

Individual and Family Dev week 10 paper

Dr. Wells

Terri Zungre

My first point for this week has to do with diagnosing complicated mourning. The book mentions there are clues to realizing the client is still dealing with unresolved grief. For instance, they may realize it themselves or when they talk about the deceased that has died for years, they still have a strong sadness. The sadness seems almost new, even though their loved one has been gone a long time. So many of the clues made sense to me but when it happened in real life, I didn't recognize it as grief. I have two examples. Our friend Joe died suddenly while jogging on the day my husband was supposed to join him. Joe's wife Arlene was our friend as well, but after the funeral she cut off the relationship. We thought she didn't like us, or maybe she blamed my husband for not being there. Looking back, I think she had complicated mourning.

Another person we know had a close cousin who died of cancer. This person kept going to the doctor thinking she had cancer only to find over and over that they were fine. Again, I didn't know complicated grief could do this to a person. I think in clinical work you always have to keep your antennae on the radar for grief that is prolonged or unresolved as something that could be manifesting in other areas of the client's life.

My second point has to do with anticipatory grief. In the case of a spouse whose partner had been suffering from an illness that is debilitating and prolonged, the book points out that they begin the grieving process even before the loved one actually dies. My friends Derryck and Marie were going through a trial of suffering with Marie's cancer diagnosis. Her condition deteriorated over a couple years. Derryck remarried six months after Marie's death. Many of his

friends, including me thought it was too soon. When I questioned him about it, his response was to the effect that he had been grieving over the past year. The woman that he married was also a Christian, and they had met in a support group. It is a little confusing, because the book does say to not rush into another relationship making sure that you have properly grieved. On the other hand, as a therapist you have to take into account that the person may have worked through some of their grieving process over time watching their loved one die. In retrospect, I feel I judged Derryck too much in my mind. The woman was ten years younger than Marie, and I think through my grief had some weird sense of defense of Marie's memory. In reality, Marie wanted him to remarry knowing full well he would not be ok to be so alone after her death. My learning is to allow the person to have the freedom of giving in their time frame. God alone knows how much Derryck grieved, and worked through anticipatory grief before Marie's death.

My final point has to do with ambiguous loss and what, *The Myth of Closure*, called Both/And thinking. I like that another word the author used to describe this type of thinking was dialectical. Dialectical Behavioral Therapy (DBT) we used at Four Winds Hospital with teenager in-patients. It is a type of therapy that has two opposing things that the person makes peace with. For example, dialectical behavioral therapy teaches radical acceptance of self while trying to change your behavior that is dysfunctional. So, you accept yourself even if you don't agree with some of the things you are doing and working towards changing. In this type of thinking. In the Pandemic we had opposite views going on. On one hand we were in isolation, but on the other hand I was able to increase my reading of some books I hadn't had time to get to before because of my busy schedule. If you can look at a bad situation and realize something positive in it that is a win. If you can look at a situation and realize there are two opposing things in dichotomy of one another yet both true and can make peace with that it is a win. In dialectical

thinking you can come to a molding of the two opposing things. In ambiguous loss the author emphasized that there may never be a molding of the two opposing things. There is a tension with ambiguous loss because it never seems to resolve. Since there may not be a solution you have to learn to live with the ambiguity and anxiety that results. I had a POW (prisoner of war bracelet) during the Vietnam war. Everyone in high school had one. Even though I didn't personally know the person I prayed for him and was reminded of him when I looked at the bracelet. I knew who he was in name and serial number, and I prayed that he would still be alive, or get released, but in truth I never found out what happened to him. He was supposed to be alive but was he? Ambiguous loss is difficult because there is no making sense of it. With both/and thinking at least you can come to a resolution of sorts. I gave care to my elderly father and took him on a road trip out west with a wheel chair. We wheeled him right up to the edge of Bryce Canyon so he could look down into the depths of it. I knew he was going downhill in his health but I was thankful Bryce Canyon had ramps and paved walkways to wheel him around on. It was difficult for him to get around but he got what he called the "trip of a lifetime". If you can resolve the both/and thinking resilience is the reward.