

IN MEMORY OF

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Acknowledgements

Death is a reality that few people like to talk about. When it happens to you, you feel totally helpless. There are so many questions and so very few answers. It became apparent to Richard Anderson that something tangible was needed that would address those issues facing the bereaved following the death of a loved one.

He approached me and this resulted in the writing of a five part mini-series programme.

Throughout the next year at regular intervals, you will be receiving five follow-up books to help you navigate through the uncharted waters of grief and mourning. The fifth book is called "Christmas Mourning" and will be mailed out during the month of November. I hope you find our books comforting and informative.

At this time, I would like to thank those, who through their involvement and dedication, contributed to the successful printing of this follow-up programme.

To Richard Anderson of R.H.B. Anderson Funeral Homes Ltd. of Hagersville, Fisherville and Ohsweken, Ontario.

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Experiencing Death

I am standing upon the seashore. A ship at my side spreads her white sails to the morning breeze and starts for the blue ocean. She is an object of beauty and strength. I stand and watch her until at length she hangs like a speck of white cloud just where the sea and the sky come to mingle with each other.

Then someone at my side says, "There, she is gone!"

"Gone where?"

Gone from my sight. That is all. She is just as large in mast and hull and spar as she was when she left my side and she is just as able to bear her load of living freight to her destined port.

Her diminished size is in me, not in her. And just at the moment when someone at my side says, "There, she is gone!" there are other eyes watching her coming, and other voices ready to take up the glad shout, "Here she comes!"

And that is dying.

Anonymous



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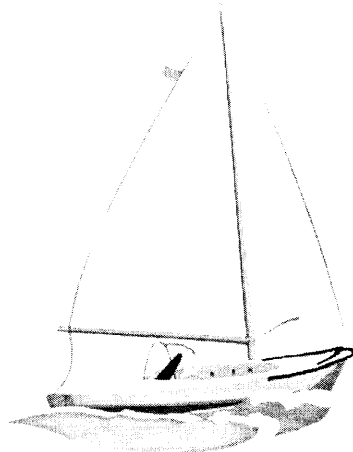


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Grief: Uncharted Waters

When the death of a loved one occurs, many of us do not know how to act or react. After all, there are no books on how to act when a loved one dies. We've never been here before. Where are the guidelines? Where is the book on "how to?" Who are the experts in grief? Where is the map to get you to your destination?

We understand that there are certain behaviours that are quite acceptable, but we also know that there are those behaviours that are not. What do I do next? How am I supposed to behave? What if I don't feel like behaving? Why is everyone looking at me? Why are they avoiding me? Am I doing it right? These are some of the many questions that those who are experiencing death and its effect ask. Hopefully this booklet will help answer some of those questions as you navigate the uncharted waters of grief and mourning.

Definition of Grief and Mourning

There are many definitions of grief and mourning that professionals and nonprofessionals use. They are as frequent and as many as those who have experienced the death of a loved one. Each one, like each exclusive fingerprint, is similar yet different than anyone else's.

Dr. Alan Wolfelt, Clinical Thanatologist from Colorado uses the following definitions:

- Grief is the inevitable consequence of any significant loss, change or death.
- Grief is the internal meaning given to the external event.

- Mourning is the outward expression of grief and bereavement.
- Mourning is sharing one's grief outside of oneself.

People of all ages who have experienced the death of a loved one allege that:

- Grief is that time in your life when the world stands still.
- Grief is my time to weep, a time to look for comfort from family and friends.
- Grief is that time when I withdraw and comfort myself.
- Grief drains me emotionally.
- Grief means that I have to cope with day to day living and wish that I had to cope with day to day loving instead.

Whatever the definition you use, you know that grief is overwhelmingly painful. It's like an elephant sitting on your chest, crushing and never ending.

What is Normal Grief?

Grief is the stark reality that happens when the death of a loved one occurs. We have a hard time putting a handle on it. We can't get rid of it. We try to intellectualize it through reason; we try to anaesthetize it through drugs or alcohol; we try to educate it away by reading mounds of death literature from books, pamphlets and newspapers.

The stark reality is that we have to work through the grief by leaning into pain. The pain that is felt is different for each

relationship that we have had. Just as each love relationship is unique, so too is each grief reaction.

A friend of mine who facilitates a widows' group, has gone through the experience of the suicide of her teenage son, the sudden death of her husband and the prolonged death of her father. Each time the death event affected her differently; each time she mourned differently. Every time the pain was the same, yet so very different.

