GRIEF AND HOMICIDE

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Some Problems faced by Survivors of homicide:

1. Seeming indifference of the community, especially the police, to the plight of survivors.
2. Isolation, helplessness in a world that is seen as hostile and uncaring, and that frequently blames the victim.
3. Feelings of guilt for not having protected the victim.
5. Disparities in the judicial system (frequently, punishment for property crimes are as great as, or greater than, for the crime of taking a human life.)
6. Sensational and inaccurate media coverage.
7. Financial burden of hiring private investigators, etc., when they feel that law enforcement officers are not doing an adequate job or when there are too many unanswered questions.
8. Anger over a plea bargain arrangement.
9. Outrage over the leniency of the murderer’s sentence.
10. Frustration at not being allowed inside the courtroom at the time of trial.
11. The memory of a mutilated body at the morgue.
12. Lack of information as to what is going on.
13. Unanswered questions - about the crime, the criminal justice system (why is the killer on bail, walking the streets, after he has confessed to the crime: why was the confession thrown out; why do they keep postponing trial and not letting us know, etc.)
14. Financial burden of medical and funeral expenses and perhaps for professional counseling for surviving family members.
15. The feeling that the murderer if he’s found, gets all the help; that as parents of a murdered child, you don’t have any rights.
16. The seemingly endless grief.
17. Loss of ability to function on the job, as well as at home or in school.
18. The strain this puts on marriages and family relationships, frequently resulting in divorce.
19. Getting back the personal effects of a murder victim, even those which are not essential to a trial, or after the trial is over.
20. The effect on the other children in the family, especially the bitterness and loss of faith in the American criminal justice system.

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Murder: The Unseen Impact
Jean Lewis, President, National Board of Trustees
National Organization of Parents of Murdered Children, Inc.

In September of 1980 I received a phone call from Colorado notifying me that my son, Scott, 21, my first born child, had been reported missing. We were living in San Jose, CA, and he was a college student in Colorado Springs. He worked part-time as a dance instructor at Arthur Murray’s, and he and a young woman, a colleague and friend, Janet Bunkers, had disappeared together. They were found seven months later on April 5th in the wilderness of New Mexico by hunters on a sunny, Sunday afternoon. They had been bound, gagged, stuffed into a car trunk, and shot to death.

After that first phone call I lasted about a week - my body had physically gone bananas. I couldn’t eat. I couldn’t sleep. Although it was 100 outside and we had no air conditioning, I was huddled under blankets on the couch, shivering, teeth chattering, and having dry heaves. New to the area, I called the county AMA to find a family practitioner, thinking someone of that specialty would be the most understanding. But after I explained my situation, he said, “I don’t know what religion you are but I am a Christian.” This threw tremendous guilt on me; Is my faith so shallow that it can’t get me through this unbearable waiting, the not knowing, the frustration of being totally powerless? I drove 90 miles to our old neighborhood and family Episcopal priest, who, when he heard, put his arms around me and said, “Jean, things of this nature are not part of God’s plan”. That helped but the sea of guilt lasted a long time.

This was my introduction to the fact, that, when we survivors of homicide victims are in crisis and turn to the professionals who are traditionally supposed to be there for us, we find that some of them haven’t had the training to know our needs or lack the sensitivity to be helpful.

There’s not enough time to go into all the complications of external intrusions after a murder such as the media or the whole gamut of the criminal justice system. They present even more problems and pain. I will concentrate on the impact of the grief itself after murder, hoping to give you some insight as to what often happens to families.

First of all, grief is not self-indulgence; it is a necessity. Grief is a total being response; it affects us physically (my symptoms), emotionally (the endless crying), mentally (lose ability to concentrate to the point where some survivors lose their jobs), and spiritually (Whys?, Where is God in all this?).

Though grief is a necessity, we are a death denying society. This is evident in the fact that we have done away with the black arm band. We’re given a bereavement leave of 3-5 days and expected to be back at work, producing just as ever. We find it hard to say “died”. When it is a natural death from natural causes, we can usually talk about the deceased (Grandma and Grandpa). When death is untimely, it becomes harder. (A 3 yr old with cancer or 4 mo. old with SIDS). When it is a violent and untimely death, it’s all the more difficult (accidents, natural disasters, etc.). And when it’s murder, the reminiscing becomes in most cases, non-existent. There is a stigma about murder which results in strong feelings of isolation.

Our organization was founded by Charlotte and Bob Hullinger in Cincinnati in 1978 after their daughter, Lisa, died from injuries inflicted by her former boyfriend. Charlotte said “a conspiracy of silence” descended around their family.

Everyone avoided them. No one wanted to talk about Lisa and they had a need to remember and share who she was, because though the loved one is physically taken from us, the love and the relationship last forever.
At Parents of Murdered Children we stress that we each grieve in our own time and in our own way. This has a positive side and a negative side. The positive side is that we are on our own timetable and find our own means of coping. The negative side is that our griefs bump into each other. Additionally, men and women generally grieve differently, with women able to be more open with talking and crying so resentment builds up because the man isn’t showing any pain.

For me I thought the tears would never stop but my husband plunged into work. One AM as my husband was leaving for work, I couldn’t stand his cool appearance as he came toward me to kiss me good-bye. I shrieked at him, “How can you do that?! Go off to work when my insides are inside out?!” My anger was not recognized and I was lashing out at those nearest and dearest to me.

And all the “if only’s”! All the guilt, from not protecting the victim directly to blaming yourself for not preparing them for this kind of evil, or for not foreseeing the danger.

I wanted to know all the details and had a need to go over the facts, over and over. My husband simply said “It’s over and done.”, didn’t want to talk about it. Whenever I was upset, he’d say, “Let’s not let the murderers destroy us too.” Wonderful theory, but how? Arguments do break out about belongings to keep; I kept Scott’s Boy Scout uniform in my closet for five years but I was fortunate that no one was nagging me to get rid of it.

