

The Post-Traumatic Gazette No. 9

copyright 1996 Patience H C Mason. Feel free to copy and distribute this as long as you keep this copyright notice.

Grief: Illegal? Immoral? Or a part of life

Patience Mason

Sometimes I get the feeling that we are so out of touch with being human today that grief is considered either illegal or immoral. (Grief can make you fat, too, if you eat to numb or stuff the feelings.) Some people act as if it were an emotional illness or a weakness to feel grief.

One of the prerequisites for grief work is safety. Safety includes sobriety and support: sobriety because although it may be easier to cry when you are drugging or drunk, the tears are not healing and you can endanger yourself. Support is important. Grief is painful. Sharing the pain with others is taking care of yourself, giving a gift of trust, and being a good example (if you don't die from grieving, maybe they won't either).

Trauma survivors have an especially hard time with grief. Numbness seems okay. Better numb than crying all the time. Often they feel that if they start to cry they will never stop. If you have spent your whole life sucking up your feelings, you probably do have a lot of tears to shed, but I have surprising news. Crying will not kill you. It will actually change the physiology of your body and make you more comfortable.

We all think of grief as the crying. Crying is one very important part but Elizabeth Kubler-Ross identified five stages of grief: denial, anger, bargaining, sadness and acceptance. Sadness isn't depression. I believe that depression is what you get when you refuse to feel whatever you do feel, sad or scared or angry.

Denial is saying it didn't happen or it didn't affect me.

Anger can be shouting or it can be grinding your teeth or even sighing a lot.

Bargaining: I'll get help when patriarchy is dead (battered wives, incest survivors); I'll get help when Jane Fonda or Richard Nixon goes to jail (Vietnam vets); I'll get help when the VA is perfect (veterans of all wars); if I go to therapy, I need a guarantee it will work (all survivors). Bargaining is a way to feel in control, but guess what? You can wait all your life for Jane Fonda or Richard Nixon to go to jail, for patriarchy to end, for the VA to get perfect, or for the perfect therapist to come along. The one who will suffer while you bargain is you, unfortunately.

Sadness means you feel your losses. The losses of trauma sur-

Crying will not kill you!

vivors often include deaths of buddies or loved ones as well as loss of physical integrity (wounds, injuries, penetration, unwanted sexual touch no matter how gentle. Kids don't want sex: they want love and attention). Normal bodily functions suffer. Sexual abuse survivors and combat veterans both may experience the loss of sexual pleasure. Traumas can develop into paralysis, headaches, diarrhea, high blood pressure, heart pain. The body keeps the score. Losses may include innocence, hope, love, trust, feeling safe, belief in your country, in your church, in yourself. Sadness over these losses is normal. It is normal to grieve them. Yet society has developed an abnormal attitude toward grief, so it is hard to actually do it with-

out getting a lot of cheering up or shutting up.

Remember you survived the trauma, and you can survive feeling this pain, which is normal and only to be expected. You went through hell. It would affect anyone. Comparing your insides (bleeding and raw) with someone else's' outsides (a smooth marble mask) is rarely helpful. Most people hide their pain. You can hide it too, as long as you also share it and feel it in a safe setting. One of the books I'm reviewing in this issue, *Grief's Courageous Journey*, is a safe place. It is best to share with a person, a spiritual advisor who knows how to listen and not spout platitudes, a therapist, support group of other survivors, a family member, or a safe friend.

Once you've been through denial, anger, bargaining, and sadness about a million times, you may find acceptance creeping up on you.

"Sometimes they don't notice they survived," one counselor said about traumatized people. This is the stage when you notice you have survived and although it will never be the same, life can be good.

There is no changing what happened, but you see how your experiences can be helpful to others who are going through the same stuff. You can live again, sadder and wiser, but also life has a flavor that those who have never been through the fire will never know.

Your perspective on what's important may change along with your relationships with yourself and others. Change is a sign of growth.

depression is what you get when you refuse to feel whatever you do feel

The Grief of Soldiers and Survivors

In 1972, Chaim Shatan, M.D., wrote an article “The Grief of Soldiers,” in which he said “During World War I, Freud elucidated the role grief plays in helping the mourner let go of a missing part of life, and acknowledging that it exists only in the memory. The post-Vietnam Syndrome confronts us with the unsummated grief of soldiers—impacted grief in which an encapsulated, never-ending past deprives the present of meaning.”

He points out in another article, “Through the Membrane of Reality: ‘Impacted Grief’ and Perceptual Dissonance in Vietnam Combat Veterans,” that “One of the greatest psychic injuries suffered by veterans—and by all other survivors of extermination and incarceration—may be the fact that they are prevented by brutalization and ‘antigrief’ from consummating a normal psychobiological response to bereavement, a human show of outward woe in the face of death.”