Each grief reaction can be equated to being in uncharted water, never quite sure of where the pain of grief will strike again. The stability of having our two feet firmly planted on dry land is over. We are victims of our grief. We are now trying to live the best we can day by day, as we desperately try to recover segments of our lives that have been shattered. Just when we think we have it all together, and are about to find new land, new life, new hope, we find instead another body of uncharted waters. Emotions that come from nowhere leave us devastated.

Grief is Work

Just as physical healing is painful, so too is emotional healing; just as a physical wound must heal, so too, must an emotional wound of grief.

When in physical pain, we have to protect the affected area with a dressing, eat properly and inform our doctor if our body is not mending properly. Yet at the same time we are encouraged to gently exercise the injured part to prevent it from seizing up.

Our emotional pain is not so different. The injured part takes time to heal. However, it is not so much that time heals, but

rather what we choose to do with that time that allows the pain to heal. Upon the death of a loved one we are in a state of numbness and shock. We must protect ourselves with a “dressing”, known as our psychological shock absorber.

Psychological Shock Absorbers

Within the first few days and even within the first few weeks after the death of a loved one, our psychological shock absorbers kick in. We feel numb and isolated from the reality of what is happening. Nothing seems real. We are busy phoning friends, relatives, making funeral arrangements and attending to legal matters such as a will, mortgages, etc. During this time we may hear from relatives and friends that “you are really handling it well,” “how strong you are” and a thousand other such platitudes. The reality of the situation is that we are in shock. Survivors of a death will often say that they feel as if they were on the sidelines watching themselves perform. They commonly refer to this as “being outside of oneself.”

This is normal and nothing to be alarmed about. It is our body’s way of protecting us from the excruciating pain that comes with the reality of death. It prevents us from going crazy.

Am I Going Crazy?

Often grief makes us act in ways which others question. Have you experienced any of the following?

Do you find it difficult to complete tasks or household chores?

When you are driving the car, do you forget where you are going, or how to get there?

Do you constantly search for your dead loved one in the street or in the workplace?

Do you wake up and feel the “presence” of your dead loved one?

Do you see that person on the bus, at the market, at the beach, or at church?

Do you feel the overwhelming urge to visit the cemetery and put a blanket over the stone so that the deceased will not get cold?

Do you come home and yell out their name in a friendly greeting expecting them to pop around the corner?

Do you find it difficult to sleep?

Do you tend to overeat?

Do you tend to eat too little?

Or do you go through stages where you do both?

Do you have difficulty going to sleep?

Do you sleep too much?

Do you experience dreams about your dead loved one?

Do you have this overwhelming urge to join your dead loved one? This is known as a death wish. This is different from suicide.

Are your thoughts continually filled with the memories of your loved one?

Are you angry with the world?

Are you angry with God?

Do you feel deserted by relatives or friends?

Are you vulnerable to illnesses, unable to shake even the slightest common cold?

You may have experienced some, a lot or very few of the above. You are not going crazy. You are grieving.

What About the Children?

When children experience the death of a loved one, many adults don't know what to say to them.

Talk about the death with children. Don't avoid the subject and don't assume that they are too young to know what is going on. If a child is old enough to love, then that same child is old enough to grieve. Allow them to partake in the funeral plans and make decisions on how they are going to say "goodbye."

When explaining to them what happened, use the words "dead", "death", or "died". Don't use vague terms such as "lost" or "gone away". The child may misinterpret your message, become over anxious and will expect the dead loved one to return at some later date. I know of one child who overheard an adult telephone conversation, "We lost Grandma last night". That night, the child had nightmares the Grandma was lost in the forest at the edge of town, would never find her way out, and would eventually die alone. It wasn't until she saw Grandma in the casket that the nightmares stopped. Grandma had been "found" and was not "lost" and she wasn't alone. Granted she was dead, but she was with family and friends. To a child being with family and friends is a great comfort.

What To Do

Have the whole family together when breaking the news about the death.

Do:

- Provide an open and honest explanation about the nature and cause of the death. Remember, children can deal with what they know; they can't deal with what they don't know.
- Use language appropriate for their age group.
- Permit them to move at their own speed and in their own time toward the pain of the loss. There is no time limit for grief.
- Encourage and nurture them physically, emotionally, and spiritually. To heal, the bereaved child must be allowed and encouraged to embrace the wide range of thoughts and feelings that result from the death. Feelings surrounding the death need to be expressed, not repressed.
- Normalize their grief for them; but do not minimize it. In other words, don't compare their grief to anyone else's. Let them express their grief.
- Keep the best interests of the children as your guiding principle when dealing with issues and making decisions.
- Help them remember. A memory book or memorial box is for cherishing items and memories of the person who has died. Encourage them to share those memories.