Should pictures stay up, etc.? There’s no doubt that communication breaks down. Each partner or survivor is so devastated there is nothing to give to each other. The divorce rate skyrockets; it’s close to 80% among surviving couples.

For the surviving siblings—what a way to learn that life is unfair! Siblings may feel neglected and unloved. “If this had been me, would Mom be crying like this?” Or there can be the feeling, why wasn’t it me? (Survivor’s guilt.) They can have problems in school. My son Steve, almost 13, was like his Dad, not work, but plunged into school work, whereas Sandra, 18, couldn’t concentrate and took a couple years off from college. Her instructors reacted differently to her dilemma. Produce or drop out. And two others gave her incompletes and said, “whenever you can finish--”. She and I could talk and cry together. But Steve stuffed it all in, and Steve’s silence hurt Sandra. She went to him and said maybe he couldn’t talk to Mom and Dad but please talk to her in her pain but he couldn’t. Years later his anguish would come out in English papers. (High school paper on the Death Penalty, and a college paper on “Facing Adversity in Life”.)

Some siblings take out their anger on society and get into all kinds of trouble, acting out. In our Chapter we had a family whose 15 year old son was the victim of a serial killer who preyed on boys and young men. The mom of the victim called the school to tell the school counselor what had happened and to please keep an eye on Jimmy, the surviving 12 yr. old brother. Weeks went by and the mom didn’t hear anything from school until the first report card came home. “Jimmy is in a world of his own. Jimmy doesn’t complete his work. Jimmy isn’t working to capacity.” She called the counselor, whose explanation was, “Now that you mention it, I do vaguely remember your earlier phone call.” His mom was in total disbelief! How could that phone call be forgotten?! Jimmy took to drugs to escape his pain, and then turned to burglarizing homes to support his habit, and eventually landed in juvenile hall.

Discipline in our home became very inconsistent. One day I was clutching, overprotective, and the next day, or even hours later, be totally permissive. Go, do it. Here today, gone tomorrow. Do it. Just LIVE! I was just like a pendulum. At times my children became the parent and I the child. My husband had flown out to Colorado the day after the phone call and I was too sick to pick him up at the airport. I called Sandra and asked her to pick up her Dad. And I felt guilty about that, letting my family down, me, the caregiver. At other times I felt I was building a
wall between myself and my two living children because I didn’t want to be hurt like that again.

All of these feelings must be validated as being ok. They are our feelings, our pain. No one else can fix it for us. We must work through them, not once or twice but over and over many times. This is grief work, the hardest work we may ever have to do. For myself I have a AAA for emotions. Acknowledge- recognize and acknowledge what it is you are feeling. Accept it as being ok. Don’t put “shoulds” on yourself. And then Act. Do what works for you; write a letter to the murderer, pound on a punching bag, call a trusted friend to go for a walk, permit yourself to cry.

Two factors that greatly complicate and intensify the grief are the violence and the intent to kill.

Because of the violence we may become obsessed with the details and the horror. We die a thousand times in our imagination. We feel as if we are going crazy. I told my new friend, Margaret, about this (her daughter had drowned at the age of 11), and she said she’d drowned for Joanna a thousand times. I asked her how did she get over it. And she said, “I had to verbalize, and verbalize, and verbalize.” For months, if not years, at support group meetings I would hear my voice say, “They were bound, gagged, stuffed in a trunk, driven 150 miles, and shot to death.” This was not, in my opinion, desensitization. It helped me break through the denial. There’s a quote from Ovid that says, “Where belief is painful, we are slow to believe.” Survivors need clear and accurate information.

The facts are important to us so professionals can help us by giving us the details if we ask for them, so that we can work through them and not make up exaggerations of the truth. I read something that really struck me as applicable here. “The human brain abhors a vacuum and so the imagination will jump in to fill the space.” (Praise for the Colorado Springs P.D. for being open, direct, firm but gentle, and always accessible.) If survivors insist on seeing photos, they can be seen one at a time, the least graphic first. One photo may be all it takes.

When we say intent to kill, we are saying human against human. One living being intentionally taking away life. Sooner or later the survivor has to face this reality, and it can shake to the roots all our beliefs such as the Golden Rule, such as there’s some good in everybody. Our faith. Why us? What role did God play in all this? Issues of revenge and forgiveness. One night at a meeting one parent said that he believed it was his daughter’s time to be called home and that was it. And another parent asked, “If murder was how God called her home, what does that make the murderer, God’s little helper?” And, it’s OK to question. Some survivors turn closer to God, others turn away from God, and others wrestle with questions for years, and many questions remain unanswered.

What are the intangibles that we lose after murder? We lose our trust in our fellow man. Our value system undergoes an upheaval - everyone else’s complaints are so trivial! So we often lose friends. We lose our innocence and feeling of safety. We lose our assumptive world. (Father whose son worked at Kentucky Fried Chicken, assuming he’d pick him up and arrived to find the yellow taped crime scene.) We lose our spontaneity and zest for living. We have to learn to laugh again and enjoy life without guilt. We lose our trust and respect for our criminal justice system. We slowly, ever so slowly move toward our “new normal” but we are never the same or back to what we once were before the tragedy.
The headlines read, “Hero Cop Slain by Freak Shot in Siege.” It was a warm September day and Susan was on her way out the door of her house, looking for her older son to take him for a haircut. “And all of a sudden, my neighbor drives up. He’s with the town police. I could see from his face that something was wrong. ‘Something’s happened,’ I said. ‘Tell me right now, I know it’s bad.’ ‘Joe’s been shot,’ the neighbor said. ‘He didn’t make it.’ “

Susan didn’t faint, she didn’t go into hysterics. “Let me think for a moment,” she said. “Please find my children.” Within moments, fifteen policemen helicoptered into the little village, landed in the schoolyard nearby, then descended on her house. Without a word, they pushed past her through the door and combed the house. “My God, what’s happening?” she said. Later, she was told that they were looking for a gun, afraid that Susan, in her grief, might kill herself.

