

GRIEF



WARNING SIGNS OF COMPLICATED GRIEF

Tick the signs that are familiar

- Denial of feelings about the loss; no external signs of grieving – as if nothing had happened.
- Being unable to talk fully about, acknowledge, or express the loss, or express feelings about it. Can't seem to be able to cry.
- Unending, unchanging or prolonged distress, sadness, depression or guilt – still intensely preoccupied with the person who died
- Acting out of character:
 - with money, such as spending extravagantly
 - by being sexually promiscuous
 - making major changes in lifestyle or activities
- Self-neglect: disinterest in personal appearance, eating properly or taking prescribed medication
- Excessive use of alcohol or sedatives
- Feeling agitated, restless, or manic
- Prolonged lethargy, fatigue; noticeable physical and mental slowing down
- Have become very absorbed in, and preoccupied with, helping and supporting others
- Using work (working more than before and most of the time) or some other activity, as a way of keeping busy; 'getting on with things', in order not to have to feel the pain of grief
- Unnerving fear (or phobia) about illness or death
- Being careless, reckless, taking unnecessary risks (e.g. driving fast or dangerously)
- Having thoughts about suicide, death, or self-harm
- Feeling strong guilt about things other than actions taken or not taken at the time of the death
- Have been functioning very poorly for a prolonged period
- Strongly fixated on self-worthlessness
- Hearing voices or seeing strange things other than hearing or momentarily seeing the deceased person.

If some of these signs or symptoms are familiar –

TAKE ACTION

Arrange to speak to a doctor

After medical assessment, you may be referred (or will need to request referral) to a grief therapist.

Having thoughts about suicide or self-harm are serious.

If you are having these thoughts –

TAKE URGENT ACTION

Arrange to speak to a doctor OR phone

PHONE A 24-HOUR MENTAL HEALTH EMERGENCY LINE

Lifeline: 13 11 14

Suicide Call Back Service: 1300 659 467

For help and support phone the GriefLine on 1300 845 745 or visit GriefLine Community and Family Services at www.griefline.org.au for a full list of services.

ABOUT GRIEF

Grief is the reaction we have to most significant losses in our lives. Some of the losses that commonly give rise to a grief reaction include:

- ending a relationship
- loss of career or employment
- death of a pet
- loss of a significant role or position of status
- loss of health
- loss of cherished plans, a goal or dream.

One of the most disturbing losses that all of us will be likely to experience is bereavement: the death of a person who is significant to us. Since bereavement often gives rise to a major grief reaction, what we observe of bereavement grief can help us to make sense of the grief of most other losses. Bereavement grief will be the focus of this section.

Bereavement Grief

The grief of bereavement is a reaction, psychologically and physically, to the changes thrust upon us because of a person's death. We are forced to find a different way of going about our lives, coping with the gaps, and a whole host of unforeseen changes and happenings.

How severely we experience grief, and for how long, depends on many factors such as: what the lost person meant to us – how significant the person was to our sense of well-being or security; how involved we were with the person; what role we played in caring for him/her (such as in the case of a long period of illness); how strongly we identified with the person's experience or that of others around him/her. Our state of mind, health, emotional resilience, and what other things were happening in our lives at the time, are also factors.

Bereavement is not only a major loss in itself, but it often sets off a chain reaction of other losses (that may also have to be grieved and adapted to) such as:

- loss of income or financial security/stability
- loss of routine, stability, and order promoted by (amongst other things) the demands of having to adopt new roles (perhaps once those of the deceased) and take on new tasks and responsibilities
- loss of a future together, or one in which the deceased would have played a significant role
- loss of home or accommodation arrangements
- loss of mutual friends
- loss of opportunities for social gatherings and interactions that were previously linked to the deceased person's work or interests.

