

ACTIVE GRIEVING PROCEDURE

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In the last newsletter, I wrote about grief as a positive, transformative process. I wanted to encourage readers to see welcoming their natural grieving process, though painful at the time, as a necessary and enriching path to healing and growth.

This issue, I want to describe some simple and safe techniques that will allow you to take an active part in facilitating your grieving process. I will, in large part, be encouraging the reversal of many of the "techniques" that we *use* in our culture to suppress the natural grieving process. Your body knows how to grieve and will direct the process to a healing conclusion, *if* you can stop suppressing it.

Although what I say applies to grieving for any loss, I will choose my examples from grief relating to childbearing issues. I am also describing gentle, self-help approaches. However, if you feel that your grieving is too intense to bear, that you are not able to get enough sleep or function, you may want to consult with a doctor about medications which can help you during the initial adjustment or with a professional counselor who can help you with your grieving process,

Suppressing Grieving

The major ways of suppressing grieving are:

- (a) thinking about other things;
- (b) getting busy.

These are adaptive during some times of the day when you are actively choosing to suppress the grieving and get other things done. They are maladaptive during those moments when you are choosing to allow your grieving,

Choosing to Grieve

It may help to know at the outset that you can choose to stop your grieving when you have to do other things and to allow it again when you are able.

The "**present time**" **technique**, borrowed from Reevaluation Co-Counseling, is a way of stopping the process and becoming present and functional in the everyday world. For instance, if you have been grieving, and you need to drive your car somewhere, talk on the telephone, or go to work, "present time" will help to ground you in external reality so that you can function.

"Present time" involves concentrating your attention on very concrete, external objects, instead of the inside place where grieving comes from. For instance, you might take some time to do one of the following:

- (a) name all of the round (or square or red or whatever) objects in the room;
- (b) describe in detail the face of someone in the room or a piece of art work before you
--the more intricate, the better.

Continue with "present time" exercises until you feel that your feet are on the ground and your vision cleared. Then, do what you have to do.

"Present time" may not be possible during the very early stages of grieving when wave upon wave of intense emotion may arise. In this case, it is better to take

a day or two off in a protected environment and simply allow the waves of grieving, trusting that they will lessen. However, as you become more familiar with grieving, you will find that, if you start crying, you will not "fall apart" or be "out of control" in a harmful way. People seldom cry without stopping for more than a few minutes at a time. Your body also knows how much pain you can tolerate and when it needs to shut down.

So, as you become accustomed to grieving, you will find that you can go into a bathroom for five minutes when something reminds you of your loss, allow the grieving, and return to whatever you were doing. Instead of using energy to suppress the grieving, you will actually find yourself refreshed and cleared by the few minutes of grieving.

Active Grieving

During the time that you are setting aside for actively grieving, you will want to do whatever you can to allow yourself back into the natural body process. Here, you will go against all the ways you have learned of suppressing.

You will go to a quiet place without distractions or possibility of interruption.

You will purposely choose to look at or to think about or to remember things that will allow the tears, anger, and more tears to come. For instance, in hospitals sensitive to the need for grieving, parents of a still-born or soon-dead infant are encouraged to spend some private time holding the baby, touching it, smelling it, creating memories of it, and grieving for it. If the parents want, they can take pictures, arrange for a funeral and burial for the child, keep its ID bracelets, blankets, and tiny clothes. They are encouraged to name the child, to have a remembrance on its birthday in future years.

In previous times, dead babies were whisked away as if they had never been, and parents were left alone to deal with their grieving, or, more often, left with a grieving that, not allowed to heal, festered as an unconscious wound.

If your baby has died, be it through abortion, another month of infertility, a miscarriage, a still birth, or an early infant death, and if your tears or anger are not coming easily, it is important to allow yourself access to these emotions.

It is okay to sit in a rocking chair, imagine that you are holding the baby in your arms, begin to sing a lullaby, if these actions allow the tears to come. It is okay to hold and caress the baby clothes, again if this allows the tears of sadness and anger to come. In dealing with my infertility, I closed myself in a room each month with my issue of *Resolve*, an infertility newsletter, and cried tears of sadness and sometimes joy in reading the stories of other's failures and successes.

Focusing Questions

Once you have been able to find your tears and anger, it is important to look for exactly the right words, or perhaps an image or a gesture, to capture the feeling. Finding the exact words or image allows your body process to take a step forward--to finish and let go of one little part of the larger issue. For instance, on one occasion grieving my infertility, the words were "I feel like a dried up stick." Although these words aren't pleasant, once they were said out loud, I could think about that--and all the ways that I wasn't a dried up stick just because I couldn't conceive a baby.

Crying "without knowing why" is also an upsetting experience. It seems like it will go on forever and is one reason people often give for why they don't want to approach their feelings. There are *always* words or images associated with a feeling. If you are having trouble finding them, you can ask yourself gentle, open-ended "focusing" questions like, "What is it that's so hard about this loss?"; "How is it that I'm hurting about this right now?"; "What's the worst of it?"; "What makes me so sad or angry or afraid?" It's

important not to answer from your head, your already-known answers, but to wait quietly and allow an answer to arise from the Creative Edge of your feelings. Finding words or images can often bring a physical experience of relief, an "Oh, it's *that* that's so painful. I can deal with that."

Grieving a loss takes a long time. In pregnancy or infant loss, you are grieving not just the actual child, but all the imagined potentialities of that child. Similarly, in divorce, you grieve not just this particular marriage but the image and fantasy of what it *should* have been.

But grieving, especially of someone who has died, taking a silent moment to remember and to touch your feelings about that person, can also be a rich moment of touching your love for that person as well.

In times of loss, it can be comforting to share your pain with others who have gone through similar experiences. Your local hospital or newspaper will have a listing of support groups in your area.

Books:

Eugene T. Gendlin, *Focusing*. Bantam Paperbacks, 1981. A gentle self-help technique for getting out of your intellectualizations and into your body-process.

McGuire, K. *Focusing In Community (Focusing en Comunidad): How To Start A Listening/Focusing Support Group*, 1981, 1984, 2007 Available, along with multimedia teaching aids, in The Self-Help Package at Creative Edge Focusing™, www.cefocusing.com