What Not To Do

Don't

- Force them to talk.

- Drag the children into family arguments if the death was a traumatic one.
- Blame others for the cause of the death, even a suicide.
- Expect them to grieve all of the time. Children deal with grief in doses. This is normal.
- Introduce a new partner too soon (if the death was a parent of the child). Give them time to get used to the idea of the death and deal with their feelings. A rule of thumb - if the child is still grieving the death of a parent, don't introduce a replacement.

Long Term Illness

If your loved one suffered from a chronic or terminal illness, you may have started to feel the impact of the death long before the actual day of the death. This anticipatory grief is the loss you feel before your spouse dies. Some people have told me that they started experiencing grief the day that the doctor told them that their loved one would not be expected to live much longer.

Anticipatory grief means that you have been grieving the death of your loved one for some time. At the time of the funeral, some friends and relatives might be critical that you don't look grief-stricken enough. What they must understand is that you have been grieving for a long period of time. One group of widowers told me that at the time of the death of their wives, they were emotionally drained and totally exhausted.

Their reaction to their wives' death was complete devastation. But well-meaning friends and relatives thought and commented to them. "Gee, you're really handling this well." Outward appearances don't always reflect their inner feelings.

One widow told me that when her husband had a stroke, he wasn't the same person she had married thirty years ago. She then mourned the loss of her husband as she had once known him. She nursed him through his stroke and taught him new skills. She had him making wooden lawn chairs in the basement of their home. She fell in love with the "new him". When he died two years ago, she said she was "doubly" mourning the death of her husband, the "old" one and the "new" one.

Those who have been the primary caregivers during the time of prolonged illness and through the final stages of terminal or chronic illness, sometimes are dismayed that their partner is unable to recognize them. In conditions where the afflicted person is on strong medication, they feel that there is often unspoken communication displayed through the eyes of the dying person. One widower described it, "as if she was a sponge trying to soak up all of life's memories." Watching someone suffer, drains the caregiver and magnifies the grief.

If you feel relief when this type of death occurs, don't be surprised. Don't feel guilty. When you have been involved with someone who has been suffering through a long-term illness, you may find that deep down you are actually happy and relieved that the death has finally come. They are no longer suffering. You may feel that the death is a blessing in disguise. It's not as if you wanted your loved one to die, but you wanted your loved one not to suffer any longer. All this is part and parcel of the grief process.

Suicide

Suicide survivors are those relatives or close friends who are grieving the death of a suicide victim. In past days, they used to be shunned by society. Today, with the education that is available regarding suicide, we know that those who take

their own life, usually have suffered from some sort of depressive illness.

Those whose loved ones have died through suicide, will also go through the numbness and shock of not wanting to believe that the person whom they loved would choose suicide as an alternative to living. You will probably spend the next few weeks wondering if this has been a nightmare, and you can't wake up.

Added to the shock and numbness is the eternal question "why?" My friend who has survived the suicide of her teenage son, said that she was always asking "Why did he do that?" It took her a long time to realize that she would never know the answer to that question. It also took her a long time to get over the guilty feeling that she and her husband had done something wrong to trigger his wanting to end his life. Believe me, there is nothing that you could have done to prevent the situation. It is not your fault.

Your life will be forever altered by the suicide. You will never return to "normal", but you will find that over time you can and will find a "new normal". Contrary to popular belief, the families and friends of those who have survived suicide will once again lead productive lives.

For those of you who are friends or relatives of a suicide survivor, reach out to them. Show them love, comfort and support. Talk about the person, share your happy memories about that person with those who are hurting. The pain of suicide is real and at this time they need you to be present for them.

Miscarriage

A definition of a miscarriage is the premature ending of a pregnancy before the twentieth week of gestation, or before the baby is able to live on its own. Most miscarriages occur

early in a pregnancy, usually between the seventh and fourteenth week. At the onset of a miscarriage, most women are admitted to a hospital, or to a clinic where the mother is examined for retaining further products of conception.

