GRIEVING PROCESS FOLLOWING THE LOSS OF A LOVED ONE

Compiled by Charles (Chuck) Maack – Prostate Cancer Activist/Mentor

DISCLAIMER: Please recognize that I am not a Medical Doctor. Rather, I do consider myself a medical detective. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued deep research and study in order to serve as an advocate for prostate cancer awareness, and, from an activist patient's viewpoint, as a mentor to voluntarily help patients, caregivers, and others interested develop an understanding of this insidious men's disease, its treatment options, and the treatment of the side effects that often accompany treatment. There is absolutely no charge for my mentoring – I provide this free service as one who has been there and hoping to make their journey one with better understanding and knowledge than was available to me when I was diagnosed so many years ago. **IMPORTANTLY**, readers of medical information I may provide are provided this "disclaimer" to make certain they understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as **MY OPINION**, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing their prostate cancer care.

Having been asked by a patient how one deals with the loss of a loved one, I provided my initial thoughts as follows: In pondering your question, I think much depends upon the support of family members and friends. They need to not just "be there," since that means the grieving person has to "go to them" for support. They need to team up and make sure of regular, though not intrusive, visits. Plan activities to include the grieving person. A regular phone call to chat. When discussing the person lost, seeing to it that the discussion regards all the good things

remembered from the past; not bringing up difficulties from the past. In discussion, particularly if the grieving person is of a religious persuasion, encourage the thought that one day we will all be together again.

And I guess I could go on and on in encouraging thoughts such as the foregoing. For the grieving person who has no such support, it cannot help but be an extremely difficult journey unless that grieving person takes personal charge and goes out and involves herself/himself in activities that will involve others, and better yet will involve "helping" others. When we volunteer in activities that help and encourage others, it regenerates into our own souls that we are doing something important, good, and encouraging. A lengthy and somewhat difficult to wade through study was published in The Journal of the American Medical Association (JAMA) back in February 2007, see

http://jama.ama-assn.org/cgi/content/full/297/7/716#JOC70007T2 that, most noteworthy, contains this statement: Models that tested for phasic episodes of each grief indicator revealed that disbelief about the death is highest initially. As disbelief declined from the first month post-loss, yearning rose until 4 months post-loss and then declined. Anger over the death was fully expressed at 5 months post-loss. After anger declines, severity of depressive mood peaks at approximately 6 months post-loss and thereafter diminishes in intensity through 24 months post-loss. Acceptance increased steadily through the study observation period ending at 24 months post-loss. Because of the minuscule probability that by chance alone these 5 grief indicators would achieve their respective maximum values in the precise hypothesized sequence, these results provide at least partial support for the stage theory of grief. Disbelief is lower in people who have lost someone to long, chronic illness but somewhat higher if the person was diagnosed less than 6 months before death. "Thus, the manner and forewarning of the death appear to affect the processing of grief."

A caregiver wife who had an extremely close and intimate relationship with her husband both prior to and then through a ten-year journey dealing with progressing prostate cancer said that three years past his death she still is unable to easily get on with her life. She is self-sufficient but continues to deeply yearn and miss the intimacy that she feels can never be replaced. She remarked: “I still can't believe that he is gone. I get depressed sometimes. I get angry on occasion, but I am so much better than I was two years ago or a year ago. I suspect the longer that the cancer journey is, the longer that it might take to get over. In the bereavement group that I attended, most widow and widowers only had to support their loved one for two years or less. Many of them were well on their way to recovery at the one-year point. Several of them were in relationships and married by the two-year mark.”

More recently (husband passed away November 2017) Cindy provided her remarks having read this paper: As for the stages of grief and the comments you cited: I feel as if I spent several years mourning. Disbelief was short-lived – I thought he’d have another week. A sense of calm followed the next day (after his passing). I’m not sure if Anger will be a stage I go through. If so, it may also be short-lived. For me, calm stayed with me through the numbness. Ten years is too long to go through what Bob and I went through. The last 5 ½ years were truly bad. Living without the anxiety and fear is something new for me. Depression is now creeping in. That is something I have to deal with now! So far, it’s not bad. My symptoms are mostly fatigue and procrastination. Odd, I know, but before I had so much to do and I got it done. Now, I still have a lot to do to prepare to teach, prep labs, grade papers, work on my ½ time grant job, etc. However, I just can’t find the enthusiasm required to do what I should do. I’ll focus on that aspect for now. Maybe my comments can help you with your excellent paper on Grief.