What kind of effect will a scene like that have on the children in the family? In his work at New York’s Harlem Hospital Center, Dr. Hal Fishkin has dealt with a number of youngsters whose parents have been murdered. “It’s going to have a permanent impact on the child’s life. Some children are resilient and can deal with it, but others, the vulnerable ones, need a particular sensitivity.” Fishkin says that it’s tough in a time of crisis for police-men, neighbors, and emergency room personnel to think about the children and about what’s happening inside their minds-- but it’s necessary.

Fortunately, most children won’t have to face what Susan’s family did--the murder of someone close to them. But when it does happen, the child often experiences serious problems that may require professional help.

In an article The Monitor, a publication for psychologists, Carol Turkington quoted Alvin Pouissant of the Harvard Medical School, who studied the reactions of children victimized by murder. “They felt violated—like rape victims-- they wanted to seek revenge and hunt for the killer, and they exhibited terror of their environment.”

Each child reacts differently. Jan lay in bed with a pair of pinking shears clutched in her hand for protection. Betsy couldn’t go back into her house until the walls had been painted a different color, so the place wouldn’t seem the same. Timothy, who watched as his mother was shot, dreams about killing the murderer.

Child psychologist Dr. Robert Pynoos of UCLA says that a child who’s suffered through such a trauma will “hear that gunshot forever.” Not only does the child have a horrible image to contend with, he is also plagued with the urge to pay the murderer back, so he imagines ways he’d execute him. This is especially traumatic if one parent killed the other. “The ambivalent urges to revenge the slain parent and to protect the remaining parent can never be satisfactorily resolved without some form of psychiatric treatment....To see your parent killed is an event a child never recovers from.”

What do you say to a child after someone he or she loves has been murdered? Begin by stating something along these lines: “Sometimes things happen in life--terrible things that we have no control over. Well, a terrible thing has happened.” Explain that the person was murdered--shot or stabbed or whatever---and tell the child who did it:

“A bad man we don’t know....”, “Uncle John went crazy and shot Daddy....”

Explain as simply as possible what happened, who did it, and why--if you know. Then try to help your child deal
with the trauma. It’s going to be tough if the person was a key figure in his social structure. If it was his mother or father, the death will have a profound effect on him, regardless of whether or not he was close to that parent or perhaps even hated him or her. His whole social system has been upset, and, as the late Harvard psychiatrist Erich Lindeman noted, the child needs to break the strong ties that he had to the dead person, to find other people to get close to.

When you’re dealing with a murder, it’s particularly important to involve the child in the funeral and the family’s mourning process, to help the child stay in touch with reality. Also, as a way of softening the trauma, many experts suggest letting the child relive the experience, perhaps encouraging him or her to draw the scene of the murder in detail. Dr. Hal Fishkin says that when he’s working with youngsters who have witnessed a death, whether it’s a murder or an accident, he gets the child to relate all the details so he can find out what the child thinks happened. He compares these perceptions to what the police or other sources say actually happened. “You try to reconcile the two stories so you can know what the child is thinking”, Fishkin advises. If the child describing the murder says, “He got mad at me and beat me,” then the child may think it was his fault that the person got angry and killed his mother. “I might say something like, ‘Well, your mother had terribly bad luck when she met him, because he’s not a good man.’ And you try to deal with the guilt and anger.”

Eventually, as the months pass, new feelings will come out of the child. After six months, says Fishkin, the child will not be as enraged or depressed. “The big questions is, do you allow the child to cover over and forget about it, or do you bring it up? That’s a very hard thing to generalize. Different children need different things. With some, there’s a turbulent, emotional response at the time of trauma and you want to help them cover over...give them some support for their defenses. But with others—they’re withdrawn and you know that there’s a kind of precancerous growth inside that you have to excise in some way. You have to bring it out. “ In any case, therapy is almost always necessary to help the child deal with depression, desire for revenge, and loss of faith in the order of society.
On a dreary night in December, a knock came at our door with news that would forever alter our lives. The news was Anne, our daughter, had been kidnapped and brutally murdered by persons or a person unknown. The shock, disbelief, anguish and anxieties over the next several months, a small piece of the grieving process, were extraordinary, and I have often wondered how we survived.

There was the extreme rage at the person who was responsible for taking Anne’s life for no reason except for the pure pleasure of destroying good. But we survived. There was the awful anger against the legal system for being callous and insensitive to the needs of the family and friends. The wounds from Anne’s death were already deep and unhealing, but listening and reading about the insinuations and innuendoes by the lawyers made the wounds grow deeper and deeper. The impression was given the family must endure punishment for allowing our daughter to be in the wrong place. This caused a feeling of guilt, but we survived.

There was the fear that Anne would become just another statistic, and the person responsible would go unpunished. Now the fear exists that the person will be released from prison to repeat his acts of violence. I am afraid that fears are addictive and one replaces another. Perhaps the worst fear is, when your faith in God is at its lowest ebb, that you will never be able to respond to normal stimuli again and regain that faith. All the fears are real, but so far we have survived. These, I suppose, are normal reactions as the result of a violent act. I believe these anxieties delay a normal (so-called) grieving period until after the culprit has been found, tried, and sentenced. After these three things happened, I do know a terrible burden was lifted from our shoulders, and we could restart living our lives. Somehow we survived. How did we survive? After much reflecting, I firmly believe we survived by recalling the positive aspects of Anne’s life and character. Each individual is endowed with certain instruments and we hear the music of their lives long after they are gone. Anne’s instrument of love of life was a blessing, and we can still hear the melodies of her song in the night. These melodies cannot be taken away, and they are more valuable than diamonds to us.

