

Healing with Haven

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Searching, Yearning, Disorganization and Panic

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Editor's note: This is another in a continuing series of articles by Dr. Wolfelt from his recent book, *Understanding Your Grief*

Perhaps the most isolating and frightening part of any grief journey is the sense of disorganization, confusion, searching and yearning that often comes with the loss. These feelings frequently arise when you begin to be confronted with the reality of the death. As one mourner told me, "I felt as if I were a lonely traveler with no companion and worse yet, no destination. I couldn't find myself or anybody else."

This dimension of grief may give rise to the "going crazy syndrome." Mourners often say, "I think I'm going crazy." That's because in grief, thoughts and behaviors are different from what you normally experience. If you feel disorganized and confused, know that you are not going crazy, you are grieving.

After the death of someone loved, you may feel a sense of restlessness, agitation, impatience and ongoing confusion. It's like being in the middle of a wild, rushing river where you can't get a grasp of anything. Disconnected thoughts race through your mind, and strong emotions may be overwhelming.

You may express disorganization and confusion in your inability to complete tasks. You may start to do something but never finish. You may feel forgetful and ineffective, especially early in the morning and late at night, when fatigue and lethargy are most prominent. Everyday pleasures may not seem to matter anymore.

You also may experience a restless searching for the person who has died. Yearning and preoccupation with memories can leave you feeling drained. You might even experience a shift in perception; other

people may begin to look like the person in your life who died. You might be at a shopping mall, look down a hallway and think you see the person you loved so much. Or you might see a familiar car whiz past and find yourself following the car in hopes that the person who died is inside. Sometimes you might

think you hear the garage door open and the person entering the house as he or she had done so many times before. If these experiences are happening to you, remember—you're not crazy!

Visual hallucinations occur so frequently that they can't be considered abnormal. Instead of hallucination, I personally prefer the term "memory picture." As part of your searching and yearning when you're in grief, you may not only experience a sense of the dead person's presence, but you also may have fleeting glimpses of the person across the room.

You may also dream about the person who died. Dreams can be an unconscious means of searching for this person. Be careful not to over-interrupt your dreams. Simply remain open to learning from them. If the dreams are pleasant, embrace them; if they are disturbing, find someone who'll understand to talk to about them.

Other common experiences during this time include difficulties with eating and sleeping. You may experience a loss of appetite, or find yourself overeating. Even when you do eat, you may be unable to taste the food. Having trouble falling asleep and early morning awakening are also common experiences associated with this dimension of grief.



Headache or Heartache?

By Robert R. Thompson, M.D., Zumbrota, Minnesota

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In my thirty-five plus years as a rural family physician, psychiatrist, and counselor to many patients, I can't recall a single instance in which someone consulted me complaining of grief over the death of a loved one. My experience was not unique among medical doctors; indeed studies have borne out the fact that people rarely seek the help of a medical doctor in healing with their sorrow. Instead, they seek help for the symptoms caused by loss. In my small practice, I was usually aware that my patients were undergoing tremendous stress due to the death of someone they loved. In many cases, I had the privilege of attending the family at the time of the death and was aware of the details of the loss whether by so called "natural causes" or trauma. After my own son's death in 1989, I was even more acutely aware of the grief response and the havoc it can cause with the body's physical symptoms. Then I was much more likely to turn the conversation about insomnia, loss of appetite, or panic attacks into a discussion of the loss that was producing those symptoms. By focusing on the loss itself and facilitating thinking and talking about the loved one the symptoms often get better. For now let's look at some of the most common symptoms.

Lack of energy: Anergy is the two-bit doctor word for this most common of all symptoms following the devastation of a loss. A heaviness of heart and mind exacts a toll on all the body systems as we have noted before in this column. The loss of interest in things previously pleasurable and a general lack of ambition are almost universal. There is little joy and laughter and well-meaning attempts by friends to "cheer us up" are often met with the thought, "They just don't understand what I'm going through." While we need to force ourselves to function at least some of the time, we also need to honor and respect this feeling of chronic fatigue and not fight it too much. It is truly a time when we need to listen to our bodies, limit our activities, rest as we are able and to be reassured that at some point we will get our strength back.

Sleep Disturbance: Sleep disturbances are common even in many people who are not traumatized by a death event. After the death of a loved one, there may be increased need for excessive sleep in some people for whom it is an escape and a respite from having to think about the loved one and the many problems attending their loss.

Others may be more prone to agitation and find sleep difficult if not impossible. If they are able to sleep, it is often a shallow and fitful state characterized by unpleasant dreams. If sleeplessness leads to worsening of fatigue and an inability

to function during the day, it may be necessary to use a medication for a short term. There are many medications now on the market that do not have the lingering side effects and long-term addiction potential of the older drugs. A

person using these medications should do so under the supervision of their physician. Often restoring normal sleep patterns will allow grief work to proceed and make wakeful hours more useful.

Eating disorders: True eating disorders such as anorexia and bulimia are rare as a response to the death of a loved one unless such disorders were present before the death. However, weight loss and nutritional compromise are common. "I have to force myself to eat" is a commonly heard expression. When appetite is poor and weight loss follows it is a good idea to take a daily Multi-vitamin to offset the lack of food intake. In other instances, weight maintenance is either not a problem or, in rare instances, overeating becomes a way of compensating

for the loss and consoling one's self with food. In this case, weight gain can be a problem although it is temporary.