Another provided this commentary: “There isn’t a time line when it comes to the grieving process. When my husband was told that he will

no longer benefit from treatments and that he had only quality time at home left that is when the grieving started for me. After his memorial everyone I knew went into the walls. I was my only support until I found American On Line Widows and Widowers Chat room. The people in there helped me big time, but I was still home alone. I went through the stages but each stage was different. I came under the conclusion that the first year is a year of shock, second year was the acceptance, and the third year was to get on with my life. It was after the first year that I kicked grief in its rear and started to get control of my life. I still struggled because I had no one to turn to. I ended up a gambling addict because I had the wrong support. I woke up 5 years ago. I felt as though I disappointed my husband. I have been trying to get control of my life since then. I kept getting to walls and I have go over those walls."

I recently read two stories on JAMA Oncology Updates regarding "Terminal Cancer and Death – On Grief. And the primary gist was that we fail to recognize the grief that those who treat our family members or friends go through when they lose their patient despite using all their experience and knowledge to save their patient.

The first story was by a young man who lost his Dad to Prostate Cancer and the difficulty he experienced in that loss. He was very close to his Dad, and as we often read, his Dad always tried to make this son and family feel secure that his health was not as impaired as it obviously was. The toll treatment was having on his Dad was obvious in the ravaging that was visible. This young man related an event in which he and his father had attended a reception in honor of one of his Dad's clinicians, and "dad insisted that we stop by to show our gratitude. At the gathering, one of the honoree's colleagues offered a short, heartfelt speech: "This disease is so relentless, so terrifying, so debilitating. As an oncologist, it can just beat you down. But for years, you've come in and done your best job to treat and fight cancer. You don't do it for the thanks. For you the reward has been the fight itself, the daily work, both the lives saved and the dignity preserved in death." In hearing that, this

son remarked “The grief, it occurred to me, was not limited to the patients and their families.” Our physicians also experience periods of grief when they are unable to save their patient.

The second story was by an anesthesiologist describing the grief she felt as she returned home following the loss of the patient the surgical team was trying their very best to save. She described the grief the entire surgical team experienced when their patient was unable to survive the treatment being administered, and how, upon returning home late at night, the questions that kept revolving in her mind: was there something else they could have done? Did they miss something? How, she imagined, the patient’s family were dealing with their grief,? Did they have children? – Just everything was going through her mind, though she knew the team had done its very best to save this patient. Here was yet another grieving thought process by a physician concerned for the patient, his family, while certain the team had done everything possible for their patient.

We patients more often relate ourselves to other patients and their families than realizing that our physicians and their teams experience grief with the loss of any patient. They come in every day ready to perform whatever is necessary to appropriately treat their patients, know they have had the training, experience, and expertise to have positive results, yet still can lose patients despite all that training and experience. They, too, experience grief both for the family of their patients as well as for their own loss of any patient under their care. It surely must be difficult for physicians to lose their patients during treatment when everything they have learned indicated the treatment provided was appropriate. Then, the next day, be able to return to their practice knowing other patients need their expertise to survive whatever ailment.

Sadly, grief knows no boundaries; everyone involved with the patient - family, friends, and the physicians and their teams in the treatment

process - experience it when a patient succumbs despite the treatment for whatever ailment.

For those seeking more support, go to the internet search box and enter “support groups for widows and widowers” then click the “go” or “search” icon to find listings of several such support organizations for not only widows or widowers, but for all who grieve the loss of a loved one. I would stress to be cautious should you receive responses that appear to be too intrusive into your life and/or location. I would expect you are seeking support through learning of the experiences of others to succeed through your grieving process, not seeking companionship of others with the same problem. I can edit this paper at any time, so if any reader has other suggestions, please email me at maack1@cox.net so that I may make changes/additions as necessary. The more information we have to help others, the better.