Unfortunately, that is how the baby may be perceived by the general public... as a "product of conception." Perhaps that's why when a woman loses a baby in the first twenty weeks, it is rarely referred to as a baby. If you ask the parents however, they will be sure to tell you that it is indeed a baby.

A miscarriage can be a very lonely time for you. Most people tend to downplay the baby death and will commonly refer to this type of death as "only a miscarriage." The fact remains that you were once expecting a baby, and now you are not. These same people will also downplay your grief. There is a common fallacy that if you were only twelve weeks pregnant your grief should be less than someone who has experienced a baby death at thirty-four weeks. It's as if there were some sort of gauge to love: the longer in uterus, the greater the love. Love cannot be subjected to a type of monitoring system. Love is love. Death is death. When someone you love dies, they are gone from this earth and it is natural to miss them, grieve for them and seek ways to keep their memories alive in your heart.

If you have recently experienced a miscarriage, you will probably be feeling numb, unsure of the pain and of the weeks to follow. You may have had a chance to view the body of your baby; you may not have. Whatever you did, hold on to all of your precious memories, as they will strengthen you in the days and weeks ahead. Unfortunately, miscarriages are generally not recorded with the result of a lack of credibility for the birth that was. We live in a society with dual standards. Pro-lifers demonstrate in front of hospitals and abortion clinics demanding the dignity of the unborn. Where is that same demand for the dignity of the

unborn who died of natural causes? If we acknowledge the life then we must in turn acknowledge the death.

Stillbirth

Stillbirth may be defined as the death of a baby after twenty weeks of gestation, or after twenty weeks of being pregnant. Parents often refer to this type of death as a time to say “goodbye” before you had a chance to say “hello.” Usually stillbirths are recorded as fetal deaths and are not considered a birth. That is why many parents do not receive a birth certificate. What about death certificates? According to the law, in order to receive a death certificate there must be a birth certificate.

In many of the stillbirths, the baby had died prior to the onset of labour; yet some die during and some die just before the delivery. The reasons are numerous. About 60% of stillbirths are “cause of death: unknown.”

If a baby has been born and dies within minutes of being born they are considered a live birth. Thus, the parents will be issued a birth certificate and when the baby dies, they will be issued a death certificate.

When you have suffered through a stillbirth, you not only have to deal with your own disbelief but also your partners. Well-intentioned people will ask direct questions about your baby. Some will ignore you altogether and will not acknowledge that you were even pregnant.

You will probably feel as if you are part of someone else’s nightmare and that you will soon wake up. Many wish that it were that simple.

Neonatal Death

Neonatal death may be defined as baby death that has occurred anytime between birth and the first four weeks of life. There are many causes of neonatal death. Abnormalities and birth defects lessen the chances for babies to survive. The reasons are too many to mention. Most of the parents who have joined our support groups have experienced the death of their baby due to some congenital heart deformity, brain dysfunction or other related internal problems.

When you go through the experience of the death of your baby, added to the shock and disbelief are feelings of utter helplessness. These feelings can become overwhelming. It has been my experience that parents who have undergone this type of ordeal are also exhausted from the endless days and nights of not sleeping as they keep watch over their neonate. This seems to add to the weight of the grief that they are already experiencing. The numbness eventually does wear off only to be replaced with the piercing pain of grief.

Sudden Infant Death Syndrome (S.I.D.S.)

S.I.D.S. is the unexpected death of an apparently healthy baby after it has been put down for a nap or tucked in for the night. The death occurs suddenly and without warning. There are no symptoms that the baby is ill. If this has happened to you, no doubt you are still in shock and disbelief. Your family and friends are likely still distraught and are as dumbfounded as you are. This is a time of devastation. There seems to be little medical evidence that can actually find the root or cause of S.I.D.S. This just seems to add to the anguish and feelings of guilt that you may be feeling.

Often unkind remarks are made at a time like this leading to accusations or insinuations that perhaps it was your fault that

your baby died. Trust me, nothing you could have done would have prevented the death of your baby.

If you are waiting for the autopsy results to come in, you will want to have your questions answered. Usually the lack of a specific cause of the death of your baby can be frustrating but sometimes can provide a relief in its own special way.

There is a support group available for S.I.D.S. They are a group of parents who have experienced S.I.D.S. and can understand the feelings that come with this type of death.

Abortion

Women have abortions for different reasons, depending on their individual circumstances. No woman considers abortion lightly. They make the best decisions they can at the time. Abortions are performed for a variety of reasons: genetic defects, congenital deformities or the decisions to abort a presumed healthy fetus through conscious choice, for economic, political or psychological reasons.

