

NAVIGATING ANTICIPATORY GRIEF

By Merle Meyers

Numerous articles on the internet address Anticipatory and Traditional Grief. This article addresses these topics raised by our "Dear Ones" during our one-on-ones and in groups for whom they suggested we offer more satisfactory explanations.

Anticipatory grief is emotional pain when suffering from an impending significant life-loss. When we think about a significant loss we are expecting to experience, our brain defaults to the caregiver spouse or adult child, who provides the best care for their dying loved ones. But anticipatory grief casts a larger net in society we normally might not consider. This can include friends and family of:

- The Homeless
- The Substance Abuser
- The First Responder/Active Military/Other Dangerous Jobs
- Children (including prenatal) With Severe Diseases
- Those with Mental Illness
- Domestic Violence Victims
- The Missing/Trafficked
- Those in Criminal Activity (or other activities where shame can wrongly be assigned to the family) or who are Incarcerated
- The Medically Fragile
- Missionaries in unstable regions, and Foreign Aid Relief Teams
- And many more

Anticipatory grief is knowing you will soon go from "We" to "Me." The "We" can include a spouse, parent, health, pet, career, or living situation. I get leery when I hear people introduced as "Grief Experts," implying that they are experts in everyone's current and potential grief experience. They may be well informed about various grief processes, but most, if asked, will agree that YOU are the only expert in your own grief journey. Anticipatory grief and traditional grief (emotional pain after a physical loss) are different for each person.

Example: Two adult siblings lose Mom. They will not grieve the same.

- Each sibling's emotions and responses are wired differently with potentially different grieving styles (Intuitive, Instrumental).
- Each had a unique relationship with Mom.
- Was Mom esteemed or what the Grief Recovery Method calls a *Less Than Loved One*?
- Were there unresolved issues before her death?

Some studies show anticipatory grief *reduces* the effects of grieving after the death of a loved one, while other studies show the *opposite*. We find then that none of these fits in a nice little box, nor are they predictable. It just "is" whatever it turns out to be for each individual.

ANTICIPATORY GRIEF COMPARED TO TRADITIONAL GRIEF

There can be comparisons between anticipatory grief and traditional grief. Every separation is unique to each person and has its own role in the grieving and healing process. With sudden or violent losses, including an unattended death, we are *involuntarily taken out of the story*, and not able to provide the love and care to meet needs that arise with special (often daily) pain experienced by a loved one. Being involuntarily taken out of the story is psychologically and emotionally traumatizing and includes Intermittent tsunamis of grief (pain, sadness).

Anticipatory and traditional grief and trauma are *normal* and *natural* "Distresses," not "Disorders." Each is a "Rite of Passage" (Ryneathon), not an illness, and therefore requires no "treatment." There is no pill for grief, although there are several numbing medications one could take. These are unhelpful in processing grief but can be prescribed for short-term use to help one get rest and sleep. It is useful to re-state the sentence above. Pills do not "cure" grief.

*"When you grieve, it's not because something is wrong with you,
it's because something is right with you."*

Documented below are over 60 **COMMON GRIEF REACTIONS IN ADULTS** involving brain physiology and emotional/behavioral reactions, all doing what they are supposed to do to protect you from the full-on shock of a significant loss or impending significant loss. These are **NORMAL** and **NATURAL** distresses. Please know that you are **NOT** going crazy.

*"I am weary with my moaning;
Every night I flood my bed with tears.
I drench my couch with my weeping."*

King David, circa 1000 B.C.

This wilderness journey through our new interior landscape is a sacred place of vulnerability and turmoil when we first enter, and then resilience, personal growth, and a new identity.

