longer call them, or stop in to visit, or spend time in their company. They are gone from your view. It takes time to adjust to this loss.

It may be helpful for you to put off making major decisions – such as selling a home or moving – for a period of time. Be gentle with yourself on other decisions that you feel you must make. Some bereaved, for example, decide to immediately give away the personal belongings of their loved one. Others prefer to keep these possessions for a time. These are individual choices. There is no right or wrong way. Ultimately, you know what is best for you.

Family members often tell us how surprised they are at the amount of business that they must attend to after the death of a loved one. Certain matters must be handled immediately. For some people, these business matters serve as a constant reminder of their loss. For others, the “business” is a temporary distraction from feelings. “I’ve been too busy to know how I feel.” When the business is settled, the impact of the death seems to hit harder.

No matter what you are experiencing, we want you to know that we are available to support you. Please do not hesitate to call us should any needs develop.

Wishing you good health and peace,



Leslie Steffes, LMSW, ACSW
Bereavement Care Coordinator
1-800-248-2298 or 586-723-9590

Promise

*The colors of life change as we
go through grief.*

We begin in black and white.

*Then gray settles over us
seeping into our pores,*

*Surrounding us, smothering us
for long periods of time.*

Then slowly the colors change.

*We may not even be aware
of their changing,*

*Till one day we see a rainbow
and know it was meant for us.*

Fay Harden



ST. JOHN
HOSPICE

Tasks of Grief

We often hear about the “stages” of grief that Elisabeth Kubler-Ross identified in her work with terminally-ill patients. She noted that patients facing death seem to pass through “stages” – shock, anger/isolation, bargaining, depression, and finally acceptance. People working with the terminally ill have used these stages to help patients and their families.

In his work with the bereaved, J. W. Worden also identified a pattern – one that describes the recovery process for someone whose loved one has died. Rather than “stages,” Worden noted that there were “tasks” that the bereaved needed to complete in order to gain a new sense of balance and purpose.

the pain, rather than avoiding it, prevents other physical and psychological complications.

The third task –

To Adjust to an Environment in Which the Deceased is Missing

Often the survivor is not aware of all the ways that their loved one impacted their life. The survivor will need to take on new roles, such as managing finances, or providing for their own meals. In addition, with the death of their loved one, the survivor loses a sense of identity – the role of spouse or parent, son or daughter. This role has often been a significant part of their purpose. In completing this task, the bereaved regains a sense of control and searches for new meaning in life.

The first task –

To Accept the Reality of the Loss

This acceptance is an intellectual and emotional acceptance of the death of one’s loved one. This means a full realization that the person is gone and that there will be no reunion in this lifetime. This takes time, as the bereaved often think about telling their loved one about something that happens, or they expect their loved one to walk through the door. In crowds of people, they may be looking for their loved one, or see someone who resembles him or her and think for a moment that it is him or her.

The second task –

To Work through the Pain of Grief

Though people experience loss differently and in varying intensities, everyone will have some pain. Sometimes family members have been so focused on taking care of their loved one and all that follows their death – they describe this as being on “automatic pilot” – that they have not had the chance to be aware of their own pain. Avoiding the pain or suppressing it, consciously or unconsciously, can lead to physical symptoms. Sooner or later the feelings will break through. Facing

The fourth task –

To Reinvest One’s Emotions into Life and the Living

The bereaved do not need to give up their relationship with their loved one, but instead develop a new way of relating (perhaps through thoughts and memories) that allows the bereaved to continue with their lives. Sometimes people realize that their life stopped in some way at the time of their loss. Their interest in activities and people was greatly diminished. In this task, there is a redirecting of emotions that allows the bereaved to explore new interests and develop new relationships.

These tasks are all going on at the same time, rather than in stages. Being aware of these “tasks” of mourning may help you to understand your own grieving process and offer you encouragement and comfort. Also, there is no “timeline” for completing these tasks. For most, it is an ongoing process. It is important not to have unrealistic expectations. Eventually, when the grief process is completed, you can think of your loved one, even feel some sadness, but no longer feel the pain. What remains is the love.

When Grief Doesn't Heal

Periods of depression, hopelessness, anger, withdrawal and indifference are common during grief. It is also natural for a grieving person to feel he or she will never be happy or satisfied again. As time passes, these periods should grow further and further apart, interspersed with a slow return of energy and an interest in life. Sometimes grief becomes complicated and does not follow a normal course of healing. Grief is blocked, diverted, or buried. The following are some reasons this may occur... followed by some warning signals that may suggest help is needed.

