

# EMOTIONAL WELLNESS MATTERS

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## Experiencing Grief

### Grieving comes to most of us at some point in our lives.

In fact, statistics show that each person can expect to experience the loss of a loved one once every nine to thirteen years. The resulting sadness may be the most painful of life's experiences. Because it is painful, however, our eventual adaptation to the loss can bring meaning and integrity to our lives – and this, ultimately, is a gift to us from the one we have lost. It is a reminder to us that the circle is unbroken.

Our ability to adapt to loss is an important feature of the course of our lives. Change can instigate growth. Loss can give rise to gain. If we do not grieve the loss, however, it may drain us of energy and interfere with our living fully in the present. If we are not able to mourn at all, we may spend our lives under the spell of old issues and past relationships – living in the past and failing to connect with the experiences of the present.

**Grieving** is a process of experiencing our reactions to loss. It is similar to **mourning**. The term **bereavement** means the state, not the process, of suffering from a loss. Normal grieving is an expected part of the process of recuperating from a loss. The intensity of the process comes as a surprise to most people – and for many it becomes one of their most significant life experiences. People have their own individual grief responses. No two people will experience the process in the same way.

The first reaction to the loss of a loved one, even when the loss is expected, is usually a sense of disbelief, shock,

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numbness, and bewilderment. The survivor may experience a period of denial in which the reality of the loss is put out of mind. This reaction provides the person some time to prepare to deal with the inevitable pain.

The feeling of numbness then turns to intense suffering. The person feels empty. There are constant reminders of the one who has been lost. There may be periods of increased energy and anxiety followed by times of deep sadness, lethargy, and fatigue. There may be a period of prolonged despair as the person slowly begins to accept the loss. The one who grieves may find it difficult to feel pleasure and it may seem easier most of the time to avoid other people. The bereaved may dream repeatedly about the lost loved one – or hear their voice or even actually see them. The grieving survivor may adopt some mannerisms of the one who has left.

Sadness may be interspersed with times of intense anger. Many of us have difficulty in expressing anger toward one who has died. (However, anger enters into most of our relationships, and the relationship with the one who has died does continue, though changed, even after death.) We may reproach ourselves for not doing enough to prevent the death or for having treated the deceased badly in the past. The grieving person may become irritable and quarrelsome – and may interpret signs of good will from others as messages of rejection. Normal stressors may become triggers that set off periods of deep anger.

Physical symptoms commonly accompany grief. These include weakness, sleep disturbance, a change in appetite, shortness of breath, dizziness, headaches, back pain, gastric reflux, or heart palpitations.

Some people may show a “flight into health,” as if the loss were behind them and they had started to move on again. This pattern occurs frequently, especially in a society which encourages quick fixes, even though complete resolution of the grief process can take up to two or three years. To shorten the process by pretending that it has been completed is to invite a prolongation of the symptoms.

## Suggestions for Experiencing Grief

All of us grieve in different ways, depending on the circumstances of the death, our own personal characteristics, and the meanings attached to the death by those left behind. Nonetheless, there are some specific actions that most of us can take to complete the process in a way that allows us to move on, eventually, to a whole and meaningful life again.

“When you are sorrowful  
look again in your heart,  
and you shall see that in truth  
you are weeping for that  
which has been your delight.”

– Kahlil Gibran

*Allow yourself to grieve and feel the depth of your loss.* Grieving is hard work. We may feel that we should be “strong” and hold in our emotions, that happy thoughts and feelings are the only way to get through a trying time. This approach, however, makes it very difficult to complete the process of grieving. It is important to accept the reality of the loss. The person who died is gone and will not return. This fact must be accepted in order for the grief process to continue. Try to understand why the death occurred and the events that led to the death. Give yourself permission to feel and think about whatever comes up regarding your loss. If happy thoughts and feelings come your way, allow them to happen. Similarly, if dreadful pain, sadness, and anxiety show up, when tears turn to uncontrollable sobs, give in to these temporary feelings. Embrace your sadness, know it, and make it your own. If it is difficult to open yourself to these feelings, it may help to make a personal commitment to complete the grief process in the near future. Vow to yourself that for your own benefit, for the good of others in your life and for your future happiness, you need to get through your loss completely and in a healthy way. This means opening yourself up to all of your feelings and thoughts, both positive and negative, and letting them happen.

*Accept the help of others and let them know what you need.* Don’t try to do it alone. This is the cardinal rule in grief work. Isolation is bad for most people, and it is especially harmful for a person who is grieving. Research shows that people who have social support complete the grieving process better than those who try it in isolation. Social support should be available to you during the entire grieving process, but especially initially after the death. Find people who can be trusted absolutely and can listen well. We need to share the intense thoughts and feelings that we experience when we are alone. It is

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during the time of grieving that many people look for the help of a professional therapist who is likely better prepared than most to empathize with you and guide the process productively. Other people give you a sense of security and reality when your life has been turned upside down by the loss of a loved one. Accepting the help of others during mourning is not a sign of weakness. It simply means that you can allow yourself to be comforted during a rough period, and this will contribute to your strength later. Sometimes other people may not know what you need, even if their intentions are good. In this case, it is important to educate them. If they say the wrong things, let them know. If there are specific things that you need, tell them. Assertiveness may be difficult during grieving because you have little energy, but clear communication is essential to getting your needs met.

