



Coping with Grief & Loss

Support to help with sorrow, emotions, and confusion that comes from losing someone or something important to you.



Grief is the normal response of sorrow, emotion, and confusion that comes from losing someone or something important to you. It is a natural part of life. Grief is a typical reaction to death, divorce, job loss, a move away from family and friends, or loss of good health due to illness.

How Does Grief Feel?

Just after a death or loss, you may feel empty and numb, as if you are in shock. You may notice physical changes such as trembling, nausea, trouble breathing, muscle weakness, dry mouth, or trouble sleeping and eating. You may become angry- at a situation, a particular person, or just angry in general. Almost everyone in grief also experiences guilt. Guilt is often expressed as “I could have, I should have, and I wish I would have” statements. People in grief may have strange dreams or nightmares, be absent-minded, withdraw socially, or lack the desire to return to work.

How Long Does Grief Last?

Grief lasts as long as it takes you to accept and learn to live with your loss. For some people, grief lasts a few months. For others, grieving may take years. The length of time spent grieving is different for each person. There are many reasons for the differences, including personality, health, coping style, culture, family background, and life experiences. The time spent grieving also depends on your relationship with the person lost and how prepared you were for the loss.

How Will I Know When I’m Done Grieving?

Those grieving a loss will typically process the following four steps:

1. Accept the loss;
2. Work through and feel the physical and emotional pain of grief;
3. Adjust to living in a world without the person or item lost; and
4. Move on with life.

The grieving process is over only when a person completes the four steps.





How Does Grief Differ From Depression?

Depression is more than a feeling of grief after losing someone or something you love. Clinical depression is a whole body disorder. It can take over the way you think and feel. Symptoms of depression include:

- A sad, anxious, or “empty” mood that won’t go away
- Loss of interest in what you used to enjoy
- Low energy, fatigue, feeling “slowed down”
- Changes in sleep patterns
- Loss of appetite, weight loss or weight gain
- Trouble concentrating, remembering, or making decisions
- Feeling hopeless or gloomy
- Feeling guilty, worthless, or helpless
- Thoughts of death or suicide or a suicide attempt
- Recurring aches and pains that don’t respond to treatment

If you recently experienced a death or other loss, these feelings may be part of a normal grief reaction. But if these feelings persist with no lifting mood, ask for help.

Where Can I Find Help?

Remember, many people will experience emotional consequences or symptoms after experiencing the loss or death of someone close. These are normal. Ignoring them, hoping that they will go away or “numbing” them tends to make them worse over time. The most helpful way to deal with these immediate symptoms is to try to relax, and not put pressure on yourself- give yourself a break and lower expectations of what you are able to accomplish. Allow yourself to do things that feel good and are not destructive. Accept offers of help from others and allow others to provide you with care. When finding it hard to cope, you can do any or all of the following:

- » Take advantage of professional assistance by calling your EAP. Research has shown that those who do not use this assistance recover more slowly. Call the EAP for a referral for therapy and/or community support services.
- » Create a comfortable routine for yourself and your family. Even on days off from work – get up, get dressed and plan activities and tasks.
- » Talk with others about the loss & how you feel.
- » Understand that emotional recovery is much like rebuilding. It often takes more time than you expect.
- » Don’t place expectations on yourself that you will “get over it” in a certain period of time. Each of us will react differently in response to a loss.



Common Reactions to Grief and Loss

These symptoms are a normal response to the loss of a spouse, family member, friend or colleague and the experience of grief. Grief is a natural healing response. The range of symptoms includes cognitive (mental), emotional, physical and behavioral symptoms.

Cognitive (Mental) Symptoms: confusion; memory loss; (especially short-term memory loss or forgetfulness); difficulty making decisions and keeping priorities straight; difficulty concentrating with limited attention span and tendency to be easily distracted.

Emotional Symptoms: fear; anxiety; worry; grief; depression; anger; feelings of hopelessness; being easily irritated; anxiety and/or panic attacks; emotionally “numb”.

Physical Symptoms: marked increase in fatigue; stomach upset; headaches; sweating; backache; tension; decrease or increase in appetite; sleep disturbances; high blood pressure; dizziness.

Behavioral Symptoms: social withdrawal; talking more or less; silence; jumpiness; difficulty relaxing; increase or decrease in food consumption; increase in alcohol and/or drug use; sleep disruption.

Prior Experiences: a current major loss, such as the death of someone close to you, can recreate old feelings of unresolved grief from prior loss(es).

Managing Grief and Loss

Take Care of Yourself While Grieving

- » Don't push yourself
- » Get sufficient rest
- » Eat nourishing foods
- » Exercise, as it relieves pent-up feelings and stress
- » Don't force yourself to make decisions to do things that feel uncomfortable
- » Allow yourself time alone or with others as you need it
- » Find good listeners who are supportive
- » Find ways to nurture yourself

Seek Professional Help When...

- » You are having trouble coping with your daily life
- » You don't feel better over time
- » You are abusing alcohol, drugs or prescription medication as a means of trying to make yourself feel better, cope, forget or numb your pain
- » You have been having thoughts of suicide



The Five Stages of Grief & Loss

- 1 DENIAL & ISOLATION
- 2 ANGER
- 3 BARGAINING
- 4 DEPRESSION
- 5 ACCEPTANCE

People who are grieving do not necessarily go through the stages in the same order or experience all of them.