Anne’s instrument of hope for a future in which to achieve her goals and have some effect on society was the backbone of her dreams. The songs of hope in work, in life, and the goodness of heart cannot be destroyed by evil or circumstances. Today is gone, but we still hear the songs of hope for tomorrow. These songs of hope, heard in the night, sustain us.

Anne’s instrument of faith that she would lead a productive life and achieve both her spiritual and material goals was music in her heart. The faith she had in herself, her family, and her friends transmits to us, urging us to proceed with our lives. The music of her faith is still a beacon in the night. We will not believe Anne’s dreams have ended, but will believe they will find their place in the world to come. The music that was set in motion by her love, hope, and faith will move, everlasting, in sweet memories forever. The wounds from the loss of a loved one cannot be healed by words or deeds. These terrible burdens are borne by each of us in our own way and, hopefully, we survive.

Bill Boggs,
TCF, Augusta, GA

(Taken from Compassionate Friends Newsletter Winter 1990.)
I thought the worst of it would be over by now,” said a young woman named Barbara, a frozen expression on her face. “Especially since I haven’t cried in such a long time. Not crying a lot it a good thing, isn’t it? At least, everyone tells me it’s a good sign.” She paused for a long moment, as if trying to convince herself, then admitted where she really was. “The truth is, I’m not doing well at all.”

“What are you feeling?” I gently asked.

“I’m not feeling much of anything. It’s like I’m dead inside. And my body is always cold, even when it’s a warm day or I’m in a warm place. Most of the time, I’m freezing.”

Barbara had come for the first time to our widow/widower support group following the death of her husband six months before in a private plane crash. Hearing her story, noting the immobile expression on her face, I was reminded of Macon Leary, the central character in Anne Taylor’s novel, The Accidental Tourist.

Frozen Landscape
After the murder of his twelve year old son, Macon had sought to protect himself from the intensity of his grief by emotionally shutting down. He never talked about his loss, nor cried about it, nor sought any help in dealing with it.

Endeavoring to “hold steady,” Macon had become increasingly isolated from others and alienated from his own inner experience. He was “surviving” perhaps, but in no way was he healing, progressing, or growing. The ice that encased his body, heart and spirit was much too deep, much too hard.

The turning point came when, responding to a dinner invitation from a woman who had befriended him, Macon told her about his experiences for the first time. His son had been shot and killed during a restaurant robbery. Far from “getting over it,” he believed he was getting worse. The first year was like a nightmare; the second was even worse because now he knew that the loss was both real and permanent. Separated from his wife, disconnected from others, he felt utterly alone.

In revealing what was really going on beneath the surface, Macon was not only sharing words, memories and images; he was connecting with his deepest feelings. In doing so, he was facilitating the beginning of the healing process. For Macon, at last, there was a crack in the arctic landscape of his inner life.

Choices We Do Have
In my work as a bereavement counselor, I meet many grieving people who, like Barbara and Macon, endeavor to “hold steady” by emotionally shutting down. In diminishing their capacity to experience pain, however, they slowly diminish their capacity to feel much of anything. From human beings who are alive and open, they turn themselves into emotional zombies—all in the name of self-protection.

Like Macon, many reach the point where they feel totally disconnected from everyone and everything. And like Barbara, bottled up feelings with nowhere to go may be reflected in immobile expressions, mechanical motions, listless voices and bodies that are always cold.

Elizabeth Harper Neeld, who lost her 43 year old husband when she was 37, points out that our journey through grief to a creative outcome is not a function of time, but rather a function of the decisions we make. One of the most important choices is deciding what we will do with our feelings. Judith Schmidt, who lost her daughter, notes that when we chose to suppress our feelings, we tighten up; pain that is blocked keeps our lives from moving on.
Nathaniel Branden, who lost his second wife in a drowning accident, contends that repressed emotions do not disappear. Rather, they are frozen into our bodies, barricaded behind walls of muscular tension. When we bury our feelings, we are, in effect, burying ourselves.

On the other hand, all three authors agree that the gateway to healing and wholeness lies in the willingness to experience, accept and express our deepest feelings.

**The Value of A Support Group**

As Barbara sat and listened, other members of the group began to share personal moments and memories—ones of loneliness, fear and confusion; of anger and impatience; of growing self-awareness, self-confidence and hope. Knowing nods and looks were exchanged. Tears were shed. Boxes of tissues were passed around. Glancing over at Barbara, I noticed how intensely involved she seemed. The immobile expression on her face was gone, and there was a glimmer of tears in her eyes.

“When we hurt, we naturally try to protect ourselves,” I pointed out after everyone had an opportunity to share. “One of the ways we try to protect ourselves is by putting some distance between ourselves and our feelings. ‘If I feel too much,’ we think, ‘the pain will overwhelm me and I’ll never recover.’ One of the most valuable lessons we can learn in the group is that it’s not the experience of feeling our emotions that can harm us, but refusing to feel them. Here we can sit and listen and observe people who are experiencing a whole variety of feelings. Far from being destroyed, they are learning, growing, stretching and healing.

“So keep trusting yourself. Trust that you can feel and not be destroyed by your feelings. Take it one step at a time, one day at a time. Trust that you’re much stronger than you imagine.”

As the meeting ended, members hugged one another and said their good-byes. Watching them depart, I thought of the words of Ralph Waldo Emerson—words that speak so profoundly to my own heart—“What lies behind us and what lies before us is not as important as what lies within us.”

It is my hope that Barbara not only returns to the group, but that she risks feeling and revealing, both to herself and others, a little more of herself. Discovering an inner wisdom and strength that was there from the very beginning. For it’s through experiencing, accepting and expressing our feelings that the ice begins to crack and, once again, we come alive.

**References**


DEALING WITH GRIEF

This checklist highlights a few important matters to consider during bereavement. Each person is different so beware of ready-made solutions. The following are suggestions to consider--they may or may not fit your situation.