*Be realistic in processing your grief.* Read up on grief work or talk to a therapist who can describe the grief process. Understand what you are trying to accomplish, and realize that your pain will subside in time. There is a clear goal in sight. Understand what this death means to you and what issues it brings up for you. The loss may be there always, but you can come to understand it and feel comfortable with yourself in time. Accept the fact that you will have some reactions during the process that you may not like – angry blowups, ignoring other people, moodiness. Expect your loss to dredge up intense emotions, although these feelings will pass in time. Your way of grieving is particular to you and your individual loss. It is not helpful to blame or to be blamed for the unique way each of us grieves. Don't let the personal judgments of others determine how or to what degree you should grieve. Your grieving is your own.

*Find ways to express your feelings.* The expression of emotion is one of the most important aspects of the grieving process. Each of us has different ways of expressing feelings. Some of us talk about them, while others prefer to write them in a journal or physically act out the feelings (pounding a pillow or punching bag, running, or dancing). Look for trusted and nonjudgmental people in your support system who are able to hear you talk at length, cry until you can't anymore, and review your experiences with the deceased. Expressing your feelings is a crucial part of the grief experience.

*Submit to the grief process and take care of your needs.* Even though grieving is hard work, and we may prefer to avoid it, there is no way around it. There is a major disruption in your life when a loved one dies and this entails a period of re-adjustment.

Here are some real-life concerns to keep in mind during the grief process.

**Give yourself some quiet time alone.** Find a good balance between being around others and giving yourself some solitude so that you can reflect on your loss and process your feelings.

**Allow yourself to have some breaks from your grief.** Grieving is difficult. As in any hard job, you need a break from it from time to time. Go out and try to have a good time with friends. Read a good book. Lose yourself in a good movie.

**If possible, avoid making long-term decisions.** Times of crisis decrease our ability to make rational decisions. Put decisions off until things have settled down to a more stable pattern.

**Take care of your health.** Grief is a time of high physical risk. Even though it may be difficult, try to get some physical exercise, even if it is only a daily walk. Maintain a nutritious diet, but don't avoid indulging in special treats occasionally since self-nurturing is important during the process. Above all, avoid alcohol and drugs during this time. They may provide a temporary feeling of relief, but your goal should focus on grieving productively, not avoiding it.

Grieving is a very personal experience and one of our most painful to endure. It is also a journey into the depths of our lives that can ultimately reveal our strength of character.

“Give sorrow words;  
the grief that does not speak  
whispers the o'er-fraught heart  
and bids it break.”

– William Shakespeare  
(Macbeth, Act IV, Scene 3)

## Some Thoughts on Grieving

Losses are a fact of life.

Every relationship is only temporary.

I need to be as aware as possible of what is happening.

I will not always feel the way I do now.

Tears are a sign of strength, not weakness.

My loved one would want me to get on with life again.

I am willing to give this all the time it takes.

I need to do a lot of talking and crying – as much as it takes.

My loved one's departure allows me to find out more about who I am.

My life has been disrupted, and now I will work to get it back on track again.

I need to share my experience with other human beings.

My grieving is my own – I, and not others, will determine what form it takes.

Nobody else can take this life journey for me.

I will be happy again.



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## Arthritis, Anxiety and Depression: Frequent Companions

### Treating emotional issues aids in improving arthritis pain

Not only can arthritis make your joints ache, it can affect your mood, too. One-third of arthritis patients ages 45 and older suffer from anxiety, depression or both, a new federal study reports—and half of these patients don't seek help for their mood disorder.

Anxiety and depression in people with arthritis can have a profound impact on their quality of life. The disorders can contribute to declining levels of physical function, affect the ability and willingness to cope with arthritis and interfere with adherence to treatment. The Centers for Disease Control and Prevention (CDC) estimates that 50 million Americans have one of several forms of arthritis, including rheumatoid arthritis, osteoarthritis, gout, lupus and fibromyalgia. Together, these rheumatic conditions are the leading cause of disability in the United States.

It came as no surprise to CDC researchers who performed the new study that

many arthritis patients suffer from depression, since depression is common among people with chronic pain. But they didn't expect to see such high rates of anxiety. Anxiety was almost twice as common (31 percent) than depression (18 percent) in arthritis patients. Eighty-four percent of patients with depression also had anxiety—not surprising since anxiety is a risk factor for depression.

Some anxiety may be attributed to the distress caused by arthritis' physical limitations. Lack of confidence to perform certain everyday tasks can contribute to anxiety as well. Consequently, anxiety, as well as depression, can be an obstacle to making lifestyle changes like physical activity, which can reduce pain.

