

# AM I GOING CRAZY?

## Clues for the Grieving Person and Their Caring Friends

By Bob Peirine

There are several factors which will assist in identifying pathological or abnormal reactions to grief as opposed to the “normal reaction”. Probably one of the central factors is the ability of the person to give himself/herself permission to talk with others and to express grief about the particular loss he/she has had. The second factor would be the constellation of relationships involved in the loss and the closeness this person feels to the constellation. In other words, are there people around him/her to whom he/she can go – does he/she feel close enough to someone nearby to share his/her grief safely?

There are essentially four things a person in grief looks for and must find in another in order to express grief. These same four things hopefully can be found in either a professional counselor or a layperson to whom the grieving individual goes for comfort. They are a sense of:

- Permission
- Protection
- Presence
- Potency

to deal with the powerlessness, the helplessness, and the paralysis the grieving person often experiences.

We may watch for two aspects of human condition and experience to help us determine whether or not one’s grief is pathological. Pathological conditions manifest themselves in many cases because of the major significance of the lost person to the grieving individual. Also, perhaps because of some long term issues which have never been grappled with, the person’s ability to deal with the world, as it presents itself after the loss, can be very limited.

The second aspect is the number and level of previous experiences the grieving person has had which, in a sense, prepared them for the larger losses they experience in life. There are cases of people who have reached the age of forty or fifty without having had any experiences which would prepare them for loss – no experience of the death of a family member or pet for instance – either because of a protective family or just a peculiarity of circumstance. This kind of person can often go into a deep panic at the first experience of significant loss. This is a good reason, incidentally, not to insulate young people from life’s experiences. Rituals that surround funerals and wakes, whatever we may think of some of them, do satisfy a need in all of us to have an opportunity to grieve. They give us permission to grieve and to grieve publicly without shame or undue embarrassment. That is why all societies have some form of ceremony marking death.

Another component that needs to be talked about is what I could call, in clinical terms, a pre-morbid personality disposition rendering a person unable to deal with death and grief. This person may have been reared by depressed, ineffectual parents who may very well have been neglectful. There may have been a history of psychiatric illness in the family, or of alcoholism, or in general a history of overall emotional neglect. This person finds himself/herself at a peculiar juncture where he/she experiences a severe loss in life while being emotionally and spiritually bankrupt in such a way as to render him/her desperate about his/her own life or even suicidal.

The feelings to pay attention to when dealing with a person in grief are feelings of panic, feelings of desperation, feelings of “going crazy” (the friend or relative who says “I think I’m losing it”), persistent nightmares, persistent disorientation and persistent attempts to recapture the presence of the person who has been lost – the kind of person who might set the table for a deceased spouse a year or two after they have died. Many of these things are difficult to put time frames on but that is an illustration. All of these behaviors would be warning signs of a type of grief that is other than “normal”.

Grieving is essentially a social function. Grief work cannot be done in isolation. It is incomplete in that setting. That is why it is so important for other persons to give us permission to grieve and to give ourselves permission to grieve in the presence of others. Grief with another is a dialog, a moment to share something very precious, almost like a gift. To the extent we allow each other to share these gifts and these memories it is a privilege and a wholesome endeavor that restores the person to some kind of connectedness to fellow man and woman at just the point where a sense of connection has been lost.

As much as the grieving person needs the understanding ear of a friend, he also needs to be aware of some of the common signs which may signal pathological grief. Some of these are: withdrawal from other persons, insomnia, nightmares, memory loss, mood swings, loss of sense of identity, nausea, “empty feelings”, tiredness, muscular weakness, tightness of throat, habitual repetition in conversation or actions, lack of interest in self care or preservation, excessive remorse or guilt, excessive weight loss, social disinterest, disfunction in day to day living, paralysis in social interaction or job function, and physical illness. A person exhibiting these behaviors should at least be asked whether they have thought about seeing someone professionally.

Many of these manifestations are very common even in “normal” grief. What we are talking about here is levels of intensity and duration. That is what we look for and that is what all friends, inside or outside of the helping professions, should look for.

There is no time limit on grief. The work will go on until it is complete. If it is not made complete with our help, it will have be completed with the assistance of another. Incomplete grief can and often does lead to major consequences later . .

such as an inability to get on with life, seemingly inexplicable suicide, psychiatric illness, or serious physical illness.

So we see that one of the most important things a friend can do is to watch for these signs and be ready and willing to suggest seeking professional assistance.

Unfortunately, what often happens is that the person who is in grief is given what others judge to be sufficient time to express his/her feelings. If by that time they are not done with their grief work, families and friends frequently abandon them, turning away because they think that there is nothing more which can be done.

At the outset of grief, the most wonderful thing another human being can do is just to be there for the person who has sustained the loss and present a sense of those four elements we talked about earlier; permission, protection, presence, and potency. Some of us may only have an opportunity to serve another in this way once in a lifetime. Others will find themselves in such situations more often and still others may choose to do this as their life work or avocation. Whatever our involvement in the life experience of grief, these are the four gifts we can present another at a critical time in their affairs. In return we receive the greatest gift – the sacred trust of the deepest feeling another can share. In giving we receive.

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