Why Grief Becomes Complicated

Lack of Self Trust: A person may not have developed adequate trust in his or her ability to endure emotional pain.

Lack of Support: The person may lack a supportive and available person with whom to feel safe enough to grieve.

Multiple Losses: A person having too many losses in a short period of time may experience emotional overload.

Previous Unresolved Losses: Unresolved losses, especially those of childhood, will substantially alter a person's ability to resolve a current loss.

Traumatic or Unanticipated Loss: Very sudden losses may deprive the person of an opportunity to develop coping strategies. This often results in delayed, distorted, or inhibited grief.

Health Status: Persons whose mental or physical health is poor may lack the energy or emotional stamina to handle grief.

Signs and Signals That Warn of Complications

Following are warning signals that grief has become problematic or complicated and that professional help may be needed. All of the warning signs contain elements of healthy grief reactions. Problems are a matter of intensity, elapsed time since the loss, and the degree of which the behavior represents a threat to health, life, functioning, or goal attainment.

1. **Minimal or Total Lack of Emotional Expression Regarding the Loss:** Grieving is absent, delayed, or inhibited. Conduct may be wooden and formal.

2. **Prolonged Inability to Recognize That the Loss Has Happened:** This includes living in the past as if the loss has not occurred, or an extreme attachment to some object that is used to replace or represent the deceased so that the loss can be denied and the one lost can be "kept alive."
3. **Extreme Reactions of Grief, Usually Anger or Guilt, That Persist over Time:** These outward or inward protests divert or distort grief so that no real mourning or healing occurs.
4. **Marked or Gradual Change in Health Status:** This includes complaints or symptoms of ill health, development of psychosomatic illness and in some cases the symptoms identified with the deceased person's last illness.
5. **Prolonged Depression with Tension, Agitation, Insomnia, and Feelings of Worthlessness and Self-Blame:** This is usually accompanied by a lowered energy level and withdrawal from social and other activities.

On Finding Help

The biggest barrier to finding some help may be the way people feel about needing it. Often people feel they are sick, sad, foolish, or weak if they can't make everything better by themselves. Asking for help when grief is complicated is not a sign of weakness but a sign of strength and courage. For courage is not the absence of fear but the willingness to act in its presence. If you are having difficulty accepting your loss, professional counseling may offer the support you need to work through your grief.

Bereavement Support Groups in the Community

There are many places – funeral homes, churches, hospitals, private organizations – that offer Bereavement Support Groups during the day or in the evening. Below are organizations that typically have Bereavement Support Groups. Call the organization to get the most current days and times that groups meet.

- **Angela Hospice** (Livonia) 734-464-7810
- **Arbor Hospice** (Ann Arbor, Northville) 1-800-783-5764
- **Beaumont Hospice** (tri-county) 248-743-9400
- **Botsford Hospital** (Farmington Hills) 248-471-8850
- **Children's Hospital of Michigan** (Detroit) 313-745-5391 or 313-745-5437
- **Compassionate Friends** – For Parents who have lost a child (tri-county) 248-656-3397/586-753-0802
- **Community Hospice** (Westland) 734-522-4244
- **Gilda's Club** (Royal Oak – for losses from cancer) 248-577-0800
- **Heartland Home Health & Hospice** (Southfield and other locations) 1-800-770-9859
- **Henry Ford Hospice** (tri-county) 248-585-5270 or 1-800-492-9909
- **Hospice of Michigan** (tri-county) 1-888-247-5181
- **Jewish Hospice** (West Bloomfield) 248-592-2687
- **Karmanos Hospice** (Southfield) 248-827-7722
- **Lighthouse Hospice** (Southfield) 248-799-6133
- **Mercy Healthcare Hospice** (tri-county) 1-800-464-7492
- **Oakwood Hospice** (Dearborn) 313-593-7000
- **ST. JOHN** (tri-county) 1-800-248-2298 or 586-723-9590
- **St. Joseph Mercy Hospice** (tri-county) 1-888-884-6569
- **Visiting Nurses Association Hospice** 1-800-561-7007

Children's Groups

- **Arbor Hospice** (Ann Arbor, Northville) 1-800-783-5764
- **Children's Hospital of Michigan** (Detroit) 313-745-5391 or 313-745-5437
- **Ele's Place** (Lansing) 517-482-1315
- **Gilda's Club** (Royal Oak –for losses from cancer) 248-577-0800
- **Open Arms** (Detroit) 313-921-7983 ext 222
- **Sand Castles** (tri-county) 313-874-6881



37650 Garfield
Clinton Township, MI 48036