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Presentation Transcript
Understanding Loss
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Good afternoon. Bill here for LifeResource Ministries.

Not long after I started in private practice, in 2003, some friends, who had lost a child, introduced me to the Children's Grief Center of New Mexico. I learned a lot about grief there, as I was facilitating grief groups for children. About four years later, I started training to learn EMDR and anxiety therapy.

Somewhere along the way, I learned that losses can cause two fundamental reactions – depression, which is about the past (your dog dies, or you lose your job, right, and you get depressed), and anxiety, which is the anticipation of losses in the future (the dog *might* die, or I *might* lose my job). So anxiety and depression are related, then. They're both about loss. All other grief and trauma symptoms come out of these two experiences.

I also learned from my EMDR training that PTSD is about loss as well – a loss of a sense of self, a loss of safety, a loss of control, and the anxious anticipation of them occurring again.

About the time I began learning all this, I managed to make myself a pariah in a church that I had, in a lesser way, helped to found. I had to leave. And so I experienced some losses of my own that were going on concurrently with all this learning about loss that I was encountering.

But what really helped me to understand the depth of loss were three women who all lost their very young daughters to suicide. So today, I'm going to pass on what I've learned about that – or, at least, a part of it – from them, in hopes that *you* can better recognize grief, trauma, and PTSD when you experience it or see it in others.

There are a number of ways people respond to loss. What determines a response is a complex issue. One of the issues has to do with the type of loss. So let's start with one type. Let's start with grief.

Grief we could call, primarily, an emotional reaction to the loss of a loved one through death. Here are some of the symptoms:

- *Profound sadness* – I met a man in old age, who had lost his wife to a prolonged illness. And he would say, “Everything reminds me of her – everything I do, everything I see everywhere I go, everything I eat, even. I miss her so much.” And he was a very sad person.
- There's also something called *separation distress* that's a part of grieving. The bereaved person will experience separation distress, which is a normal response to grief. They'll wander around the house, looking for the missed person. Or, they will obsessively dwell on the loved one – somewhat like the man I just mentioned. They are preoccupied with the person who has died and seek reminders of them, and are aroused and continually focused on the lost loved one. It's been likened to the loss of a limb in surgery. For example, when a person has an amputation, sometimes it feels like the limb is still there. They call that phantom limb pain. People, sometimes, wander around the house looking for the lost loved one, and the sense is, they should *be* there.
- Another thing that happens is *depression*. Since depression happens when we suffer loss, grieving people often get depressed. There's a lot of good research that came out of Columbia University some few years ago about grief. And they learned that people can overcome grief, usually, in from six months to three years without therapy. Sometimes therapy can even make it worse. The exception to all of this is when the loss is traumatic. And we'll go into detail about this kind of loss in a few minutes.
- There are some other less frequent manifestations as well:
 - *Physical pain* can be a part of it. One of the three women I worked with suffered severe upper back pain and that diminished as she passed through her grieving. Another, while we were doing EMDR, would feel pain that would jump from place to place in her body – her elbow, her foot, her back – different places.
 - Also *emotional numbing* can be a part of it – you know, “Oh well, hard things happen. We just have to keep moving forward,” people say. Or people often ask me, “Why can't I cry about it. Everybody was crying at the funeral but me. Don't I care?” Well, this is called emotional numbing. It's kind of like shock for the body. We don't feel the pain as a defense against the wound. People that are worried about this can think of numbing as proof of love and the pain of loss.
 - This might surprise some folks, but *hallucinations* are quite frequently a part of grieving. After my father died, my mother would sit in her chair, look over at my father's chair and see him sitting there. Pragmatic woman that she was, she switched the chairs and sat in his chair, and that stopped it.
 - *Delusions* also. A friend of mine, who lost his son in an accident at school, said that after that, for two years, every time he would hear an ambulance, he would

think his other son had died. These are caused by the stress of loss and not mental illness. Delusions and hallucinations can be caused something as physical as a high fever, or, in this case, caused by a person's anxiety from the losses they've incurred. It *doesn't* mean that they're going crazy or they're going to become schizophrenic, or something like that. Once the anxiety goes down, brain function returns to normal. One woman would see people wearing her daughter's three favorite colors and she would believe that her daughter, who was a mischievous girl in life, was teasing her. Some people believe it's not good to go along with delusions, but I could see clearly that this comforted this woman and that she needed to do it, so I would say, "When you see those colors, it feels *so* good. It feels like you and your daughter are near to each other – like she's nearby – and that you have a connection with her." And I also noticed that, as she recovered from the grief, these events occurred less and less frequently.