Combat vets are not the only ones with this problem, however. Nor is all their impacted grief necessarily the result of combat experiences.

We have only to look at the extreme denial in families that traumatize their members through sexual, physical,

emotional or mental abuse, to see that brutalization and suppression of grief (“What are you crying for? I’ll give you something to cry about!”) are not only confined to war zones.

In *Treating Addicted Survivors of Trauma*, Evans & Sullivan say “Grieving

I cannot weep for all my
body’s moisture
Scarce serves to quench
my furnace burning heart:
Nor can my tongue unload
my heart’s great burden;
For the self-same wind that
I should speak withal
Is kindling coals, that fire
all my breast,
And burn me with flames,
that tears would quench.
To weep is to make less
the depth of grief:
Tears, then, for babes;
blows and revenge for me!

Richard in Shakespeare’s
King Henry VI.

Sounds like a combat
veteran with impacted
grief!

[deals] with the fact that the client never had — and will never have—the kind of parent-child relationship a father is supposed to provide...grieving...is ... likely to be characterized by resentment and/or gentle weep-

ing... Until people grieve, there is still unfinished work that absorbs their energy and keeps them subtly stuck in the past. Clients who have done their grieving tell us that they literally feel lighter and are less preoccupied with the past... The goal is not to forgive and forget, but to grieve and let go (p. 146-7).”

Society, too, brutalizes and suppresses the griefs of people who have been traumatized, both in and out of war zones. “Aren’t you over that yet? Put it behind you.” Don’t bother us with your pain is the message.

Survivors of trauma need to fight this message with all their strength. Grief is an essential part of life, part of being human, part of healing. You have a right to grieve your losses. The next question is how?

Crying is an important part of grieving. According to William H Frey, PhD, in the book, *Crying: The Mystery of Tears*, crying results from strong emotions including sadness. Emotional tears actually contain a concentration of proteins and chemical elements which are not present in the kind of tears you shed when peeling onions. Emotional relief is the result. “Our behavior study was the first to scientifically confirm that people feel better after

crying (p119).” He also says, “When we teach children to suppress their feelings and not to cry, we do them a great disservice by robbing them of one of nature’s adaptive responses to emotional stress (p103).” His book suggests various ways of inducing tears which include thinking of small details of an unhappy event, going to a specific place, or finding something that belonged to a person who died. If you are choked with tears and can’t cry, he suggests that panting rapidly can help you cry. Other techniques: “(1) actively challenging the old cliches about why one should not cry, (2) expressing feelings associated with the need to cry, and (3) being with someone who is comfortable with crying when crying is appropriate (p112).” The people he studied reported that crying made them feel connected to themselves, helped them “identify their own problems and gain insight (p123).”

Aphrodite Matsakis has a chapter “Understanding Grief and Sorrow,” in her excellent book *I Can’t Get Over It: A Handbook for Trauma Survivors*. She says right up front: “the grieving is perhaps the hardest part of the healing process (p195).” She goes on to say, “You need to surrender to the sorrow and let yourself feel it.” She also says, “Grieving does not go on forever,” an important point to people who have stuffed their

feelings. This too shall pass. If you are like me, and were raised as if feelings were dangerous, feeling them is both frightening and painful and you may feel they will never end. They will. You may also feel that having them once is enough. It isn’t. Once is a good start, though! Men often use anger to cover up fear and pain—which can help you identify your fear and pain.

Dr. Matsakis points out that when grieving, we expe-

This too shall pass.

rience loss on three levels. First we mourn the “specific people objects or physical emotional or spiritual aspects of yourself... a friend or relative, a home, an organ... the tarnishing of a cherished value...” Then we mourn our powerlessness: no matter what we do we cannot change the past. The third level of loss is awareness of our own mortality. Some people have a ‘What’s the use?’ attitude when they think of this. That is why I like the 12 Step way of life, living one day at a time and making the most of today. Heard at a meeting: “Yesterday’s history, tomorrow’s a mystery. Today is a gift. That’s why they call it the present!” [pun!]

Exercise: Identifying Your Losses, on page 197, is something I consider essential for trauma survivors and their families. She lists “financial,

emotional, medical or physical losses and your philosophical, spiritual, and/or moral losses.”

Part of my list: about \$80,000 —the difference between 8 years of 50% VA disability payments and 100%, faith in the US Government and the Veteran’s Administration, faith in god, emotional support from my husband for 25 years, three other kids I planned to have, a PhD, a normal relationship to food. Every family member could probably write a similar list and every trauma survivor could write a worse one. The point is to list your losses and grieve them. I suggest keeping an open ended list. Sometimes you realize some attitude reflects a loss when you are further along in your recovery.