COMMON GRIEF REACTIONS IN ADULTS

Physical

- Pain
- Fatigue/exhaustion/low energy
- Sleep changes/disruption
- Appetite changes
- Shortness of breath, tight or heavy feeling in chest
- Feeling of tightness in throat
- Hollow feeling in stomach
- Stomach upset or pain
- Dry mouth
- Muscle tension or agitation
- Increased sensitivity to light, sound, smell, or other stimuli
- Clumsiness

Social & Familial

- Isolation from others
- Withdrawing from social activities
- Diminished desire for conversation and interaction
- Shifting roles in relationships
- New responsibilities
- Hiding/holding in grief
- Difficulty relating to old friends or those who aren't grieving
- Losing friends, making new friends

Emotional

- Shock, numbness, emptiness
- Sadness, sorrow
- Loneliness, longing, yearning
- Anger, resentment, betrayal
- Guilt, regret
- Fear, anxiety, insecurity
- Feeling helpless, out of control
- Relief
- Diminished self-concern
- Desire to join the deceased
- Restlessness, listlessness, irritability
- "Emotional roller coaster"

Behavioral

- Crying
- Searching
- Carrying mementoes or holding onto deceased's belongings
- Going to grave, ash-scattering site, special places
- Making and keeping an altar
- Looking at photos or videos
- Listening to tapes viewing videos of deceased
- Talking to deceased
- Avoiding situations that arouse grief
- Keeping busy to avoid emotion
- Assuming mannerisms of deceased

Mental

- Denial, disbelief
- Confusion, disorientation
- Absentmindedness, forgetfulness
- Diminished focus, attention span
- Low motivation
- Expecting to see or hear from deceased
- Preoccupation with deceased and story of the death, need to tell and retell story
- Dreams/images of deceased
- Thinking one sees, hears, smells deceased
- Memories of past losses

Spiritual & Existential

- Questions about God, higher power
- Affirming spiritual beliefs
- Doubting religion/spiritual beliefs
- Questions about the deceased: Where are they now? Are they all right? Can they see me? Will I see them again?
- Questions about mortality, afterlife: What will happen when I die? Is there a heaven/afterlife?
- Existential questions: What is the meaning of my life? What is my purpose now?
- Sensing the deceased's presence, smell, sounds in dreams or waking life
- Awe, wonder, mystery

Grief does not come and go in tidy little stages. The “grief stages” theory is a misapplication taken from the book *On Death and Dying* by Dr. Elizabeth Kubler Ross, addressing clinical patients in 1969 facing their own terminal diagnoses. One can surf the internet and now find articles that include “Stages of Anticipatory Grief,” which is a misnomer because we do not progress neatly through specific steps of recovery. Grief is necessarily messier than that.

If you go six months without experiencing a “grief surge” and then unexpectedly get hit by a tsunami of sadness in the store, your car, or workplace, please know this is not a “stage” you should already be past. There is nothing *wrong* with you. You are right on track. When the word “should” comes to mind, it is your first clue you are intellectualizing (judging) your response to loss, and missing out on experiencing and observing the emotions you feel. This is *an unrealistic expectation of perfection* and is not helpful in processing (feeling) your grief.

How long does it take? This answer may seem unhelpful but it’s true. It takes as long as it takes. There are no trophies for speed. The harder one tries to feel better, the longer it takes. We will provide useful tools and resources for this in the SUPPORT section.



ROLE CHANGES AND SECONDARY LOSSES

The reality of death includes changing roles and the secondary losses of leaving those roles behind. What role am I performing now that will go away after the death? If you are the primary caregiver, that role will go away. That one role, as exhausting and gratifying as it was, becomes a secondary loss, losing identity.

Other examples of secondary losses can be:

- Loss of financial security
- Family and friends you thought you could count on “check out” (loss of support system)
- Family and friends behave differently around you
- Cracks in the family dynamic (including disorders) may intensify
- Loss of future plans, hopes and dreams
- Learning a secret about loved ones after their death and questioning their identity and true heart
- Determining whether one is still a sibling, a son or daughter, or parent
- Loss of a companion in life events, a travel partner, a guidance resource, helper, or protector

This can be exhausting because the possibilities are infinite, and our brains attempt to sort through them all. But we know change is coming, so it doesn't seem possible to avoid thinking about these yet unknown changes. Role changes and secondary losses can affect all family members as the living organism of the family shifts and adjusts to keep each member, and the family as a whole, functioning and engaging with one another while moving forward.