Although its initial intensity usually diminishes with time, grief may be felt for an extended period, even up to several years. Sometimes, the pain of grief intensifies during the first few months after the death, because not only are the reality and consequences of the loss 'sinking in,' but the support of others tends to fall away – often because people less affected have moved on or, if similarly affected, are preoccupied with their own pain and struggle.

Grief is a journey that demands a lot of patience, effort, energy, and a preparedness to experience much emotion. As well, it calls for the courage and daring to walk a new path, and to adapt to new challenges with hopefulness.

Normal Grief

Normal grief encompasses a whole range of emotional and mental experiences, characterised by:

Shock – Feelings of numbness, unreality, emotional detachment, being in a dreamlike state, which may last for minutes, hours, or weeks.

Pain of grief – A very painful emotional/psychological anguish, with often considerable physical discomfort, including: shaking, wrenching of the gut, uncontrollable crying, chest pain, and weakness. This ‘whole of person’ anguish is what we term grief. Grief can be powerfully intense at first, only subsiding with the passing of time – but often able to be reactivated by reminders of the deceased.

A sense of loss – This is often the trigger for grief: realising at an emotional level that the one who has been lost cannot be retrieved. This is the experience of losing not only the person who has died, but also all of the things associated with the relationship, such as companionship, shared activities and responsibilities, communication, affection, future plans.

Anger – A common emotion associated with being or feeling powerless, losing one’s sense of order, control; being unable to change or alter what has happened. Anger may be directed at others (because it often needs someone to blame) or at oneself.

Guilt – often mingled with regret and anger, may be felt for not being the person who died – for surviving; or because of some sense of responsibility for the death, for the degree of the deceased person’s suffering, for not having been honest, available, loyal, caring enough – or perhaps insistent about that person’s safety or health. (“Why didn’t I make her stop smoking?”)

Regrets – are common no matter how good a relationship was; regrets about things left undone or unsaid, or about missed opportunities – how things could have been.

Anxiety and fearfulness – are a response to life's order, predictability, security, and one's own sense of balance having been overturned. Being faced with such upheaval, and a keen sense of emotional vulnerability, can bring waves of acute anxiety and feelings of panic.

Intrusive images – These can occur particularly if the death happened in dramatic or traumatic circumstances, or where immense meaning was associated with the events of the death. Such images can be quite vivid and detailed, and may emerge most when one is alone, before going to sleep, or when one is mentally less active.

Mental disorganisation – In the early weeks of bereavement – and sometimes persisting for months – the experience of some mental disorganisation including poor concentration, confusion, forgetfulness, and being easily distracted, is common.

Feeling overwhelmed – The sometimes immense emotional and mental upheaval of loss and grief can be experienced as profoundly overwhelming – including for people who have always prided themselves on their ability to cope with adversity. Compromised in their usual capacity for thinking things through and maintaining emotional balance, they may nevertheless have to deal with a whole range of practical tasks and demands.

Relief – When a spouse, partner, relative, or friend has suffered a prolonged illness, or much pain, disfigurement, or personality change, it is quite normal to feel relief when they die – because of their suffering (and one's own feeling of being powerless to change the inevitable), or perhaps because of being fatigued by the great demands of devoted caring.

Loneliness – It is common, even in the company of caring and supportive relatives and friends, to feel very alone in grief. After several months of bereavement, a person may feel loneliness most severely. Other people (perhaps less close to or involved with the deceased) have moved on; their lives appear to be back to normal. The blurring and preoccupying pain and turmoil of grief begins to permit the realisation of aloneness in a new and stark way: the loss of companionship, sharing of intimacy, experiences, daily tasks and responsibilities. Particularly for the elderly, loneliness can be a profoundly diminishing and depressing experience.