### Identifying barriers to wellness

For the CDC study, researchers surveyed 1,793 adults ages 45 and older with arthritis about their emotional well-being and



Help lift feelings of anxiety or depression by getting regular physical activity.

physical function (the ability to walk several hundred feet; wash or bathe; bend, kneel or stoop; and run errands and shop). Among the findings published online in *Arthritis Care and Research* in April:

- Increasing levels of depression and anxiety led to decreasing levels of physical function and independence.
- People who were depressed had little confidence in their ability to manage their arthritis or joint symptoms.

The study authors say that anxiety and depression are underdiagnosed and undertreated in people with arthritis, so they encourage doctors to screen arthritis patients for both disorders—especially for anxiety, which doctors don't traditionally screen for. If a mood disorder is detected, the appropriate treatment can help reduce joint pain and improve physical function.

### What we already know

Anxiety and depression are far more common in people with arthritis than in people in the general population. Moreover, past evidence has already shown that:

*continued on next page*

### DOCTOR'S VIEWPOINT

**As the CDC study points out,** many people with arthritis don't get a check-up on their mental health status—and they should. Arthritis can lead to emotional stress, so treating your physical symptoms may not be enough to help you feel better. If you suffer from arthritic pain, don't put off talking with your doctor about being evaluated for anxiety or depression, especially if you think you have symptoms. Your doctor will make sure you get properly screened, and he or she can recommend treatment and coping mechanisms that can significantly improve your quality of life.



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▣ People with rheumatoid arthritis who are depressed are more likely than patients who aren't depressed to experience a higher level of pain, a greater number of painful joints, more frequent visits to their doctor, more days spent in bed and an increased risk of death.

▣ Osteoarthritis patients who are depressed report higher pain intensity than patients who aren't depressed.

▣ Arthritis patients who believe they can manage or influence their symptoms are more likely to have better outcomes than patients who don't believe they can control their symptoms.

Depression and anxiety can have overlapping symptoms, such as trouble sleeping or concentrating, nervousness and irritability—and many people who've had an anxiety disorder in the past develop depression later. Anxiety isn't a single condition; it consists of several disorders, including generalized anxiety disorder (constant, excessive worrying), phobias, panic disorder and post-traumatic stress disorder.

### **What you can do**

Don't let anxiety or depression prevent you from coping with arthritis. Your first step should be to see your doctor for a proper diagnosis. He or she may then prescribe antidepressants or anti-anxiety medicine, counseling and/or behavioral therapy. Lifestyle changes can also reduce anxiety and depression and improve pain.

Your doctor may also recommend aero-

bic exercise and strength training, which are essential to both physical health and mental well-being. If you feel that moderate exercise is more than you can manage, try a community-based physical activity program like Walk with Ease or Enhance Fitness (*see box above*), which teaches strategies to arthritis patients that can help you safely meet recommended levels of physical activity without exacerbating joint pain.

Self-managed education programs and arthritis intervention programs may also help. The CDC recommends two proven

self-management programs that can help improve your quality of life:

▣ **Arthritis Self-Management Program.** Sponsored by the Arthritis Foundation, this course teaches you techniques to build your own program. To find a program near you, visit [www.arthritis.org/chaptermap.php](http://www.arthritis.org/chaptermap.php).

▣ **Chronic Disease Self-Management Program.** This program features topics aimed at people with arthritis. For more information, go to [patienteducation.stanford.edu/programs/cdsmp.html](http://patienteducation.stanford.edu/programs/cdsmp.html).

## **Lifting the weight of anxiety and depression**

Do you need help getting started with a physical fitness program? Try one of the following group programs, offered in many communities, that encourage physical activity and can help improve your quality of life. All are approved, evidence-based programs recommended by the Centers for Disease Control and Prevention:

▣ **Arthritis Foundation Exercise Program.** Fitness classes typically meet two to three times a week and feature range-of-motion, endurance and relaxation activities. For more information, visit [www.arthritis.org/exercise.php](http://www.arthritis.org/exercise.php).

▣ **Arthritis Foundation Aquatic Program.** Water exercise classes typically meet two to three times a week. For more information, visit [www.arthritis.org/aquatics.php](http://www.arthritis.org/aquatics.php).

▣ **Walk with Ease.** Also sponsored by the Arthritis Foundation, this program features a 10- to 40-minute group walk after a discussion about an arthritis- or exercise-related topic. For more information, visit [www.arthritis.org/walk-with-ease.php](http://www.arthritis.org/walk-with-ease.php).

▣ **Active Living Everyday.** Weekly classroom instruction for 20 weeks helps you learn what you need to become more physically active. Check for availability near you at [www.activeliving.info](http://www.activeliving.info).

▣ **Enhance Fitness.** Fitness classes focus on flexibility, balance, low-impact aerobics and strength training and typically meet three times a week. For more about the program, visit [www.projectenhance.org/EnhanceFitness.aspx](http://www.projectenhance.org/EnhanceFitness.aspx).

▣ **Fit and Strong.** These classes, which run three times a week for eight weeks, are geared toward older adults with lower-body joint pain and stiffness. For more about the program, visit [www.fitandstrong.org](http://www.fitandstrong.org).