Sexual symptoms: If a person's sexuality has been a pleasurable aspect of one's life it is commonly impacted just as all other aspects of their lives have been following the loss of a loved one. In time, we need to give ourselves permission to enjoy our sexuality again just as we ultimately must give ourselves permission to function in other areas of our lives. In cases where the sexual partner is affected by the loss, (as in the death of a child) it is of course necessary to respect the needs of the partner in terms of their readiness to resume sex. Frank discussions where and when possible are the best way to ensure both partners are on the same page with respect to their sex lives. Generally, patience and time will win the day. If relationships were troubled before the death, then the couple may need to seek the help of a counselor to work things out. This topic can also be brought up in grief groups because it is often helpful to realize that others have experienced the same problems and may offer some helpful suggestions.

Depression: In my experience, true clinical depression is relatively uncommon in persons who have experienced death of a loved one. Acute grief however, looks a lot like depression and many of the symptoms are the same. Eventually, acute grief gives way to chronic sadness but is generally confined to the loss. In other words, most of us are able to return to normal functioning in most aspects of our lives. We remain sad about our loss but are able to



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compartmentalize that loss while giving ourselves permission to live life to the fullest in other areas. All of this can and usually does happen without the benefits of medication (antidepressants) which I believe are only indicated in cases where a significant depression existed prior to the loss or where, after the loss, some degree of functioning is not possible. The most important aspect of treating the pain of acute grief is to feel the support of others and to the extent possible to verbalize emotions and thoughts about the person

who has died.

This has been only a brief discussion of feelings and conditions following the death of a loved one. Many other symptoms are common. Just as we are all individuals, we will all experience loss in a different way. While our individual symptoms may vary and our bodies react in different ways, all who have experienced the pain of grief know that our whole being is affected---body, mind, and spirit.

“When the spirit heals the body often follows” ✚

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And finally, keep in mind that disorganization following loss always comes before any kind of re-organization. While it may seem strange, feelings of confusion, disorganization, searching and yearning are actually steppingstones on your path toward healing.

The thoughts, feelings and behaviors of this dimension do not come all at once. They are often experienced in a wave-like fashion. You may need to talk and cry for long periods of time. At other times, you may just need to be alone. Don't try to interpret what you think and feel. Just think and feel it. Sometimes when you talk you may not think you make much sense. And you may not. But talking it out can still be self-clarifying, even if at an unconscious level.

When you feel disoriented, talk to someone who will understand. To heal, grief must be shared outside of yourself. I hope you have at least one person whom you feel understands and will not judge you. That person must be patient and attentive because you may tell your story over and over again as you work to embrace your grief. He or she must be genuinely interested in understanding you. If you are trying to talk about your disorganization and confusion—and the person with whom you are speaking doesn't want to listen, find someone who will better meet your needs.

During this time, discourage yourself from making any critical decisions like selling the house and moving to another community. With the judgment-making difficulties that naturally come with this part of the grief journey, ill-timed decisions might result in more losses. Go slow and be patient with yourself.

Feelings of anxiety, panic, and fear also may be a part of your grief experience. You may ask yourself, “Am I going to be OK? Will I survive this? Will my life have any purpose without this person?” These questions are natural. Your sense of security has been threatened, so you are naturally anxious. As your head

and heart miss the person who was a part of your life, panic may set in. Feelings of anxiety and fear often elicit thoughts about “going crazy.” If you begin to think you are “abnormal,” your level of fear may also increase.

A variety of thoughts and situations can increase your anxiety, panic, and fear. For example, you may be afraid of what the future holds or that other people in your life will die soon. You may be more aware of your own mortality, which can be scary. You may feel vulnerable, even unable to survive, without the person who died. You may feel panicky about inability to concentrate. Financial problems can compound feelings of anxiety.

Your sleep might be affected by fear at this time. Fears of overwhelming, painful thoughts and feelings that can come up in dreams may cause you to have difficulty with sleeping. Or you may be afraid of being alone again in bed when you are not used to sleeping yourself. Again, these are natural, but usually temporary, ways that fear can be part of your grief.

While unpleasant, anxiety, panic and fear are often normal components of the grief experience. The good news is that expressing them can help make them feel more tolerable. And knowing that they are temporary may help you during this trying time.

If anxiety, panic and fear are a part of your grief journey, you will need to talk about them to someone who will be understanding and supportive. Not talking about these feelings makes them so much more powerful and destructive. Under no circumstances should you allow your fears and may find yourself retreating from other

people and from the world in general. Many grieving people become prisoners in their own homes. They repress their anxiety, panic, and fear, only to discover that these feelings are now repressing them. Don't let that happen to you. ✚



Grief & Loss Seminar Series



The next seminar will be held March 22nd from 3pm-4:30pm @ 2895 Temple Ave, Signal Hill. The focus of this seminar will be recognizing grief emotions. Light refreshments will be served. For more information please contact Tina Stephenitch at 562-426-7500 ext 406. This event is free and open to the community.

Make a Difference in Someone's life

Do you have a few hours a week to listen, give support, or assist in the office? Haven Hospice is seeking people who would like to give some of their time visiting patients, helping in the office or doing community outreach. If you are interested in this rewarding opportunity, or know anyone who maybe interested in volunteering their time, please contact Tina Stephenitch, Volunteer Coordinator (562) 426-7500 ext 406 for more information.

Help us keep our mailing list current!

Are you moving and still wish to receive Healing with Haven? Or perhaps you no longer wish to receive our monthly newsletter? Please, call Tina Stephenitch at (562) 426-7500 ext 406.

Individual/Group Support

As many of you may already know, Haven Hospice offers individual support and group support to all people in the community who are going through the difficult journey of bereavement. For more information on our groups or to make an appointment for individual support please contact Tina Stephenitch, Bereavement Coordinator at (562) 426-7500 ext 406



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