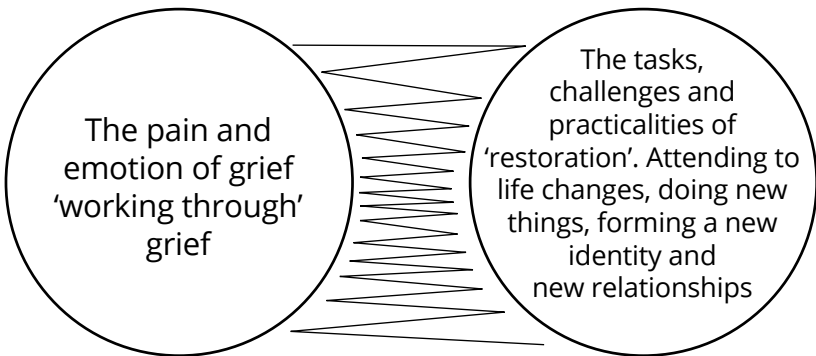
Positive feelings – Grief does not prevent positive feelings and experiences altogether. Quite contrary to any idea of showing disrespect for the deceased, they may be a celebration of, and compliment to, the quality of a former relationship. That one can sometimes emerge out of grief and see the goodness of life, the future it holds, and experience some ordinary day-to-day things with joy and pleasure, is a sign of ‘healthy’ grief.

Grief Avoidance

No one wants to experience the pain and upheaval of grief. Who wouldn’t want to avoid it? The problem is that it can only be avoided at our peril. It doesn’t go away if ignored – if anything, it becomes even more overwhelming for having been delayed.

IMPORTANT

People who are grieving **will from time-to-time need to ‘take a break’** or be distracted from the pain and emotion of grief. They will also need to pay attention to the new tasks, challenges, role demands, and practicalities created by bereavement (which will tend to prompt, on occasions, a return to experiencing grief emotion). Part of healthy coping with grief is when a person moves between the pain and emotion of loss and the tasks, challenges, and practicalities of ‘restoration’: attending to life changes, doing new things, forming a new identity and new relationships.



It is when these patterns become rigid, fixed, or are used excessively that they become a problem, because they supplant a normal process of grieving.

Seeking to avoid grief altogether is never helpful. Bereaved people commonly use one or more of a variety of *grief avoidance patterns* in a bid to escape dealing with grief. Some of these patterns are a quite legitimate, *temporary* means of survival and coping. People who use these patterns are usually unconscious or only partly conscious of doing so.

Continually avoiding grief means avoiding feelings, the capacity to enjoy life, living and loving; this results in moving away from oneself and others.

To deny, continually suppress, block, or deaden a grief experience can have serious consequences for:

- mental health
- physical health
- relationships
- personal safety
- future life.

Grief Avoidance Patterns	Potential Consequences
<p>Postponing</p> <p>“I don’t want to deal with it now... I’ve got too much else to do.”</p> <p>This is fine as a temporary or occasional respite from grief.</p>	<p>When grieving is postponed for a prolonged period, it builds up inside and can become explosive. Postponing grieving by getting on with things is often reinforced by others who compliment the bereaved person for “doing very well.” Sensing this build-up as unsafe, the bereaved person has further reason to postpone experiencing feelings related to the loss.</p>
<p>Misdirecting grief emotions</p> <p>By not acknowledging grief or not allowing the grieving process to occur properly, some people <i>misdirect</i> the emotional content of grief onto other issues or other people. Shifting the powerful emotions of grief away from their proper setting and source can cause confusion and real problems.</p>	<p>This can damage relationships, by exaggerating issues and problems. It can cause the person to become increasingly angry; to feel powerless, overwhelmed, or even under attack by others. Pressures of work and daily living can become flashpoints for reaction and defensiveness.</p>
<p>Replacing</p> <p>A quite common pattern, <i>replacing</i> describes when a person prematurely shifts the emotional focus that was</p>	<p>Grief does not go away by being ignored, or because some nurturing is experienced in a new relationship. It is a powerful force, and if ignored</p>

