



spotlight on health

The Importance Of Rituals In Coping With Grief

(NAPSA)—By understanding the value and significance of bereavement, mourning and grieving, doctors can play a valuable role in helping families cope with and move past their grief.

During the last century, the accepted period of mourning shrank from three years to one week. As a result, many who grieve may not get the support they need from their loved ones or their doctors.

According to M. Katherine Shear, MD, Professor of Psychiatry at the University Pittsburgh Medical Center, “Traumatic grief is a relatively neglected area of clinical medicine and is likely to be prevalent and contribute to morbidity and mortality. It’s a risk factor for impaired immune function, poorer physical health, increased use of alcohol and cigarettes and suicide.”

Research has shown that grief following sudden or preventable death or suicide and parental grief are likely to be prolonged, with mourners reporting high distress, depression and disorganization.

Normal grief reactions include insomnia, anxiety, depression and low self-esteem. Post-traumatic grief reaction includes yearning for the deceased, a pre-occupation with the deceased, feeling stunned and difficulty accepting death.

A conference, taking place before the annual conference of the American Psychiatric Association Meeting, will focus on the identification and treatment of bereavement-related complications. This conference is supported by an educational grant from Alderwoods Group, Inc. Con-



Funeral directors and doctors can work together to help a patient cope with grief.

ference participants will include physicians and healthcare professionals who have experience in helping patients cope with the death of a loved one.

Leave-taking rituals such as funerals can help people cope with grief by providing opportunities for the public and private display of grief, a way to affirm the relationship of the deceased to the community and affirm the continuity of the community—but these may not be enough for some individuals.

Transformation rituals such as creating a memory box, planting a tree, piecing a quilt, establishing a memorial fund or building a playground in the deceased person’s memory can help a person gain emotional energy and enable them to get on with their life.

“Many widows and widowers never fully accept the fact of their spouses death and exhibit adverse health symptoms for many years after the loss of the spouse,” said James C. Ciarcia, MD, Associate Clinical Professor of Psychiatry, Yale University.

Experts say that death-denying factors may be responsible for creating widespread social, economic and pathological ills.

According to the Society for the Advancement of Bereavement Management, the discussion of death, dying and grief is nearly forbidden in our society and Americans are not provided accurate and balanced information to manage and cope with death.

Even the general medical community may be unaware of the adverse health effects of complicated grief and of the funeral director’s role in its management. A simple gesture, such as a letter of condolence from a doctor can help in the healing process.

In 1999, there were 2,378,050 deaths in America, with an average of six family members affected directly by every death. At least 20 percent of these people may encounter some complications associated with unresolved grief.

Sometimes therapeutic intervention is necessary. The Society for the Advancement of Bereavement Management has created programs in which a funeral director stays in contact with the family doctor to help families recover from their grief.

Information gathered by this program will serve to help understand the nature of grief and successful grief resolution.