In the seventies, there was a woman named Elisabeth Kubler-Ross, who wrote a book about loss, in which she identified various stages of grief and opined that these stages followed in a set order. The elements she identified we can see, but most care workers now believe that the elements *don't* follow any particular order – anger, denial, bargaining, etc. happen in a different order for different people. Some never experience some of the stages. So every situation is different. Don't read the book and think that you know all about grieving.

Secondly, after grief, let's talk about trauma.

I went to a workshop recently in which the presenter wisely commented that the term has been taken into the culture and used to describe anything we dislike, or anything that's unpleasant to us. He said he heard his teenage son talking to friends about being traumatized because their customary table was taken in the cafeteria at lunchtime. You hear people talking about that all the time – you know, "It traumatized me." Well, it didn't. It's almost become a term for "I didn't like it." Since we're all human, we all have limitations to what we can tolerate emotionally. And when stressors exceed resources, the following symptoms begin to manifest. So stressors exceeding resources is what causes trauma. And there are specific symptoms that follow along. I'm going to read you some of the symptoms out of the book – not read, actually, but just enumerate:

- Repeated, disturbing memories, thoughts or images of the event.
- Obsessive cycling around the event – can't get it out of your mind.
- Terror.
- Repeated, disturbing dreams of the event – nightmares, obsessive dreaming.
- Suddenly acting or feeling as if the event were happening again – flashback, disruption or terror coming out of nowhere.
- Being highly upset when reminded of the event
- Physical reactions, like:

- Heart pounding
- Trouble breathing
- Perspiring when reminded.
- Avoiding thinking about the event or having feeling related to it.
- Avoiding activities or situations because it reminds you of an event. One woman that I worked with was taking a bubble bath while her daughter was hanging herself in her room, and she said, “I can never get in that tub again.” So she’s going to avoid the circumstances.
- Trouble remembering important parts of an event. I’ve noticed that some things are etched forever into the mind of trauma victims, and at the same time, there are large gaps in the story.
- A loss of interest in things we used to enjoy. That’s what happens to us when we’re depressed.
- Feeling distant or cut off from others – no desire to connect, or knowing that others are pitying us and that makes us feel disconnected and different. It’s hard to connect to folks when we know that they’re feeling that way about us.
- Emotional numbing – unable to have loving feelings for those close to us – another symptom of depression. I think part of that is, “Well, what if *they* die, too?” – the anxiety of losing somebody else would make it seem doubly hard. And also, something that comes with this that I hear often, “Well, nobody understands how I feel.” So that makes us feel separated or cut off from others.
- Here’s another important one – a perceived threat of danger – feeling like your life will somehow be cut short, or the world is an unsafe place. My friend who lost his son told me, “I learned that life is unpredictable, so I felt compelled to live it to the full.” So he bought a motorcycle, I think, to challenge his own fear. One of the women I worked with told me, “When I’m driving a car, if another car drives up beside me at a light, I quite often get anxious.” She feels vulnerable or threatened.
- Insomnia – this is a big one. Both depression and anxiety are sleep robbers. And this just makes things worse. It’s harder to focus. We’re irritable. And irritability or anger is often a big part of this – quite frequently because of a lack of sleep.
- Sometimes there’s rage over what happened also.
- Sometimes there’s irritation over the unpleasant symptoms that seem to hang on forever.
- Another one is hyper-vigilance. When a person has been hurt, there’s a knee-jerk reaction to even slight stimuli. There’s an intense anxious hyper-vigilance that comes with that.
- Difficulty concentrating. When we’re depressed or anxious, concentration is more difficult. It’s harder to make decisions and to stay focused.
- And then, being jumpy, keyed up or easily startled. The anxiety causes that.