These may be considered under the headings: Psychological, Physical, Social, Economic and Spiritual.

Psychological
Everyone needs some help--don’t be afraid to accept it.

While you may feel pressured to put on a brave front, it is important to make your needs known by expressing your feelings to those you trust.

Often numbness sees us through the first few days or weeks. Don’t be too surprised if a let-down comes later.

Many people are more emotionally upset during bereavement than at any other time in their lives and are frightened by this. Be aware that severe upset is not unusual and if you are alarmed, seek a professional opinion.

Whether you feel you need to be alone or accompanied--make it known. Needing company is common and does not mean you will always be dependent on it.

There is no set time limit for grieving. It varies from person to person, depending on individual circumstances.

Physical
It is easy to neglect yourself because you don’t much care at a time of grief.
You are under great stress and may be more susceptible to disease.
It is especially important not to neglect your health.
Try to eat reasonably even if there is no enjoyment in it.
Although sleep may be disturbed, try to get adequate rest.
If you have symptoms, get a doctor to check them out.
If people urge you to see your doctor, do so even if it doesn’t make sense to you at the time.

Social
Friends and family are often most available early in bereavement and less so later. It is important to be able to reach out to them when you need them. Don’t wait for them to guess your needs. They will often guess incorrectly and too late. During a period of grief it can be difficult to judge new relationships. Don’t be afraid of them, yet it is usually wise not to rush into them. Someone who is not too close to you but who is willing to listen may be particularly helpful. No one will substitute for your loss. Try to enjoy people as they are. Do not avoid social contacts because of the imperfections in those you meet.

Sometimes, in an effort to stop the pain of grief, people turn towards replacing the lost person (e.g., adoption of a child, remarriage) too soon. It is hard, though, to see new relationships objectively if you are still actively grieving and this kind of solution may only lead to other problems. Try to make clear to children that sadness is perfectly normal and that neither theirs nor yours need to be hiding. It is important that periods of happiness are enjoyed and not a cause of guilty feelings.
**Economic**

Avoid hasty decisions. Try not to make major life decisions within the first year unless absolutely necessary. In general, most people find it best to remain settled in familiar surroundings until they can consider their future calmly. Don’t be afraid to seek good advice. Usually it is wise to get more than one opinion before making decisions.

Don’t make any major financial decisions without talking them over with experts.

Having a job or doing voluntary work in the community can be helpful when you are ready but it is important not to overextend yourself.

**Spiritual**

Personal faith is frequently a major source of comfort during bereavement. For some, however, maintaining faith may be difficult during this period of loss. Either reaction may occur, and both are consistent with later spiritual growth.

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*Adapted from material prepared for the Clarke Institute of Psychiatry Public forum, October 27/76 by staff of the Community resources Service and Community Contacts for the Widowed.*
ALCOHOL
...not the answer

We are frequently cautioned about the dangers of mixing alcohol and gasoline.
We are frequently cautioned about the dangers of mixing alcohol and drugs.
We are seldom cautioned about the danger of mixing alcohol and drugs with grief.

It should be clearly understood at the outset that alcohol is just as much a drug as any chemical compound or prescribed medication. The added subtlety in alcohol is the ease with which it is obtained, and the acceptability of its use in our society-no prescription required...no rules on refills!

For the person who has an established drinking pattern, or is inclined to deal with life’s problems chemically, bereavement is a time to be especially alert and guarded. In fact, if there has been a pattern of drinking or drug use prior to the grief, it is almost certain that the drug/alcohol problem will escalate. Even the person who has only occasionally “had a glass of wine to make myself feel better” should be keenly aware of the addictive power of alcohol as a mind-altering chemical.

The shrieking pain of early grief tempts the bereaved to escape in any way we can--to shut out the terrible reality of the loss, even for a short time. Usually we are not eating properly or sleeping well; and there are sometimes physical ailments such as stomach or chest pains, headaches, chronic fatigue and mood swings. A physician might prescribe medication for the symptoms that are presented without ever being told that the patient is grieving a serious loss. Or, if the doctor can find no physical cause for the distress, the chemically dependent griever may turn to relief from a “friend in a bottle.”

Obviously, neither way is fair to the doctor, nor helpful to the patient. If the doctor has not been informed of the loss by the patient, family or friends can and should intercede.

Depression is common following loss. Alcohol is a central nervous system depressant; and is therefore a “great pretender” as a help for depression. In fact, alcohol can only magnify such symptoms of depression as sleeplessness, chronic fatigue, nervousness, abdominal symptoms and the inability to concentrate. Alcohol will increase the intensity of any of these conditions.

Getting to sleep is difficult for most grieving people, and for some there may be a temptation to use alcohol to help induce sleep. Again, there is no worse drug to choose. Alcohol actually causes insomnia. A tolerance is created and more is needed each time to produce the same effect. Finally, sleeping pills may look like the answer, but again the tolerance level is soon reached, and the combination of the two drugs is extremely dangerous-sometimes even fatal.

Sleeplessness is an extremely unpleasant side effect of grief, but it is temporary and will ease over time. Addiction to alcohol or drugs will not. Sometimes alcohol masquerades as a sedative. To the restless, nervous, fatigued griever this can be an appealing alternative. However, in a few hours, the sedating effect is gone and the “jitters” are worse than before. The danger is increased that tranquilizers will be added to sustain the effect, and this combination can also be lethal.

