

Dealing with Death

We all grieve in different ways

BY KAREN A. JAMROG



ILLUSTRATION BY MAX GAGNON

In a perfect world, we would never experience the pain of losing someone we cherish. Sadly, reality is far from perfect. The death of someone we love can plunge us into a tangle of emotions, from profound sadness to guilt, anger, relief and everything in between.

Even though a sense of loss can linger throughout a survivor's lifetime, the darkest stages of sorrow typically pass within a few months. But the grieving process varies widely, says Suzana Makowski, MD, chief of palliative care at Exeter Hospital. Sometimes grief is prolonged and so intense that it makes daily life difficult. It can cause the mourner to feel numb or detached from others. "Some of these feelings are normal for a period of time," Makowski says, but when grief persists to the point that it continues to interfere with day-to-day life, harms relationships or leads to pronounced depression, "those are all reasons to talk to a doctor."

The details and circumstances surrounding death can play a big role in how family members and friends react to it, Makowski says. Uncertainty about the death, such as when a soldier goes missing in action, can greatly complicate and hinder the resolution and closure of the loss. A sudden, traumatic death can also be particularly difficult for survivors to process.

Regardless of events related to the death, the stages of grief are not linear, but fluid and sometimes a bit like fireworks, Makowski says, in that emotions related to grief "can show up at any point in time; there's not a particular order and sometimes there might be a few at the same time."

It is normal for people to seek their own way of dealing with the loss, but not all methods — such as excessive alcohol consumption — will be successful, says Donna Soltura, MSW, a palliative care social worker at Dartmouth-Hitchcock who specializes in bereavement support.

In grieving, Soltura says, we should strive to “accommodate in a functional way” the reality that the person is gone. “It’s not about accepting [the death],” she says. “It’s accepting that this is the unwanted reality now.” Grieving in a functional way, she says, means being able to maintain a fairly normal life: getting up every day and going to work; sleeping OK and feeling rested; being able to talk to family members or friends rather than being socially isolated; and not drinking or using other substances to excess. “Honor the grief,” Soltura says, “but function,” and consider coping mechanisms that provide a sense of empowerment, such as going back to work part-time until you feel confident that you can handle longer hours. Also, do the things that bring you comfort, such as meditating, going for walks or spending time with friends.

Conversation is a particularly key strategy that can promote healthier coping, Makowski says. If circumstances permit, she says, “process the expectation of loss,” by having the courage and the resolve to talk with your loved one before death about the anticipated loss of that person, about memories you share, and about what the person wants to be remembered for.

Having this type of conversation is a good idea not just when a loved one has been diagnosed with a terminal illness, but also when the person is simply elderly. “Bring up memories and talk about legacy and ‘remember when,’” Makowski says. “Even in moments of joy and in moments when people are healthy or simply aging — aging well, even — that reflection process is a very important, natural part of ... our ability to heal once that person dies.” If you don’t have the opportunity for such discussion, have a similar conversation with other people after the loved one has died.

And if it helps, remember that “grief is one of the faces of love,” Makowski says. “We grieve because we have loved so deeply.”

What to say when someone dies

Wondering what to say to someone who has lost a family member or friend?

First of all, avoid saying “everything is going to be OK,” or “you’ll get over this,” says Suzana Makowski, MD, chief of palliative care at Exeter Hospital. Instead, if you remember or know something about the person who died, offer even one brief statement about the person, such as “I’ll never forget how Joey did x,” or “I remember his kindness when he did y.” “The more concrete that story,” Makowski says, “the more it will really touch the person and let them know that you’re thinking of them very personally.”

Also, since there is often a flood of initial condolences for mourners followed by silence, consider reaching out after some time has passed. Send a card, offer to help in some way or make food for the person. Invite him or her to get together for something simple, such as grocery shopping or a movie. Do something for the person unbidden, such as clearing the driveway after a winter storm for a widow whose now deceased husband used to handle that chore. Such simple generosity “can be an amazing way of expressing and showing concern and understanding,” Makowski says.

Finding help

If you are mourning someone who received hospice care — even for a day, or in a different state, and would like someone to talk to, contact the person’s hospice organization or your local hospice about support options such as therapists, counselors and support groups in your community. “There is a mutual relationship and a mutual agreement that hospices across the country will provide bereavement support for families and friends who need it for up to a year afterward,” says Suzana Makowski, MD, chief of palliative care at Exeter Hospital. Hospice organizations will also assist those whose loved one never received hospice care, Makowski says.

For a list of hospice providers in the Granite State, see the website of The New Hampshire Hospice and Palliative Care Organization, nhhpco.org.