<p>can be corrosive of the bereaved person's mental state and emotional stability, as well as undermining the new relationship – often spelling hurt and misunderstanding for both people.</p>	<p>Replacing (<i>continued</i>)</p> <p>once part of their relationship with the deceased onto a new relationship. This diverts attention away from the grief associated with the deceased; but only temporarily, and with often destructive consequences.</p>
<p>Trying to convince him/herself that grief has been overcome (which is often applauded by others as “coping really well”), the bereaved person becomes less able to engage with the emotion of grief, and sets him/herself up for being overwhelmed by it; which can contradict their former claims.</p>	<p>Minimising</p> <p>The <i>minimiser</i> attempts to convince him/herself and others that he/she is coping really well and has not been overly affected by the loss. Avoiding pain at all costs, the minimiser deludes him/herself that ‘thinking through’ grief is the same as the necessary experiencing grief. There is a tendency to rationalise away the vital felt component of grief.</p>
<p>Unfortunately, compulsively overworking to avoid the pain of grief usually results in more pain, once grief can no longer be avoided or organised out of the daily work schedule.</p>	<p>Overworking</p> <p>Again a very common avoidance pattern, <i>overworking</i> describes when a bereaved person overinvests in work as a way of leaving no time available to think or feel about the loss. Common advice by well-wishers is often, “Keep busy and occupy your mind.”</p>

<p>Retail therapy</p> <p>This avoidance pattern provides only very short-term relief from the necessity of grieving. Nevertheless, some people throw themselves into a disastrously unrestrained pattern of shopping. Some may rationalise this behaviour as “being kind to myself for once” or “doing something for me.”</p>	<p>The consequence of this behaviour will, at best, be disappointment at its short-lived effect. At worst, it may create a whole new problem to add an unnecessary burden to grief: financial debt and guilt associated with it.</p>
<p>Overeating</p> <p><i>Overeating</i> is well known to be a behaviour exhibited by emotionally deprived children: using something that is available, in some sense to compensate for a person (usually a relinquishing or absent parent) who is unavailable and yearned for.</p> <p>In bereavement, overeating may be an unconscious attempt to fill the emptiness – to compensate for the void created by loss.</p> <p>We also know that when people appear unable to acknowledge stress, hunger centres in the brain are stimulated.</p>	<p>Overeating is sometimes characterised by a compulsive craving for food, which a person may feel powerless to stop.</p> <p>The unfortunate consequences of overeating are the physical and psychological problems that result from weight gain.</p>

Alcohol and drug use

Alcohol and other drugs (including misused prescription drugs) are too often used to avoid the work of mourning loss.

Well-meaning friends may suggest: “Here, take this, it will make you feel better.”

This is one of the most dangerous of avoidance patterns because, though seeming to improve mood and sleep, and though very effective in temporarily blocking out memories, it is quite counter-productive. Using alcohol or drugs in this way may lead to significant problems of addiction and escalating dependence and abuse. Alcohol, as an example, rather than having benefits, may impair the quality of sleep, worsen mood and cause anxiety and agitation. Chemical abuse, as a means of avoiding the pain and process of grieving, may easily become a more generalised pattern of behaviour for years to come.

Moving away

Some people who are bereaved seek to avoid the process and work of mourning by staying on the move, travelling, or prematurely changing their place of residence. This may be prompted by a well-meaning friend advising: “What you need is to get away from it all.”

To move away from a familiar environment, social support, and the ‘prompts’ so useful to maintaining progress in the mourning process, may simply delay and intensify the inevitable accommodation of grief. Leaving what is familiar and supportive can also create secondary losses that further add to the upheaval of grief.

Crusading

Crusading is becoming prematurely involved in or committed to a cause. It is probably quite true to say that we can, “help ourselves by helping others,” but not if this is a premature distraction from the necessary work of mourning. It is all too easy to get passionately involved in voluntary work, like setting up a fundraising campaign for cancer research or a hospice, or throwing oneself into some other just cause, as a way of unknowingly trying to postpone the task of grieving.