TRANSITIONS

The book *Transitions* by William Bridges, addresses the process of *disorientation* and *reorientation* in life, business and death. Whether it is the death of a loved one, a job loss, or a loss through betrayal, there are three similarities I paraphrase we experience:

1. **An Ending** – The world as we know it has ceased to exist and will never again return to be the same.
2. **Confusion and Distress** – A time of vulnerability and helplessness in this new wilderness. This is where we meet most of our “dear ones” in our grief and trauma support work. It is “The Liminal Space” (Wolfelt), the threshold between two worlds, leading to
3. **A New Beginning** – A new course is charted. This can involve new people, new activities, and a new meaning in life. This is done without leaving your loved ones behind, but by loving and honoring them in memory as we continue living on.

So losing a loved one begins with an ending and ends with a beginning. When you turn *from* something, you have to turn *to* something. You can choose to use your emotional energy staying “stuck” in the Liminal Space, or you can use that energy to tend the wounds and heal.

AMBIGUOUS LOSS & DISENFRANCHIZED GRIEF

Ambiguous loss is a loss that is not readily recognizable. Role changes are among these. Examples are a living Alzheimer's family member, the death of an unmarried partner, a same sex partner, a client of a professional caregiver, a parent unmarried at the time of a child's birth, and many more. The relationship with the deceased is minimized compared to the losses of others, and these losses may be overlooked. Conversely, a survivor also can minimize the loss of others compared to one's own loss, elevating one's own grief to be exceedingly more important than someone else's, even to the extreme of deeming another person's grief insignificant.

Disenfranchised grief, defined by Kenneth Doka is "...the types of loss that are not so readily recognized or supported by society...losses that might be stigmatized, including death by suicide or from disease, or self-destructive behaviors...."

Our grief is minimized along with our relationship with the deceased, even when we minimize our own loss/grief when we compare ourselves with others. "They lost a child! I just lost my spouse of 20 years. What am I complaining about?" Equally, one might say, "They only lost a brother. I lost my spouse of 20 years! They have no idea how difficult loss can really be." PLEASE KNOW – **Everyone's grief is 100%**. Author Brené Brown tells us there's enough grief to go around; no one gets a bigger slice of the grief pizza because they've had a "bigger loss."

HEALTHCARE EMPLOYEES

Healthcare employees in adult homes and hospitals are among the leading recipients of Ambiguous Loss and Disenfranchised Grief as deaths in their field are considered by many "clinical" rather than personal, disregarding the soul rapport and interpersonal connection between the caregiver/organization and each of their guests (client/patient). By many outside their field, it is thought to be little more than "Case Management."

The effects of multiple deaths in their work community are substantial. Like everybody else, healthcare employees also suffer additional deaths of friends and family members outside of work. In a recent conversation about the effect of multiple losses on staff, the director at an outstanding assisted living facility said, "We have lost 25 guests so far this year." Staff and their managers not only deal with their accumulated grief, but they also perpetually share in the grief of each family member of the deceased.

Unresolved/unprocessed grief and traumas from past deaths, as well as recent significant life losses, have a cumulative effect on their physical and emotional health.

Staff member incidents of depression, and even suicide in our geographical area, are becoming routine. *Much can be done through community outreach to mitigate this tragedy.*

"We begin to heal the moment we are heard."

SUPPORT



When we honestly ask ourselves which person in our lives mean the most to us, we often find that it is those who, instead of giving advice, solutions, or cures, have chosen rather to share our pain and touch our wounds with a warm and tender hand. 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 curing, not healing, and face with us the reality of our powerlessness, that is a friend who cares.

- Henri Nouwen

According to the 2012 study by Freigelman, W. et al, the most helpful grief support are *grief groups (including traumatic grief)*, followed by *grief counselors (therapists)*, followed by the category of *psychologists/social workers/psychiatrists*.

Surprised? This is because the grief group, usually led by someone who is a peer, not a therapist, uses some tools found in the art of *Companioning*. This includes active listening, even if it's the same story repeatedly. No advice-giving, no fixing, because they're not broken. Companioning allows grievers to connect their own dots and be the heroes of their own story. Companioning is going alongside someone in one's grief wilderness journey and bearing witness to one's pain. Companioning is relational.

Our website has outstanding resources on grief/trauma and Companioning, as well as referrals for grief groups in person or over ZOOM with well-respected trauma/grief therapists.