The stages of grief and mourning are universal and are experienced by people from all walks of life, across many cultures. Mourning occurs in response to an individual's own terminal illness, the loss of a close relationship, or to the death of a valued being, human or animal. There are five stages of grief that were first proposed by Elisabeth Kübler-Ross in her 1969 book *On Death and Dying*.

In our bereavement, we spend different lengths of time working through each step and express each stage with different levels of intensity. The five stages of loss do not necessarily occur in any specific order. We often move between stages before achieving a more peaceful acceptance of death. Many of us are not afforded the luxury of time required to achieve this final stage of grief.

The death of your loved one might inspire you to evaluate your own feelings of mortality. Throughout each stage, a common thread of hope emerges: As long as there is life, there is hope. As long as there is hope, there is life. Many people do not experience the stages of grief in the order listed, which is perfectly okay and normal.

The key to understanding the stages is not to feel like you must go through every one of them, in precise order. Instead, it's more helpful to look at them as guides in the grieving process — it helps you understand and put into context where you are.

All people grieve differently. Some people will wear their emotions on their sleeve and be outwardly emotional. Others will experience their grief more internally, and may not cry. You should try and not judge how a person experiences their grief, as each person will experience it differently.



1 DENIAL & ISOLATION

The first reaction to learning about the terminal illness, loss, or death of a cherished loved one is to deny the reality of the situation. “This isn’t happening, this can’t be happening,” people often think. It is a normal reaction to rationalize overwhelming emotions. It is a defense mechanism that buffers the immediate shock of the loss. We block out the words and hide from the facts. This is a temporary response that carries us through the first wave of pain.

2 ANGER

As the masking effects of denial and isolation begin to wear, reality and its pain re-emerge. We are not ready. The intense emotion is deflected from our vulnerable core, redirected and expressed instead as anger. The anger may be aimed at inanimate objects, complete strangers, friends or family. Anger may be directed at our dying or deceased loved one. Rationally, we know the person is not to be blamed. Emotionally, however, we may resent the person for causing us pain or for leaving us. We feel guilty for being angry, and this makes us more angry. The doctor who diagnosed the illness and was unable to cure the disease might become a convenient target. Health professionals deal with death and dying every day. That does not make them immune to the suffering of their patients or to those who grieve for them. Do not hesitate to ask your doctor to give you extra time or to explain just once more the details of your loved one’s illness. Arrange a special appointment or ask that he telephone you at the end of his day. Ask for clear answers to your questions regarding medical diagnosis and treatment. Understand the options available to you. Take your time.

3 BARGAINING

The normal reaction to feelings of helplessness and vulnerability is often a need to regain control—

- » If only we had sought medical attention sooner...
- » If only we got a second opinion from another doctor...
- » If only we had tried to be a better person toward them...

Secretly, we may make a deal with God or our higher power in an attempt to postpone the inevitable. This is a weaker line of defense to protect us from the painful reality.



4 DEPRESSION

Two types of depression are associated with mourning. The first one is a reaction to practical implications relating to the loss. Sadness and regret predominate this type of depression. We worry about the costs and burial. We worry that, in our grief, we have spent less time with others that depend on us. This phase may be eased by simple clarification and reassurance. We may need a bit of helpful cooperation and a few kind words. The second type of depression is more subtle and, in a sense, perhaps more private. It is our quiet preparation to separate and to bid our loved one farewell. Sometimes all we really need is a hug.

5 ACCEPTANCE

Reaching this stage of mourning is a gift not afforded to everyone. Death may be sudden and unexpected or we may never see beyond our anger or denial. It is not necessarily a mark of bravery to resist the inevitable and to deny ourselves the opportunity to make our peace. This phase is marked by withdrawal and calm. This is not a period of happiness and must be distinguished from depression. Loved ones that are terminally ill or aging appear to go through a final period of withdrawal. This is by no means a suggestion that they are aware of their own impending death or such, only that physical decline may be sufficient to produce a similar response. Their behavior implies that it is natural to reach a stage at which social interaction is limited. The dignity and grace shown by our dying loved ones may well be their last gift to us. Coping with loss is ultimately a deeply personal and singular experience — nobody can help you go through it more easily or understand all the emotions that you're going through. But others can be there for you and help comfort you through this process. The best thing you can do is to allow yourself to feel the grief as it comes over you. Resisting it only will prolong the natural process of healing.





We Are Here to Help

EAP benefits are available to all employees and their families at NO COST to you. The EAP offers confidential advice, support, and practical solutions to help you through your grief and loss. You can access these confidential services by calling the toll-free number and speaking with our care team or accessing online.

Short- Term Therapy

For a deeper level of support, members can request short-term therapy by calling Uprise Health. Our nationwide provider network of more than 60,000 counselors can be filtered by criteria including geography, clinical specialty, cultural background, and other preferences, to ensure a perfect fit for you. After speaking with our care team, you will be provided with a list of providers to schedule an appointment yourself, or you request assistance with scheduling.

24-hour Crisis Support

During business hours, members who are in crisis are connected with an Uprise Health clinician who will stabilize your situation and refer you to appropriate support. After-hours calls are answered by behavioral health professionals located within the U.S. **If you are in life threatening situation, please call 911 as you would do for any other medical/life emergency.**

Online Peer Support Groups

As part of your EAP program, you can request up to 10 online peer support groups where you will have a safe and confidential place to speak with others who have similar issues. Please call Uprise Health and speak with our care team to learn more about the Grief and Loss support group.



Phone: 1-800-395-1616

Website: members.uprisehealth.com

Login with the access code provided to you by your employer, or call Uprise Health for assistance.