Grief is a process. It takes time. We cycle through the five stages mentioned on the first page. We also find moments of peace and serenity and joy as we process and release the pain over the course of time. And when time brings some other trauma, we’ve had the experience of getting through grief, so we know we can do it again.

Matsakis suggests seven helpful things. 1. Create time and space for grieving. 2. Overcome the modern American cultural stereotype of stoicism and getting over it quickly. The year of mourning, the wake, praying for the dead, weeping and wailing in

public all serve useful emotional purposes even if they are not currently fashionable here. 3. Express your grief by crying, writing, drawing or whatever works for you. I used to cry in the car on the way to work with the country music tearjerkers like "He Stopped Loving Her Today." 4. Giving dignity to your grief is important. Treat it with respect. Creating a ritual to say goodbye, planting a tree, or building a memorial like the Vietnam memorial are examples. 5. Positive self talk about grief helps. Grief is normal and healthy. Tell yourself so. 6. Develop a support system: Vet Centers, Mothers Against Drunk Driving, Parents of Murdered Children, grief support groups, 12 step groups, families, friends, spiritual advisors, therapists all can be part of your support system. It is better not to rely on only one support person. Dr. Matsakis also recommends Carol Staudacher's two books, ***Beyond Grief***, and ***Men and Grief***. 7. Accepting your grief is another helpful attitude you can take. Since it is necessary to grieve to heal, you might as well accept it.

Many traumatized people have trouble letting go. Veterans often feel that if they don't remember their dead friends they are killing them again. Survivors of the Holocaust can feel the same way. This is sometimes called

"complicated mourning" or "pathological grief," (a phrase that shows a lot of insensitivity).

In her excellent thorough book, ***Treatment of Complicated Mourning***, Dr. Therese A. Rando discusses six processes of mourning: "Recognize the loss, react to the separation, recollect and reexperience the deceased and the relationship, relinquish the old attachment to the deceased and the old assump-

"Grief is not an illness...a sign of weakness... a problem to be solved...Grief is a transition. It's a long slow time-consuming, painful healing process, a journey towards human wholeness."

Grief's Courageous Journey

tive world, readjust to move adaptively into the new world without forgetting the old, and reinvest," in life.

Did you lose your father to incest or a buddy in the war and think "it didn't bother me" for years? Think back to what it was like. Say good by to the perfect family you made up or to the assumption you made that no one in the military would be wasted. Don't forget the years of denial. They are evidence of what you needed to do to get through the day, but move into the new world. Live life

today as well as you can. This is all easy to say, but hard to do without help and outside input. One book, ***Grief's Courageous Journey, A Workbook***, by Sandi Caplan and Gordon Lang, says: "Grief is not an illness...a sign of weakness... a problem to be solved... Grief is not like a broken bone or a cold... there is no "quick fix"... Grief is a transition. It's a long slow time-consuming, painful healing process, a journey towards human wholeness." These are realistic and encouraging words to me. (see review)

In ***Rituals for Our Times*** by Evan Imber-Black and Janine Roberts, they discuss a ritual created by an incest survivor who wrote about her experiences one hour a day in a safe place outside of her house, then cut and pasted all the parts which showed her strengths to keep them and burned the other parts at her therapy sessions. Creating this ritual herself gave her a feeling of power over her abuse. She kept it out of her current home, kept her strengths, and burned the parts she needed to let go. All good grief work.

Working with a therapist or other support system, you can create the type of healing you need. Somewhere out there is what ever you need to help you grieve. I hope this helps you find it. □

Book Reviews

Surviving When Someone You Love Was Murdered,

Lula Moshoures Redmond, RN, MS, Psychological Consultation and Education Services, Inc., P O Box 6111, Clearwater, FL, 34618-6111, \$23.95 plus \$3 shipping.

Lu Redmond has written a wonderful book for therapists who work with the families of murdered people. She covers the organization and design of her work in Pinellas County, FL. and how to do it in your community, discusses grief and the differences when the loss is due to murder and some of the problems survivors face with the justice system, the media, etc. Chapter 4 on assessment and treatment discusses PTSD and secondary victimization, another important concept. Two chapters (5 & 6) cover the suggested sessions for the treatment program including homework for both clients and therapists in training.

Her approach is healing, acknowledging the pain of survivors, supportive, considerate (unlike what they often get from society and the criminal justice system and even from therapists who are not educated in these issues and sometimes inadvertently say very painful things to survivors), responsible and edu-

cational, allowing clients to process their grief and learn that it is normal to grieve.