Premature involvement in a cause, albeit a very good one, can inhibit and delay the necessary work of mourning, and may cause ‘loss of face,’ guilt and regret at letting others down, when grief overwhelmingly demands attention.

Based on: Wolfelt,
**D. Grief Avoidance
Response Patterns.**

(Centre for Loss and Life
Transition, Colorado, US,
1993).

MEN AND WOMEN GRIEVE DIFFERENTLY

People will grieve in their own particular and individual way. It is important as well, to recognise that men and women tend to grieve differently. We are probably most familiar with how women grieve, because they tend to do so more publicly than men. But if men are to be adequately and appropriately supported, we need to understand how their way of grieving often differs from that of women.

Women and grief

Women are usually very good at seeking out support for themselves and supporting each other. They tend to relieve their emotional pain through open expression of it, and talking about it in the company of others. When women encounter difficulties with grieving, it is usually not because they don't accommodate the emotional experience of grief, but because they pay too little attention to the tasks, challenges, and practicalities of restoration: attending to life changes, doing new things, forming a new identity and new relationships.

Men and grief

Contrary to the popular view that men do not cope as well with bereavement and grief as women, research suggests that only when men are deprived of social support do they fare more poorly than women. But what is important to note, in comparing men and women, is that they exhibit differences in *their way* of grieving, and not just by choice, but because of differences in biology (brain functions and structure, and hormonal systems) and in society-reinforced roles.

How men tend to respond to grief

- Men are not as self-caring or help-seeking as women.
- Men pay less attention to emotional pain than women, until those around them appear 'safe' and things appear 'in order.' This is because men often distance themselves from the emotional content of difficult or 'threatening' situations in order to remain vigilant and protective towards others.
- Men tend to need more time and have to make more of a

conscious effort to connect with grief emotions.

- Men often need privacy, aloneness, or a 'safe' ritual place (like a cemetery), before facing and experiencing emotional pain.
- Men are generally much less verbal than women, preferring to 'mull things over' and think things through.
- Men tend to exhibit more anger than women. This can pose a problem for men, because people tend to be sympathetic to the more subtle emotions that women exhibit, and unsympathetic to men whose dominant emotion is often anger. Unfortunately, what is not realised is that behind anger there are usually all the subtle emotions (like sadness, yearning, and helplessness) and suffering, just as others are experiencing, but in different order of presentation.
- Men often respond negatively to pressure to be more public in their grieving than they feel comfortable with.
- Men usually achieve through activities, action, small rituals (connected to their grief), and 'mulling things over,' what women do by talking and 'crying out' their grief.
- Men benefit much from the company of other men (or working alongside other men); not necessarily by any verbal exchange, but just by another man being 'present' who cares, but doesn't intrude.

How grieving men can best help themselves

- By showing courage in allowing themselves to experience the painful emotions of grief (rather than continuing to push them underground)
- By communicating clearly to others their need to be alone and to deal with their feelings in private
- By not shutting others out, but keeping communication open in their relationships
- By 'tuning in' to their bodies (Some feelings can be expressed as physical health problems.)
- By consciously using rituals and activity through which to express and work with their grief
- By slowing down, and making time for being reflective, and to

connect with their grief (making time to grieve in order for there to be time to heal)

- By staying close to reliable friends and talking to them
- By taking time out in the natural environment (away from work), to be open, vulnerable, and reflective

Coping with Grief

The emotional pain and internal upheaval that many people experience following a death can feel almost unbearable. Thankfully, the pain does ease with time, and some sense of internal order can be felt returning. But grief is not just feelings, it is a complex process of reaction to loss, adjustment to the absence of the deceased (with the many challenges that may create), and an endeavour to make sense of what has happened, what it means, and what it implies about the future.

Grief mostly resolves, and life, though never being quite the same (because some things have changed forever), finds a new order and balance, permitting hope and promoting again the experience of pleasure and the possibility of human happiness.

If this were not so, how would past generations have survived the grief of war, holocaust, disasters, and disease?