This is an emotionally charged topic but I do know that those who choose abortion are very lonely and feel isolated from society. Some women feel as if they were pressured into their decisions; others feel as if they had no choice. Whatever the reason, rest assured that feelings of guilt, anger and sorrow are part and parcel of your grieving.

Young Child Death

When a young child dies, family, friends, schoolmates and those lives the child has touched, feel the loss. Because a child is still closely connected to the family unit, the loss will be most sharply felt by the family. If the death is sudden, it leaves you with no opportunity to prepare for the death. If the death was due to a long term illness or to a terminal disease,

you may find that you started grieving the day you found out the diagnosis of your child. But nothing will have prepared you for this bewildering pain following the death of a child.

As with babies, people can become insensitive and there may be accusations or insinuations that your child has died because of neglect or carelessness. The truth of the matter is that most people don't know what to say, so some say nothing and some say the dumbest things. Some are hurtful and destructive. Parents and also grandparents who experience the death of a child need to talk about the event over and over. This begins the healing process of grief.

Adolescent Child Death

An adolescent may be defined as one who is in their early teens, from age 13 to as late as age 19. As the child moves through the stages of growth and development, the relationship with family and friends deepens. It is during this stage that the child moves away from family and starts to establish an identity of their own.

Depending on the circumstances of the death, parents and close relatives and friends will reel in pain from the unfairness of the death. When a teen dies, there is left a large gaping hole or void that needs to be filled.

The young adult that he or she was to become is gone. The future of person hood is unfulfilled. Parents feel helpless and anger that their young adult has had their life so swiftly snuffed out from under them. Feelings of numbness and shock are intensely magnified as the realization sets in that the life of a young teen has just been extinguished.

The significance of the death of the youth to the remaining brothers and sisters has a powerful impact. They are usually the forgotten mourners. Each remaining child of the family will be left with fond and not so fond memories.

Their grief is real. Include them in making decisions regarding the wake, the funeral and the burial. This is a healthy therapeutic avenue for venting and releasing their emotions. They should also strongly be encouraged to speak of their dead sibling, sharing the memories with the remainder of the family. Remembering the life of the youth helps with the grieving process. Talking about the death validates the life.

Violent Death

Violent deaths can be defined as those whose deaths were the result of traffic accidents, plane crashes, drowning, murder, torture and war. There are many types of violent deaths; this is by no means an exhaustive list.

These types of deaths have their own manifestations resulting in shock, horror, and disbelief. The aftermath of a violent death can sometimes be felt longer than an anticipated type of death. Much has been written regarding tragic deaths. Each situation has its own unique set of complications.

There will be involvement with medical authorities, legal authorities, autopsies and trials, just to mention a few. When judicial complications set in, it may take years to bring the trial to completion. This can aggravate and prolong the grief reaction. Many emotions will surface as the survivors try to deal with the multi-facets of grief. Usually within the first three weeks, the survivors of a violent death will still be in a state of shock and numbness, trying to make sense out of all of this.

Physical Changes

Your body may be letting you know it feels distressed. Actually, one literal definition of the word "grievous" is "causing physical suffering." You may be shocked by how much your body responds to the impact of your loss.

Remember - your body is naturally attuned to your stress. The most common physical responses are eating and sleeping disturbances. You may have low energy and difficulty getting to sleep. Or you may wake up very early in the morning and have trouble getting back to sleep. During your grief journey, your body needs more rest than usual. It is not unusual for the bereaved to need a nap in the middle of the day. Sleeping normally after a loss would be unusual. Primarily sleeping relates to releasing control. When someone in your life dies you feel a loss of control. The need to stay awake sometimes relates to the fear of additional loss; therefore, you may stay awake because you want to prevent further loss. Some bereaved people have even said that they stay awake hoping not to miss the person who has died if they return.

If you have this experience, be assured that you are not crazy. It is a normal part of searching and yearning for the person who has died.

- Muscle aches and pains
- Shortness of breath
- Feeling like you have an elephant sitting on your chest
- Digestive problems
- Sensitivity to noise
- Heart palpitations
- Queasiness
- Nausea
- Headaches
- Increased allergic reactions
- Changes in appetite
- Weight loss or weight gain
- Agitation and generalized tension.

These are some of the ways that your body may react to the loss of someone loved for your body is finely tuned to the stress that you are experiencing. Any kind of chronic existing health problems may become worse.