The well written intelligent and informative book also contains intake forms, evaluation forms, and a bibliography of books that are helpful to survivors. A member of the first group wrote at the end: "What do you give to someone who has given you your life back? That has given two children their mother back?...a man his wife back?"

Men & Grief, Carol Staudacher, New Harbinger Publications, Oakland, 1991,

"Simply put, there is really only one way to grieve. That way is to go through the core of grief... If you try to walk around the perimeter of loss, that loss will remain unresolved, and you will be more likely to endure painful emotional, psychological, or physical consequences."

Although this is not a book about traumatic stress, I think anyone could adapt it to those kinds of losses: buddies in Vietnam, violence in childhood, fires, floods, the experiences of rescue workers and police officers. Despite their training in hiding their emotions, most men care deeply about others.

Chapter 2 discusses men's

grief responses in the light of a two page list of cultural expectations. Silence, grieving alone and in secret, taking physical or legal action to maintain control or substitute for grief, getting too busy to feel, hiding emotions like fear are all relatively common in our culture. There is even a chapter on the alcoholic survivor: "the addiction has the purpose of numbing or blotting out painful emotions."

Chapter 4 discusses losses in boyhood and adolescence, which in my opinion are often traumatic stressors for children. (People with traumatic stressors in childhood are often strongly affected by later stressors). Further chapters discuss losing a parent and wife. In Chapter 8, "Releasing Grief," Staudacher opens with a quote from a Vietnam veteran and states: The reason for processing grief is not to weaken life but to strengthen it. This book helps.

Beyond Grief, Carol Staudacher, New Harbinger Publications, Oakland, 1991,

This book is divided into three parts, The Conditions of Grief, Surviving Specific Types of Loss, and Getting and Giving Help.

The first sections a clearly written discussion of grief and coping strategies for anyone. Disbelief, numbness,

anger, rage, guilt including survivor guilt and ways of dispelling it, fear and anxiety and how to reduce them, sadness, despair, confusion and disorientation, fairness, and clarifying and redefining your life are all addressed. "You will find your grief producing growth," she says at the end of the section, hopeful words for all of us who have avoided grieving in the past out of fear.

Part II has sections on specific types of loss: spouse, parent, child, losses during childhood, and losses due to accidental death, suicide and murder. In the section on accidental death she discusses having a memorial service even if the body has not been recovered, a suggestion I think combat veterans, political prisoners and refugees, holocaust survivors, and their children could use as well.

Talking is recommended, too, especially with other survivors, as is writing. "Finding a productive direction for your grief," is the last heading in the chapter. Examples are MADD. I think my husband did this with his grief for the guys he saw die, for men he didn't even know, by writing *Chickenhawk*.

Part III of the book has valuable suggestions on Getting and Giving Help.

Treatment of Complicated Mourning, Therese A. Rando,

Ph.D, Research Press, Champaign, IL,

At 768 pages, I guess I could say this is a thorough book. Dr. Rando, who is also a wonderful speaker and participated in the New Traumatology Conference in Clearwater last January has written a book from the perspective of Death and Dying that also deals with PTSD.

She very thoroughly covers the subject of grief, then gives all the theories of complicated mourning (19 of them) and defines the symptoms and syndromes and outcomes of it. Dr. Rando lists 13 clinical indicators of complicated mourning which I noticed are very reminiscent of PTSD symptoms, although phrased differently, for example: "Chronic experience of numbness, alienation, depersonalization or other affects and occurrences that isolate the mourner from herself and others."

Part II covers assessment and treatment. She discusses seven formal therapeutic approaches to treatment including her own. She presents them all clearly and without favoritism as tools that

can be used with different clients who may have different needs. No quick cures here, but lost of suggestions and good ideas. In "Generic Issues in Treatment," she mentions such issues as "Male and female responses to loss are different and should be respected," and "Crying is not necessarily equivalent to mourning," and "The caregiver should be flexible in style and technique." These may seem simple, but they are also important and emphasize the importance she places on respectful treatment and real interest and observation rather than doing things by the book.

Part III is called "Specific Clinical Problems" and she discusses how relationships can complicate mourning (feeling guilty, angry, ambivalent, etc.), how the mode of death can impact mourning (natural, accidental, suicide, homicide, unexpected traumatic death and multiple deaths). A chapter deals with the death of a child and AIDS deaths. There's a final chapter on Caregivers and an appendix containing her Grief And Mourning Status Interview and Inventory (GAMSII) which can be copied and used. There are references and an index, too.

