

## **BOSTON GLOBE ARTICLE: SOME COMFORT FOR THE GREIVING: THERE'S NO WRONG WAY TO DO IT!**

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Grieving used to be seen as a very straightforward process: You cried at the funeral, you were sad for a few months, then you had some "closure" and got on with your life.

Most psychologists -- both pop and professional -- thought that anyone who didn't cry at the funeral was heartless, while those who were still sobbing a year later were regarded as overly emotional.

Mercifully, the emerging view among mental health experts is that grieving for a lost loved one is really a disorderly, highly idiosyncratic process -- that there are no set stages to go through and no "normal" or "right" ways to do it.

For Lynn Osborn, 48, of Belmont, who lost her husband to Lou Gehrig's disease four years ago after a slow, awful decline, the grieving process "has been very personal, and it's still not over yet."

"Fortunately, it never occurred to me that there was a 'right' way to grieve," said Osborn, the mother of two sets of twins, ages 8 and 11.

A vivacious woman with a passion for rowing and ballet, Osborn has become something of an expert on grief. She lost her father to a car crash 16 years ago. ("I had had breakfast with him that morning. I came home to a phone call saying he had been killed.")

Though she had much more time to prepare herself for her husband's death, it was no less terrible when it actually came than her father's had been, she said.

As the disease slowly robbed her husband, Charley, also a rower, of his ability to pick up his children, feed himself, talk, and, toward the end, even blink and smile, Lynn spoke with a psychiatrist at Massachusetts General Hospital. "I told him I felt there was a freight train coming. He said, 'There *is* a freight train coming. And there is nothing you can do to prepare for it.' "

Osborn said that insight proved liberating -- and very different from the kind of counseling someone in her position might have received in the past.

In the old days, following (or perhaps twisting) the advice of Sigmund Freud, there was a virtual commandment for people to "process" their grief intensely, then "let go" and, as soon as possible, "move on."

But newer research has shown that there is no right way to grieve.

Some people get depressed when a loved one dies. Some don't. Some move on reasonably quickly. Others maintain a relationship with the deceased that new research indicates is healthy, not depressing.

"The idea that grief is necessarily a debilitating experience is not true. We cope much better than our social expectations say we will," said psychologist George Bonanno of Columbia University Teachers College, who has shown that among a group of "normal,

everyday people," only about half will get depressed at any point during their grieving process.

Maintaining a "continuing bond" with the person who has died is also normal. That doesn't mean living in the past but honoring the ways in which the relationship, in a sense, still goes on, said Phyllis R. Silverman, an associate in the department of psychiatry at Massachusetts General Hospital and author of the 2004 book "Widow to Widow." The relationship with the dead person "is a part of who we are. So, much of our life is still connected to that person."

It's also common -- and not crazy -- for bereaved people to talk to the person they have lost, said Roxane Cohen Silver of the University of California, Irvine. "There is no sign that is unhealthy."

And it is normal to feel distressed when you realize you are moving on, said Silver, citing the case of a patient who had lost a child. "One of the worst days of her life was when she realized she had gone 15 minutes without thinking about her baby. She realized she was feeling better, but that also got her upset."

Although there's no way to fully prepare emotionally for the expected death of a loved one and no "right" way to grieve afterward, there are a few things that can help, according to Dr. John Rolland, a psychiatrist and codirector of the Center for Family Health at the University of Chicago.

In a couple, if the husband has a potentially fatal disease and the couple has had traditional gender roles, it may help to begin to "reorganize" these roles while the husband is relatively healthy. The wife may want to look for a job, said Rolland. If she doesn't know how to balance the checkbook, he could teach her. "You can't wait until the person is lowered into the ground."

It also helps, he said, to do some "re-prioritizing so that life goals are focused on the here and now rather than 30 years later."

Researchers used to think that grieving before a loved one's death made things easier later. But many people are still "shocked by how intense the grief is because they figured they had already done this," said behavioral scientist Kathleen R. Gilbert at Indiana University in Bloomington.

Osborn has some suggestions, too.

One is to "record your loved one's voice. I didn't figure that out" with Charley, she said. "But I will do that for my children."

The other is to treasure the time you do -- and did -- have with the person you love.

"I don't mean to be a Pollyanna, but I had 20 wonderful years with that man," she said. "There are people who don't have one day as happy as I had."

"It took me six months after Charley died to realize that that feeling will never go away. It's like the Grand Canyon. There's this big hole, and it hurts like hell, but it's beautiful."

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