The most important thing to improve physically is eating and sleeping habits. Because grief may play havoc on your body, see a physician for a good physical examination within the first two months after the death. If you are always tired, ask your physician to check for diabetes and to check your thyroid. Keep in mind however, in the majority of instances, the physical symptoms described above are normal and temporary.

Social Changes

One of the first social affects reported was receiving invitations to do things dwindled after the first four to six weeks. Female bereaved reported female friends, at times, were afraid or uncomfortable with their husbands "helping" the widow "too much". The bereaved reported this complicated and frequently ended their relationships.

Planning vacations, holidays, or special occasions became frightening. There was no "fun" in planning them without your companion, child or loved one. Being scared to do things on your own and meet new friends may also be frightening. Sometimes this can create isolation and the isolation can become paramount in intensifying your anxiety and fears.

Plan to leave the house at least three times a week. We were made to be social animals and just being with other people is very therapeutic.

For widows and widowers, noticing everyone in couples or family units was another reported reason to avoid malls, shopping, church...even life. You may feel as if you are no longer a couple and you don't want to be a fifth wheel. This reality experience is painful.

If you were one of those couples or families who “did everything together” or if you were the primary caregiver in the relationship, you may have added feelings of aloneness, fear, helplessness, and inadequacy.

Some have to redefine who they are and just what their role or “purpose for being” is now.

Parents whose child has died feel similar experiences. All they saw in public, on television, in magazines or newspapers were stories, pictures of people and families with babies, children or adolescents. Their child was dead. Their family unit was affected. Their family has changed forever. Sometimes it is even uncomfortable with family and friends due to other’s being sensitive to their loss and always worrying that caring about their loved ones would create pain and hurt the bereaved.

Painful events such as school events, Mother’s Day and Father’s Day are all constant reminders of how the dead loved ones were so integrated with these events.

Geography in relationship to the family and friends is another social component that may affect your grief. If family and friends are hundreds of kilometres away the isolation was felt deeper. In some cases, they had just moved to the new area so support and trusting relationships had not been established.

One family who had just moved to Ontario from Manitoba were at the point where the moving van was still in their driveway, when news came that their daughter had been killed in a motor vehicle accident. Feeling isolated in their grief, they left the house on “hold” and flew back to Manitoba. In the company of family and friends in their old hometown, they had a funeral service and buried their daughter. It was in this social surrounding that they felt comfortable vocalizing their pain and grief; it was in this social surrounding where the pain and grief was validated.

The Elephant in the Room

There's an elephant in the room
It is large and squatting,
So it is hard to get around it.
Yet we squeeze by with,
"How are you?" and "I'm fine"...
and a thousand other forms of trivial chatter.
We talk about the weather.
We talk about work.
We talk about everything else...
...except the elephant in the room.
We all know it is there.
We are thinking about the elephant as we talk.
It is constantly on our minds.
For you see, it is a very big elephant.
But we do not talk about the elephant in the room.
Oh, please say her name.
Oh, please say "Mary" again,
Oh, please.
Let's talk about the elephant in the room.
For if we talk about her death,
Perhaps we can talk about her life.
Can you say "Mary" and not have to look away?
Can I say "mother" and not have to look away?
For if I cannot, you are leaving me

Alone - in a room... with an elephant.

Financial Changes

For those whose loved one was the primary provider, financial changes can dramatically affect the present and the future of the grieving family.

Generally, the first change is the loss of income. In some cases, when the “money manager” has died, the griever has no idea where important papers are, how to deal with taxes, how to pay bills, when bills are due, and how to invest, etc. These complications come when the griever is having a difficult enough time with concentration without trying to understand all the paperwork. This can become a tremendous burden, if not an impossibility.

One widow shared with our group how her husband charged enormous amounts on their credit cards without her knowledge. It was not until he was buried that she began to receive the bills. She had assumed that everything was purchased with cash or cheques. She was now dealing with feelings of loss of trust and anger at her deceased spouse.

Along with the loss of income may come the reality that the griever must get a job. After the death of a child, the mother, who is not already working may seek employment to fill her time, and to try to find her purpose in life again.

Joining the work force is a grief process in and of itself. Compiling a resume, taking refresher courses, preparing for and participating in job interviews, receiving rejection letters, working out schedules, baby sitters, meals and trying to plan activities for the family around the new job are monumental tasks for a widow and widower.