Dr. Rando's writing is clear, articulate and readable, for which I am grateful! Some of these books for helping professionals are full of good ideas but expressed very badly. This is a book that will thoroughly fill the gap in any therapist's knowledge of grief and all its complications. Anyone who deals

Give sorrow words:
the grief that does
not speak
Whispers the o'er-
fraught heart and
bids it break.
—*Macbeth*, William
Shakespeare

with PTSD needs to understand the process of mourning and all the complications that may arise. This book is so thorough that I suggest one-stop-shopping. I consider mourning one of the most important tasks in recovering from PTSD and certainly reading about all the problems people develop when they do not mourn or get stuck resisting mourning reinforces that belief.

Developmental/Contextual Child Therapy: Treating Abused and Traumatized Children

Last January I attended The New Traumatology Conference in Clear-water, FL, put on by Deborah McIntyre and Denis M Donovan. She is an MA, RN, therapist and he is an MD psychiatrist. They have developed what they call the developmental/contextual approach to treating abused and traumatized children. These workshops were well attended and enthusiastically received both at the New Traumatology Conference and at the IATC conference in San Francisco last February. I love their attitude of trusting observation rather than theory, that children are very logical within their abilities (i.e. germs come from Germany), and that therapy should dynamically promote transformations instead of emphasizing deficits. Give children structure, rules, consistency and predictability when in therapy, then toss your pebble into the pond and they transform themselves.

To order their book:

Healing the Hurt Child

W.W. Norton: 1-800-233-4830

Grief's Courageous Journey, A Workbook, Sandi Caplan and Gordon Lang, 1995, New Harbinger Publications, Oakland.

Caplan and Lang believe there are five essentials for healing and grieving. The importance of the loss must be recognized not denied. We need to tell the story of our relationship to the lost loved one and express our feelings in a safe place. Finally we need to know about the process of grief and the work involved.

This book is meant to be the safe place, although they also emphasize the need for other people who are safe to talk to. "Don't try to do your grief work alone. Chose a workbook partner...friend...therapist...[or] a small grief support group." This book can be used to grieve other life losses besides the death of a loved one.

One of the best sections discusses the unwritten rules (p 190) of our silly society: Don't talk, feel, trust, think for yourself, or change. These are really good points and I'm glad to see them mentioned.

In Part II, Ten Steps on the Road to Healing, each, like the sections of the first part, is accompanied by explanatory text written in a healing and accepting style and has spaces for suggested written activi-

ties. The authors suggest taking your time in these steps: at least a week or longer between steps.

The last section of the book is devoted to ideas and directions for starting a grief support group.

New Book:

Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society, edited by Bessel A. van der Kolk, Alexander C. McFarlane, and Lars Weisaeth, Guilford Press, New York, 1996.

Good quotes from the chapter "Prevention of Posttraumatic Stress," Ursano et. al.

Discussing a study of fire-fighters involved in disaster work: "grief leadership"—a group leader's own expression of grief to help others express their feelings— can be a valuable tool in allowing workers to recover as a group (p 449)."

About the 1985 crash of a military transport: "encouragement by group leaders of expressions of shared grief to emphasize the normality of and necessity for grieving (p 452)."

You may grieve:

(Circle all your losses)

•**Loss of life:**

- mother, father, sister, brother, child, other family members,
- buddies in combat, guys in your unit,
- enemy soldiers, civilian casualties,
- people killed in catastrophes
- deaths of strangers which affect you.

•**Personal Injuries:**

- beatings, starvation, refusal to nurture you on the part of a parent, sexual abuse from the gentlest touch up to forcible rape,
- accidents,
- muggings,
- combat wounds, loss of limbs or organs, loss of physical freedom as a POW, criminal prisoner, battered wife/partner (all three often involve rape),

•**Threats of any of**

the above.

•**Loss of home or community:**

- being taken into foster care, other sudden moves or sudden family disruptions in childhood, including divorce and remarriage, especially to an abuser
- being medevacked out of combat, earthquakes, hurricanes, floods, house fires,
- injury that also leads you to lose worktime or job which can be community.

•**Emotional losses:**

- the ability to feel,
- feeling like no one can understand, •trust in others,
- feeling safe,
- the ability to regulate your feelings instead of ‘going off,’
- the ability to love,

- normal loving relationships with parents, kids, spouses,
- black and white thinking,
- emotional reasoning.
- Spiritual Losses:**
- faith,
- trust,
- love of God,
- religion,
- serenity, joy, harmony,
- a feeling of belonging, of being a part of what is,
- awareness of any good in the world.

This list is by no means complete.

Please add your own: