

GRIEVING PROCESS FOLLOWING THE LOSS OF A LOVED ONE

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Disclaimer: Please recognize that I am not a Medical Doctor. 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 research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient's viewpoint, to help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. This paper is written with the hope that it can provide at least some comfort to those having lost a loved one to prostate cancer, or for that matter, for any similar loss.

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 mos before death. "Thus, the manner and forewarning of the death appear to affect the processing of grief." I asked for experiences from those widows and caregivers who participate in the Us TOO sponsored "Promise" support list; an online support list for those grieving a loss. The list also offers help and support to those with a spouse, partner, or family member in the last stages of life. (To subscribe, go to: <http://www.prostatepointers.org/mailman/listinfo/promise>). And I have asked others on other support lists who lost a loved one if they would share what they experienced following their loss in order to help others reading this paper.

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 was 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 widow's 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 others re-married by the two year mark."

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 (My note: I am unable to find reference to that source). 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 gone over those walls.”

Another caregiver who lost her husband after a short battle with prostate cancer had these comforting words to another caregiver having just lost her husband to our insidious disease: “I went through this in January (2013). My heart goes out to you. Our journey was only 1 year (after diagnosed with prostate cancer) so be blessed that you had (your husband) for five (years after being diagnosed with prostate cancer). It does not make things any easier, but it is something to hold onto. Even though I lost my husband I still read the post here and on Healing Well. I pray for a cure as do all and I pray for all that post. My husband and I were married 33 years and as one Dr. told me is that your roots grow together when you have been married for so long, so what happens to one also impacts the other. It is such a different life without my husband, as it will be for you . We are blessed that their suffering has ended , but we have another journey called grief that we must embrace now. May I suggest that you will be living in a haze for awhile so please take care of yourself; do not let anyone make you feel that you need to get through this journey any faster than your heart feels it can. Take your time, embrace your sadness and even though you will have the questions “I could have done more,” “I should have done more,” or “I would have done more,” rather acknowledge that you did everything possible you have done..Bless you.”

For those interested in going beyond the support of the “Promise” support list, 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.