Helping Yourself Through Grief

This title is not meant to indicate that others in our lives do not help us through grief. We do need the help of relatives and friends, and may need the help of professional counselling. At the same time, it is important for us to make the effort to help ourselves. Remember that grief takes a lot of energy. Treat yourself with the same care and affection that you would offer to a good friend in the same situation. Not all suggestions will be helpful to everyone. Grief has its unique sides. Choose the ideas that appeal to you.

- Be patient with yourself.
- Go gently. Don't rush too much. Your body, mind and heart need energy to mend.
- Don't take on new responsibilities right away.
- Don't overextend yourself. Keep decision making to a minimum.
- Don't compare yourself to other bereaved. It may seem that you aren't adjusting as well as others; in reality you don't know what is behind their public facade.
- Throw away notions of a fixed period of mourning; one year and then you're over it? This is not true. Grief takes time.

Ask For and Accept Help

- Don't be afraid to ask for help from those close to you when you need it. So much hurt and pain go unheeded during grief because we don't want to bother anyone else with our problems. Wouldn't you want someone close to you to ask for help if they needed it? Our family and friends can't read our minds. Some relatives and friends will not be able to handle your grief. It is very important to find someone who cares and understands, and with whom you can talk freely.
- Accept help and support when offered. It's all right to need comforting. Often people wait to be told when you're ready to talk or if you need anything. Tell them.

- Pray to the person who has died.
- If you are troubled and need help, contact your local twenty-four hour hot line.
- Join a grief support group. They offer support, understanding, friendship and hope.
- Give yourself some time to sort out your thoughts but don't build a wall around yourself in fear of being hurt again. It is important to love and enjoy the people in your life instead of distancing yourself from them.
- If grief is intense and prolonged, it may harm your physical and mental well-being. If it is necessary, seek out a competent counsellor or grief therapist. It is important to take care of yourself.

Accept Your Feelings

- Feel what you feel. You don't choose your emotions; they choose you.
- It's all right to cry. Crying makes you feel better.
- It's all right to be angry. You may be angry with yourself, God, the person who died, others, or just angry in general. Don't push it down. Let it out. Hit a pillow or punching bag, scream, swim, chop wood, exercise, etc.
- Thinking that you are going crazy is a very normal reaction. Most grieving people experience this. You are not losing your mind, only reacting to the death.
- Depression is common to those in grief. Be careful not to totally withdraw yourself from others. If your depression becomes severe or you are considering suicide, get professional help immediately. The telephone numbers are usually listed in the front pages of your local telephone book. If you don't have a phone book, go to your family doctor or go to the nearest emergency department at your local hospital. They will help put you in touch with the necessary services.
- The emotions of the bereaved are often raw. It is important to let these feelings out. If you don't, they will come out

some other time, in some other way. That is certain. You won't suffer nearly as much from "getting too upset" as you will from being brave and keeping your honest emotions all locked up inside. Share your "falling to pieces" with supportive loved ones, as often as you feel the need.

- You may have psychosomatic complaints, physical problems brought on by an emotional reaction. The physical problems are real; take steps to remedy them.

Lean Into The Pain

Thanatologist, Dr. Alan Wolfelt, from Fort Collins, Colorado aptly coined this phrase "Lean into the pain". What does it mean?

- Lean into the pain. It can not be outrun. You can't go around it, over it or under it; you must go through it and feel the full force of the pain to survive. If you get "stuck", keep working on your grief.
- Take time to grieve and time to face the grief. Don't throw yourself into your work or other activities that leave you no time for grieving.
- In a time of severe grief, be extremely careful in the use of either alcohol or prescription drugs. Tranquilizers don't end the pain; they only dull the pain rather than help you work through it. This may lead to further withdrawal, loneliness and even addiction. Grief work is done best when you are awake, not drugged into sleeplessness.
- Seek the help of a grief therapist or clergy, if grief is unresolved.
- Be determined to work through your grief.

Be Good to Yourself

- Keep a journal. It is a good way to understand what you are feeling and thinking. Hopefully, when you reread it later you will see that you are getting better.