I want you to think with me about Paul – the apostle Paul. In 2 Corinthians 1:8, he said:

2 Corinthians 1:8 – *For we do not want you to be unaware, brothers, of the affliction that we experienced in Asia.* So now he’s going to tell us about what happened to him in Asia. *For we*

were so utterly burdened beyond our strength that we despaired of life itself – burdened beyond strength. Resources were overwhelmed by stressors. We wonder what the stressors might be. You know, Paul said that he faced wild beasts at Ephesus. And Ephesus is in Asia, so maybe his stressors were lions. And he said he became despairing of life itself. Well, that sounds a lot like depression to me – and this from the man that Pearl Buck called the great lion of God – a man of great faith and productivity in Jesus Christ – a man *called* by Christ and trained by Christ Himself for three and a half years in Arabia. Even he had his limits. So, it's not humiliating to hit the end of our limitations – our resources. And we all can, if the stressors are severe enough. And he felt – while he was in that state – overwhelmed, distant from God, and cut off from support, and undoubtedly terrified by his circumstances.

So what is PTSD? If all that's trauma, what is PTSD? Well, the symptoms that I just listed to you are the symptoms in the DSM that comprise PTSD – post traumatic – *after* trauma – stress, or anxiety, disorder. PTSD is an anxiety disorder. The anxiety a person faces is caused by the stressors.

Currently, there's a battle royal going on about whether PTSD should be called a *disorder*. One side says calling it a disorder makes it sound like mental illness, when it really is just a cluster of symptoms, caused by an event or events. People on that side are mostly the therapists who know that labeling people with disorders often deepens the pathology and makes them feel more sick and more helpless, while normalizing moves people toward resolution. The other side says, "But if we don't call it a disorder, the feds and the insurance companies are less likely to pay to have it treated. Do you know who is on that side? Well, it's the people who run the clinics, and the hospitals, and, of course, big pharma. They want things to be considered worse, so they can give more treatment, fill more beds and sell more drugs.

Always try to remember that PTSD should be about stress symptoms, *not politics!* Stress is caused by anxiety. PTSD is an anxiety issue. And the symptoms...you know, I've never seen anybody with PTSD that had *all* of those symptoms – in the same severity, or even all the symptoms. So it's a cluster, and if you have enough of them, and they're severe enough, you can be given a diagnosis of PTSD – post traumatic stress disorder.

Now this is most likely to happen when the loss a person suffers is sudden, expected or violent. The most important thing that I learned from these three women that I told you about today is this: *trauma blocks grief*. One day, after about a year of treatment – trauma treatment – which was all about finding the body, and feeling the guilt, and the terror, and the fear and the rage, this woman asked me (when I say, "finding the body," I mean, "finding her daughter's body" hanging from a bedpost in her bedroom)...after a year of treatment from the shock and the trauma of it, she asked me, "Why does this hurt so much? I just miss her so much." I had never heard that quite that way before from her. And I realized she was now feeling the loss, rather than the terror and the drama of the trauma. So it was now about missing and loving her beautiful child. But she couldn't do that until the trauma had been resolved. She would have a panic attack every time

she'd hear a siren. She couldn't drive by the hospital where her daughter was taken in an attempt to resuscitate her. She would have panic when she would see people wearing scarves, because her daughter used a scarf. Trauma blocks grief – very important to know.

We talk about people who are stuck in their grief. You know, if you look back at the trauma itself, you may find that it was sudden, violent and unexpected. Almost all automobile accidents have some element of PTSD associated with them. Almost all child deaths have PTSD associated with them, because children usually don't die from a prolonged illness, where everybody has time to get ready for it. Some do, but...and even then, that's traumatic for most people, because children just aren't supposed to die that young.

The first step in helping someone or self is to understand the issue. And that's what we attempted here today – to understand the loss. If you absorb this information, you are way ahead of 95% of the population in helping yourself or others. You have to know what it is.

Now, what do we do with it? Well, that's what we will discuss next time – how to help yourself or other people who may be grieving, traumatized or experiencing traumatic grief. And believe me, most of us do *not* naturally know how to do this. So this is a really important thing to think about.

Now, I said in the last presentation that this would be the last presentation in our series, *Taking a Look at Our Emotions*, but after I prepared this one, I realized there was way too much content for the time allotted. So next time, we're going to finish off our series on emotions with this presentation that deals with *Recovering from Loss*, be it grief or traumatic loss. And that will be the conclusion of this now ten-part series on emotions.

Until next time then, this is Bill Jacobs for LifeResource Ministries, serving children, families and the Church of God.