The consumption of alcohol increases stomach distress and reduces an already diminished appetite. This can cause malnutrition and vitamin deficiencies which will increase grief-symptoms dramatically. Concentration is always difficult in bereavement, but the chemically-dependent griever has an added problem. While drinking, the mind is slowed by the depressant effect of the alcohol, but when the effect begins to wear away, there is a hyperkinetic reaction. The body may tremble, the heart and mind are racing, concentration is impossible; and there is a terrible temptation to start the cycle all over again. But alcohol will not relieve grief for more than a few hours, and it takes more and more
to sustain the effect. The price the griever pays for that relief is too great! There is no problem that alcohol will not make worse. There is no exact amount of alcohol that can define the difference between harmful drinking and the proverbial “couple of drinks” that make one comfortable for a short time. Everyone is affected in a different way. Body structure plays an important role. A larger person can consume more alcohol than a small-framed person before experiencing the same effect. Individual metabolism, emotional condition and whether the alcohol is taken in conjunction with other drugs are also important factors.

**ALCOHOL..... a “great pretender” as a help for depression.**

Frequency of drinking is less important than the role that alcohol plays in the life of the grief victim. A simple test is to assess the feeling of NEED for alcohol, rather than how much or how often. For example, a strong clue of a developing problem is looking forward to the time of day when it will be appropriate to begin drinking. If the situation can be assessed objectively and honestly, and it is clear that there is a dependency on alcohol (actually the drug ethanol), it is vital that help be sought. Possibilities include your doctor, a trusted counselor, a specialized treatment facility or Alcoholics Anonymous (in the white pages of the phone book).

The role of the family cannot be over-emphasized. Families often unwittingly contribute to a drinker’s problem. The sympathetic “He/she hurts so much...” often becomes an unspoken granting of permission to drink. An angry griever may be blaming family members for everything from the loved one’s death to problems in the family. Family members may be accused of not caring or of placing additional burdens on the drinker. Eventually, the family begins to believe this is true. In truth, the drinker may be finding fault in order to justify and enlarge the excuse for drinking. Others must be blamed, and soon the family is controlled by the alcoholic.

It is a harsh thought to many family members that they must deal firmly with a loved one devastated by grief. But firmness may be the only loving action. If families are to escape the trap of becoming slaves to the drinker, they must learn to defend themselves against the manipulations of the drinking person. This may require outside help, often available through the National Council on Alcoholism or the Al-Anon Family Groups. Some treatment centers have special programs for the family of the alcoholic too.

Once the family recognizes that alcohol, not grief itself, has become the problem, the family can become a constructive force in healing. Every family member should become educated on the situation. Professional help should be sought. The drinker’s problem should be addressed firmly, with love. And appropriate therapy—from counseling to the development of alternative time/energy outlets—should be encouraged.

Ultimately, responsibility rests with the griever who has sought relief through drugs. The truth of the old drinkers lament must be realized: “I thought I was drinking because I had problems...then I realized I had problems because I was drinking.” This truth, when understood, is a vital step toward freedom from addiction.

Even more positively, the griever can spot the danger signs—and take immediate action to halt the trends. Problem drinking can only get worse. The best time to halt its insidious march is right now! Seek whatever help you need and do it TODAY!

Margaret Gerner, M.S.W. lives in the St. Louis area, and is grief counselor for a funeral home there. She is a bereaved parent and a bereaved grandparent, and she has been active with The Compassionate Friends, both locally and nationally, for a number of years.
UNDERSTANDING GRIEF AND LOSS

What is Grief? According to the dictionary, grief is a deep sorrow or mental distress caused by loss.

When we think of grief, we often think only of death, but other losses bring on almost identical reactions. People going through a divorce experience grief; so do people who lost their health. Grief is common to the aging person. People who have lost a child through marriage and now find the house empty, may experience grief. Loss is a natural part of life, and something everyone experiences.

STAGES

There are various stages of grief and everyone goes through some or all of these stages whenever she/he loses anything or anyone of value to her/him. In other words, what we are talking about is “good grief,” normal grief. This healthy kind of grief, if not carried to extremes, can help a person move through an important loss with a minimum of harm to her/himself, either physical or mental.

1. **Shock and Denial:** The person is, in a sense, temporarily anesthetized against the overwhelming experience she/he is facing. This state of shock is helpful to her/him because she/he does not have to comprehend all at once the magnitude of her/his loss.

2. **Emotional Release:** This comes about the time it begins to dawn on the person how dreadful her/his loss is. There is a flood of grief, crying, a feeling of “going to pieces.”

3. **Depression, Loneliness, Isolation:** The person feels that there is no help for him/her. She/he is down in the depths of despair; and nothing could be so awful as her/his depression, the hurt and sadness. Withdrawal from others may occur. Idealization of the loved person may also occur at this time.

4. **Physical Symptoms of Distress:** The body’s response to grief may take the form of physical illness or symptoms of distress such as stomach upset, glandular disturbance, lack of appetite, etc.

5. **Panic:** People become convinced that there is something wrong with them as people. They begin to feel that because they can concentrate on nothing except their loss, they must be losing their mind. This panic is natural and usually diminishes if the person accepts the feeling as a temporary and normal reaction to grief.

6. **Anger:** Now the person is beginning to feel a little better. She/he is beginning to come out of her/his depression to express herself/himself. She/he is hostile toward people she/he thinks may be contributed to the problem she/he now faces. This may include doctors and nurses, friends, relatives, children, the lost loved person, one’s own self, or God. The person is really saying, “They can’t do this to me. Why did this have to happen to me?”

7. **Guilt:** The person may begin to feel guilty about everything related to the loss. This may involve guilt about things done or not done in the relationship or situation, guilt about the imperfect relationship, guilt about one’s own anger.

8. **Inability to return to usual activities:** No matter how hard she/he tries to get back to normal, she/he cannot quite do it. Something seems to stop her/him. This may be related to difficulties in letting go, saying good-bye, leaving a memory behind.

9. **Beginning to gradually overcome grief:** One cannot predict when this is going to happen. It may come in a few months, or not for a year or two. But little by little, if the person is sustained and encouraged by those around her/him, emotional balance returns.

10. **Readjusting to reality:** This last stage is not “we are our old selves again.” We are never our old selves after we have had a grief experience. We are different from what we were before. But we believe we can be stronger people, and deeper people and better able to help others because of what we’ve experienced.