- Try to get adequate rest. Go to bed earlier. Avoid caffeine in coffee, tea and colas.
- Good nutrition is important. Not hungry? Eat a banana or drink a glass of milk. They don't require a lot of energy but are loaded with lots of vitamins and minerals.
- If Sundays, holidays, etc. are especially difficult times, schedule activities that you find particularly comforting during those time periods.
- Read recommended books on grief. It helps you to understand what you are going through. You may find suggestions for coping. I have a seventeen page Bibliography list containing many books about grief. Call the funeral home or you may call me and I will send it to you.
- Moderate exercise helps: walking, tennis, swimming, playing hockey. It offers an opportunity to work off frustration and may aid sleep.
- Begin to build a pleasant time with family and friends. Don't feel guilty if you have a good time. Your loved one would want you to be happy. They would want you to live this life to the fullest and to the best of your ability.
- Do things a little differently, yet try not to make a lot of changes. This sounds like a contradiction, but it is not.
- Plan things to which you can look forward - a trip, visit, lunch with a special friend. Start to build memories for tomorrow.
- Find quotes or posters that are helpful to you and hang them where you can see them.
- Become involved in the needs of others. Helping others will build your self-confidence and enhance your self-worth. Join either a volunteer or support group and assist with phoning, attending meetings, typing, collating newsletters, etc. It does much to ease the pain.
- Be good to yourself. Take a hot relaxing bath. Bask in the sun. Go to a movie. Have dinner out. Get together with friends.
- Put balance in your life: rest, work, study, read, pray and relax.

- When you feel ready, aim at regaining a healthy, balanced life by broadening your interests. Take time for activities that can bring some purpose into your life.
- Think about doing something you've always wanted to do: hobbies or join a club. Learn and do something new as well as rediscover old interests, activities and friends.

Will I Ever Get Over the Death of My Loved One?

The answer is "yes." The answer is "no."

"Yes" - you will learn to live without your dead loved one. This is called grief.

"No" - you will never "get over" the death of your loved one.

Widows, widowers, orphans of all ages and parents who have experienced baby or child deaths tell me that at the beginning you feel as if you will never heal or recover from the pain and the anguish that surrounds you constantly.

Recovering from the pain is done very slowly. It is unanimously agreed that repetitive talking about the death event leads to eventual healing. Somehow, the emotional pain starts to mend. Like any healing, it leaves a scar. And you will always remember.

How Long Will It Last?

There is no set time limit on grief. It will take as long as necessary for you to heal. A general rule of thumb is approximately two years. If it takes longer, that is alright. If it takes less time, that is alright too. For in daring to love, you took the risk of daring to lose. You recover at your own rate and in your own time. Like being in uncharted water, you have to explore and survive your own grief. Like uncharted waters, you have to go with the flow; you have to ride out the tides, survive the storm, and bask in the calm. How long does it take? As long as you need.

The Vines

Picture if you will, a large forest. Somewhere in this forest there is a small clearing. In the centre of the clearing, there are two young vines, side by side, growing together. In time, their branches and tendrils intertwine. Together, they face the icy blasts of winter, the welcome warmth of spring, and they bask in the golden glow of summer. Then one day, someone comes along and decides that one of the vines would do better in another place. Upon digging it up, he finds that the only way the vines can be separated is to cut them down the middle - thus they are parted. We have been told that all wounds are healed by time. That remains to be seen. But, we are also assured that wherever the vine was taken, a part of the remaining vine went with it, and the remaining vine holds near and dear a part of the vine that was taken away.



*In Memory of: Mary Anderson 1905 - 2004
Randy Smith 1973 - 2005*

ABOUT THE AUTHOR

Cheryl McQueen is a Registered Nurse and a Grief Counsellor, with extensive experience in critical care, pediatrics, and psychiatric nursing. She is a graduate of St. Joseph's School of Nursing in Hamilton, and obtained her Master's Degree from Regis College, University of Toronto.

Cheryl established Bereavement Services Support & Education in the Greater Hamilton area in 1988. In 1991, she joined forces with Richard Anderson of R.H.B. Anderson Funeral Homes Ltd. to provide follow-up to the bereaved in the Haldimand-Norfolk counties.

Since then Cheryl has facilitated many grief support groups including groups for children and senior citizens. She is also funded by Richard Anderson to provide grief education workshops and crisis intervention for schools, communities and the workplace.

She has developed and written many workbooks for the bereaved, including "Wee Kids Grieve 2" and "When Mom & Dad Separate" for children six to twelve years of age.

Cheryl's most recent publication, "When Someone Dies - A Kid's Book About Funerals and Feelings" is a colouring book explaining the funeral home procedure to children ages four to nine.

She resides in Dundas, Ontario with her husband Nairn and two sons, Mark and David.