Though there are many factors that determine the course of grief and how well an individual copes and adapts, as with physical healing, there are many simple strategies and measures that can help to heal the grief of bereavement:

- Getting some time to yourself each day is important for reflection, and to allow the experience of emotions, perhaps put on hold during the day. To avoid being interrupted, you may need to turn off your mobile phone or go somewhere where you won't be disturbed.
- Try writing down (in a private diary or exercise book) your thoughts of the day. Putting them where they can be seen may help you in making sense of them or just keeping them in proportion. Doing this (throughout the grieving process) can provide you with visual proof of your progress; this will be something you can come back to and be reassured by when you're having a difficult day or feel discouraged. It may also (in

addition to thoughts) be helpful to make note of the different kinds of feelings you are experiencing and their intensity.

- Make an extra effort to spend time with other supportive people – especially when you least feel like it or are having a difficult day. Interacting with other people can be very helpful in giving your mood a lift.
- Having a good cry can leave you feeling a whole lot better, and is an important step in the healing process. It may be necessary to find a place where you can do this, where you are sure you won't be seen or heard. It will be well worth the effort.
- Avoid making any major decisions, at least (if possible) for the first year of bereavement.
- Try to take life one day at a time; don't think too far ahead and, when difficult problems come up that have to be dealt with, try using the Structured Problem-Solving method to help.
- One of the most difficult issues to think clearly about and to deal with when you are grieving is finances. It is in this circumstance that you can most justify and benefit from the assistance of a financial advisor, accountant or rural counsellor. No one wants to make their business known to others, but some occasions, like bereavement, need to be an exception.
- Talk about the person who has died with other people – especially those who knew him/her. Though this may be quite uncomfortable at first, it can increasingly diminish the pain of grief and the power of the whole situation to feel so wounding.
- Find someone you feel comfortable confiding in and who is a good listener. You may need to ask your doctor or your nearest Community Health Service to recommend someone who has specialist grief counselling training.

Remember, even if your first experience of speaking to someone like this doesn't work out, don't give up; try to find someone else, because they may prove to be a vital lifeline. A grief counsellor will normally be trained to help you cope with and make sense of the experience, emotional adjustments, and tasks of grieving. Some of these include:

- the need to accept the reality of the loss

- working through and allowing for the experience of emotional pain
- adjusting to the physical absence of the deceased
- finding a new and enduring place for the deceased in your life; such as finding ways to remember the person so that he/she remains 'present' and continues to be valued, whilst still allowing for life to go on and progress.
- Write letters to the person you have lost, expressing your feelings and thoughts. Read them at the person's graveside, keep them in a safe place, or maybe put them under a tree or bush planted in his/her memory.
- Create a memorial for the person who died: plant a tree, build something in the garden, compile a photo album, or create a mementos box with significant things in it.
- Commemorate the person on special days (on birthdays, Christmas, anniversaries or other significant occasions): light a candle, eat or drink something that the person liked, put their photograph out in pride of place.

TAKING CARE OF YOURSELF

- Try to get into a regular daily routine with set times for getting up, eating meals, and going to bed.
- Avoid trying to feel better or covering over your grief through alcohol, smoking, medication, or other drugs.
- Avoid too much coffee or tea, and other drinks that have caffeine in them (like cola), because they can make getting to sleep more difficult and can worsen any tendency to be anxious.
- Get yourself relaxed well prior to bedtime to improve getting to sleep.
- Do some outdoor activities (preferably not associated with work) like walking or gardening – to refresh you mentally.
- Try to achieve a balanced diet, including: breads, cereals, lean meat, fish, lots of vegetables, fruit, and some dairy products.
- Find ways of regularly relaxing. Use especially relaxing music,

a relaxation tape, meditation, or some other proven method of relaxation.