(Taken from Wesley Methodist Church Counseling Center Grief Therapy Training Program)
THERAPEUTIC BENEFITS OF WRITING

by Jeanne M. Harper
taken from Thanatos Magazine, Summer 1989

Writing about negative experiences has definite benefits, especially for people who have trouble talking about their feelings. Getting you emotions down on paper, whether in a journal or in a letter, can help you come to terms with feelings and resolve them.

Writing can also help a person deal with a traumatic event, such as a death, divorce, or child abuse. Some may want to seek professional counseling as well. Confronting painful events realistically can help a person understand them.

Keeping a journal should be voluntary. It is an opportunity to spell out ideas, beliefs, attitudes, feelings, in whatever style suits you. It is descriptive and explicit; it is spontaneous and honest. It encourages self-awareness and self-discovery. It establishes a sense of competence in being able to discipline and reveal yourself which is ego-enhancing. It traces growth and changes in thoughts, attitudes, and behaviors.

The following psalm was written by a woman whose son died 12 years ago in an accident caused by a drunk driver. The boy was riding home from football practice on his bike. At the same time, her husband was in the hospital, dying. The husband survived and was able to attend the funeral but then returned to the hospital. His illness and care required so much of the woman’s time and attention, she took no time to grieve, and instead, stored it to be dealt with later. This is her psalm:

BIRTH OF MY PSALMS--A PSALM OF PRAISE
by Alice Salewsky

Today marks a very special and important day in my life. Lord, only you could give me a gift of writing. And only you could have known the Alice you created would desperately need this plus.

Exactly a year ago today a brainstorm hit me. I know it was you impressing upon me to release what I have felt since I started therapy. Thank you, Lord, it is all there in black and white. I picked up my pen and, with a prayer, the birth of my psalms materialized. With my pen...hurt was released, resentment was released, pain was released, insecurities were expressed, grief was expressed, fear was released, self-hate was realized, self-punishment was realized, anger was realized, child sexual abuse was confessed, bulimia was confessed.

Expressions, confessions, and revelations have been transferred from deep within Alice onto paper. The real Alice has come through with such a variety of emotions that I have been constantly amazed. My sense of humor and wit has personalized my style of writing. And you, Lord, have filled my mind with still another psalm. Your inspiration for writing my psalms has been ever present.

My psalms have been critical to my healing. My psalms have been vital to my healing. All my highs and lows have been written down from my healing. My inner groanings are recorded for my growth. My self-expectations have been inked so that I can set more reasonable goals. Physically, professionals were made aware of my bulimia and I have broken the binge/purge cycle. Emotionally, I have realized that it is all right to feel what I am feeling.

Intelлектually, my awareness of myself has improved greatly. Socially, I now relate more honestly to others. Spiritually, you have been invited into Alice to share my burdens and fellowship with me.

My psalms of praise ever hit me with thanksgiving. Thank you, Lord, for the gift of writing. Thank you for the free expression I experience while writing my psalms. Thank you for understanding all my confusion. Accept the thankfulness I feel right now.
THE IMPACT OF ANNIVERSARY DATES
by Debbie Burns
Bereavement Magazine, September 1988

By the following February, our family had endured almost a year of holidays including what would have been Lindy’s first birthday (November 7), and a Christmas that was shadowed by memories of the only one she had shared with us. I knew that holidays are difficult, red-letter days--days when you plan so many things that you don’t have time to think, or days when you plan nothing because you can’t help but think; but either way, there is an internal bracing against the memories associated with that date. Consequently, it was the dread that I began to prepare for March 12, the first anniversary of her death. I fixed my mind on that ominous calendar square as if it were a giant, black, twister cloud headed in my direction. Suddenly, and unexpectedly. March 1 swooped in and just knocked the stuffing out of me. It took months of counseling before I was to understand the strange significance of March 1, instead of March 12.

Anniversary dates have long been acknowledged as part of the grieving process. They lurk like booby traps in what is already a landmine of unpredictable emotions. The impact of emotion on memory is most apparent on special times that were meaningfully shared with the loved one. In the first year, especially, there may be an alarming return to the feelings experienced at the time of the death, often producing anger, anxiety, apathy, or other chaotic symptoms of depression. The pain can be every bit as acute as it was in the beginning. certain hours of the day can also be difficult during the early stages of bereavement. Waking up in the morning without the loved one, sitting down to meals or listening for the school bus are examples. Certain people, places, songs, smells and objects all can trigger an emotional reaction to the loss. These are Normal feelings, and Temporary in good grief work.

Sometimes, because of the pain, we are reluctant to remember, and it is not unusual for some people to get stuck in denial and repress parts of their grief. The longer the grieving is avoided, the more severe the reaction can be. Many people say that they were so apprehensive of the “death day” anniversary that when it finally arrived, it was anti-climatic to their fear. They often realize that they have successfully navigated a year of setbacks and booby traps, and although the ache is ever-present, the intensity begins to be tempered by nostalgia and pleasant memories. According to researchers, this is an indication that the phases of mourning are reaching a conclusion.

The mystery of my extreme reaction to the “wrong” anniversary day was solved with the help of my counselor, Dr. Dale Sauer. With his help, I was able to discover that I had suppressed the emotional impact of March 1. It was the day we had learned that Lindy’s disease would be fatal--the most devastating news imaginable! I can remember wandering for hours, disoriented, and feeling as if someone had punched me in the stomach. In my heart, though, I believed it--our baby was going to die. That night, March 1, 1985, I screamed at God; I begged; I bargained. In the days that followed, I began a preliminary stage of mourning I privately planning the funeral and burial and tried to prepare myself for my baby not living. When she died eleven days later, initially I was void of any real emotion. The event had occurred just as I had already lived it over and over in my mind. To stem the feeling of loss of control, I rationalized that since most children with her illness suffocate, we were fortunate that she hadn’t suffered any more that she had. I stifled my urge to fall apart. I postponed my grief. Therefore, a year later the impact of the news we had received on March 1 caught up with me and hit me full force. One year later, to the day, standing in a room last associated with Lindy’s funeral, I suddenly snapped. I felt the same disorientation and feeling of nausea as I had when her prognosis was given.