- Get regular daily exercise to help your mood and general sense of well-being. It doesn't need to be strenuous. If you are concerned about physical health problems, or haven't had a medical check-up lately, make an appointment to see a doctor.
- Give yourself permission to take a break from grief sometimes and do something enjoyable and pleasurable.

HELPING SOMEONE ELSE COPE WITH GRIEF

Although we may feel awkward and blundering in our attempt to support someone who is bereaved, so long as we are genuine, and are not using the situation to explore or grapple with our own feelings or issues, then our efforts may prove really helpful for them. How well a person copes with grief depends significantly on the quality of support they receive from others.

The following suggestions are a basic guide for helping someone else to cope with grief.

Things to do

- Provide practical assistance. Often more than anything else, a bereaved person appreciates help with practical things such as work-related tasks and responsibilities (for those living on a farm, this may include mending a fence, getting a tractor in for repair, dealing with stock issues), childcare, bill paying, mowing a lawn, domestic chores or cooking. It may ring hollow to wish a person well if what they are most needful of is practical help.
- Don't be afraid to visit and ask how they are, or to mention the deceased.
- Maintain contact, preferably in person, but also consider phoning, or sending a note or card. Support is often needed most once all the initial activity has subsided (after the funeral), and numbness gives way to raw painful emotion (sometimes persisting for several months).
- Talk about the person who has died using straight-forward language.

- Be aware of particular dates, anniversaries or times of the year that might be upsetting to the bereaved. Be available, call in and see them, telephone or send a card, to indicate your care and support.
- Try your best to be a good listener: maintain concentration, be patient, and show by your body language, eye contact, and attentiveness, that you are interested.
- Accept their behaviour (unless it is unsafe) and their ways of dealing with the emotional pain of grief. Allow for emotion, expressions of blame, guilt, anger, and regret. Just let it be; just be present.
- If it seems appropriate and needed, offer the comments (not advice) that:
 - Grief takes time (just like a physical wound that is painful before healing).
 - Everyone grieves in their own way and in their own time.

Things to be aware of:

- Respect the dignity and independence of the bereaved person. Put yourself in their shoes and imagine: “How would I feel in these circumstances – being spoken to like this?”
- Avoid giving advice, but if a matter of safety is involved, tell the person clearly what your concerns are.
- Before you offer support, decide what your commitment will be. It is most unhelpful to withdraw your support along the way because you’re not really committed or because you find their emotions too uncomfortable.
- Avoid using clichés or platitudes; these most often come across as insincere and patronising.
- Don’t give false assurances or talk a lot because the situation feels awkward for you.
- Try not to talk about yourself, your own problems, or your own grief, unless you are asked and, even then, be sparing in what you say.
- Don’t say: “I know how you feel.” How you felt in *similar* circumstances was not exactly the same.

- Avoid lecturing or imparting theory about grief. You could give the person something to read on grief if you think he/she would be receptive to that.
- Don't take over, and don't 'rescue.' The last thing a person needs is to have to expend energy on avoiding unwanted help, or figuring out how to tell a well-meaning rescuer to leave them be!
- Avoid suggesting any time frame about the duration of the person's grief.
- Be conscious of not shifting the focus away from the bereaved person because what they are saying is tedious, uninteresting, or uncomfortable. Although the content of what the person says may be repetitious and full of familiar emotion, he/she may be helped considerably by being able to express it to someone they trust.
- Don't trivialise their grief ("everybody experiences grief").
- Don't catastrophise their grief ("It's a terrible thing... some people never get over it").

Structured Problem-Solving

For people who are bereaved, feeling stressed and overwhelmed by problems is common. Adopting a new way of tackling problems can be very helpful.

Structured problem-solving is a method designed to help you feel in control of your problems, and to enable you to deal more effectively with future problems.

The **key elements** of this method include:

- identifying and 'pinning down' the problems that have contributed to you feeling overwhelmed
- thinking clearly and constructively about problems
- 'taking stock' of how you've coped in the past: your personal strengths, and the support and resources available to you
- providing a sound basis for important decision-making.