A series of the most erratic behavior of my life followed, and I attributed months of confusing emotions to other causes. Only counseling helped me see that I had experienced a one year delay in my mourning. Once the real grieving started, I passed through the other stages in recognizable succession. Though it was an “emotional rollercoaster” (according to Dr. Sauer) for almost another year, I feel I have finally accomplished my grief work.

Yes, holidays still hurt, but not overwhelmingly. Friend’s children, born at the same time as Lindy, evoke bittersweet fascination as their birthdays roll by. Always, there will be stabs of pain associated with the various anniversaries of her life, but I am now able to pull from them sweet remembrances. They are slowly becoming celebrations for the precious months that Lindy gave us.
HELP IN TIME OF SORROW

Most people at some time during their lives will face the need to support a friend or relative who is grieving the death of a loved one. Often times we are afraid of doing the wrong thing. The following suggestions may help:

- Don’t try to, what is called, “buck-up” a person. The standard line, “come on now...buck-up, it can’t be that hard,” could make a person feel guilty and worse. For some people the experience of mourning the death of a loved one can be one of life’s most difficult experiences.

- Don’t try overly hard to divert the other individual by talking about something else. When you leave, the reality of the loss just hits all the harder. Sometimes it is best just to be silent. As difficult as it is, the task of the mourner is to face the fact of death, accept a new and altered life and move on from there.

- Don’t be afraid to talk about the person who has died. It may be difficult for you, but helpful to the person who is grieving in order to come to terms with the meaning of their loss.

- Don’t be afraid of tears...the other individual’s or yours. Tears may help that person express their grief in a healthy way with you present to give warmth and empathy. You don’t have to fix or heal their pain. Just be there!

- Reassure, don’t argue. Support them where they are at. They have to feel in order to heal. Everyone grieves in their own time and way. Help them feel comfortable with their grieving process.

- Communicate--don’t isolate! Don’t stay away. Aloneness is one of the hardest parts of sorrow. Keep in touch. Be ready with a smile, a hug, or caring touch. Your sincere interest is their proof that they still have resources to draw from.

- Let them talk. People who are grieving need to talk. Instead of worrying about saying the right things, use your listening skills.
ON DEALING WITH DEATH

The following thoughts on coping are offered by Father Kenneth Czillinger of Cincinnati, Ohio, who for the past ten years has been involved in working with the dying and grieving.

1. Generally it takes 18 to 24 months just to stabilize after the death of a family member. It can take much longer when the death was a violent one. Recognize the length of the mourning process. Beware of developing unrealistic expectations of yourself.

2. Your worst times usually are not at the moment a tragic event takes place. Then you are in a state of shock or numbness. Often you slide “into the pits” 4-7 months after the event. Strangely, when you are in the pits and tempted to despair, this may be the time most people expect you to be over your loss.

3. When people ask how your are doing, don’t always say, “fine.” Let some people know how terrible you feel.

4. Talking with a true friend or with others who have been there and survived can be very helpful. Those who have been there speak your language. Only they can really say, “I know, I understand.” You are not alone.

5. Often depression is a cover for anger. Learn to find appropriate ways to release and uncork your bottled-up anger. What you are going through seems unfair and unjust.

6. Take time to lament, to experience being a victim. It may be necessary to spend some time feeling sorry for yourself. “Pity parties” sometimes are necessary and can be therapeutic.

7. It is all right to cry, to question, to be weak. Beware of allowing yourself to be “put on a pedestal” by others who tell you what an inspiration you are because of your strength and your ability to cope so well. If they only knew.

8. Remember you may be a rookie at the grief experience you are going through. This may be the first death of someone close. You are new at this, and you don’t know what to do or how to act. You need help.

9. Reach out and try to help others in some small way at least. This little step forward may help prevent you from dwelling on yourself.

10. Many times of crisis ultimately can become times of opportunity. Mysteriously your faith in yourself, in others, in God can be deepened through crisis. Seek out people who can serve as symbols of hope to you.

Taken from:
St. Louis Chapter of Compassionate Friends
COMMON SYMPTOMS AND FEELINGS OF GRIEF

FEELINGS:

sadness       anger       guilt       emptiness       anxiety
loneliness    helplessness fatigue       shock       yearning
relief        numbness    phobias      panic       confusion
disbelief     irritability yearning      self-reproach frustration
denial        hopelessness depression     resentment       resistance

COGNITIVE THOUGHTS:

“Why me?”  “I feel so scared and lonely”
“It’s not real” “Am I always going to feel like this”
“I’ll never get over this” “I can’t handle things”
“I think I’m going crazy” “I can’t concentrate”
“I should have done more” “I’ll never be normal”
“I wish it would have been me” feeling suicidal
“I feel numb” sense of presence, hallucinations
“What’s going to happen to me” personal death awareness/pre-occupation

PHYSICAL SYMPTOMS

headaches       blurred vision       stomach pain
weight gain/loss constipation       urinary frequency
menstruation changes diarrhea       body pain
dry mouth       sweating            shortness of breath
shaking          fatigue            empty arms (child loss)
ingling, numbness pain                previous condition flares
heart palpitation

BEHAVIORS:

change in sex desire sleep disturbance
changes in eating habits & appetite absent minded
treasuring objects visiting places (cemetery)
quick disposal of objects social withdrawal
dreams of deceased avoidance of things
chemical use crying
acting out feelings change in activities
loss of interest in world events loss of interest in work
loss of interest in social activities difficulty concentrating