With this method you can work on a single problem or follow the process to tackle a number of problems.

Usually though – especially to begin with – it is best to deal with one problem that is specific and potentially solvable.

STRUCTURED PROBLEM-SOLVING INVOLVES 6 STEPS

Step 1

Write down the problem causing you worry or distress:

Step 2

Think about your options for dealing with this problem (try to think broadly – including good and not so good options); write them down:

1.	
2.	
3.	
4.	
5.	

Step 3

Write down the advantages and disadvantages of each option:

Step 4

Identify the best option(s) to deal with the problem:

1.	
2.	
3.	
4.	
5.	

STEP 5

List the steps needed to carry out each option (bear in mind the resources needed and pitfalls to overcome):

1. a.
b.
c.
2. a.
b.
c.
3. a.
b.
c.
4. a.
b.
c.
5. a.
b.
c.

STEP 6

Review your progress in carrying out your option(s):

What have I achieved?

.....

What still needs to be done?

.....

RESTORING A NORMAL PATTERN OF SLEEP

Sleep disturbance is common for those experiencing grief, and frequently takes the form of early-morning wakening (usually around 3am) with difficulty returning to sleep. To restore a normal pattern of sleep, it's important to practise sleep-promoting behaviour during the day, in the evening, at bedtime, and during the night.

Better Sleep Guidelines

During the Day

- Organise your day. Regular times for eating meals, taking medicines, performing chores and other activities, help keep our inner clocks running smoothly.
- Regular exercise during the day (or early evening) can improve sleeping patterns.
- Set aside time for problem-solving and decision-making during the day, to avoid worry or anxiety at night.
- Avoid napping during the day, go to bed and get up at regular times.

During the Evening

- Put the day to rest. If you still have things on your mind, write them down or put them in your Daily Activities Diary, to be dealt with tomorrow.
- Light exercise early in the evening may help sleep. Avoid exercise late in the evening, as this may make getting to sleep more difficult.
- Get into a routine of 'winding down' during the course of the evening, allowing at least half an hour of quiet activity, such as reading or listening to music, prior to bedtime.
- Avoid drinking caffeinated drinks after about 4pm, and don't drink more than 2 cups of caffeinated drinks each day (especially coffee, tea, cocoa, and cola).
- Avoid smoking for at least an hour (preferably an hour and a half) before going to bed.

- Don't use alcohol to make you sleep, and keep your intake moderate (limit yourself to 2 standard drinks each day). Have 1 or 2 alcohol-free days each week.
- Make sure your bed and bedroom are comfortable – not too cold or too warm.
- Ensure that your bedroom is dark and that the morning light does not filter in. However, if you have a tendency to oversleep, it may be helpful to let the morning light into the room.
- Avoid a heavy meal close to bedtime. If you are hungry, a light snack may help you get to sleep.

At Bedtime

- Try to do the same things before you go to bed each night. Develop a calming bedtime routine, such as having a warm bath or shower, listening to relaxation music, or using a relaxation technique. This way your body will learn to know that (with these activities) you are getting ready to go to sleep.
- Go to bed when you feel 'sleepy tired' and not before.
- Don't watch TV or have conversations or arguments in bed. Keep your bed and bedroom only for sleep (and sexual activity).
- Turn the light off when you get into bed.
- Relax and tell yourself that sleep will come when it is ready. Enjoy relaxing your mind and body, even if you don't fall asleep at first.

During the Night

- If you wake up too early in the night, don't lie awake for more than 30 minutes. Instead of just being awake or worrying, get out of bed and do something that is distracting yet relaxing. Return to bed only when you feel sleepy again.
- Get up at the same time each morning. Don't sleep late in the morning trying to make up for 'lost sleep.'
- If you live in a place or area where there are sounds or noises that might wake you from sleep, use earplugs to block out the noise.
- Avoid sleeping pills – they do not provide a long-term solution to sleep problems.