

TIME'S PASSING MEANS NOTHING TO LOSS

It stalks you like a cat

Like a root

Whenever you stumble on it, it is right there

It yawns across the vastness of a smoothly made bed

In the kitchen it stirs in the empty chair

Or it sits at the next table in the restaurant

With that profile you can't stop glancing at

Loss keeps picking up the thread of the conversation

It imagines it is still in the middle of it

But the thread doesn't go anywhere

Loss forgets it can't pick up the telephone and call

Until its hand is in mid-air

Loss can sleep like the dead

Like a snake coiled among warm rocks in the sun

But it wakes up hungry

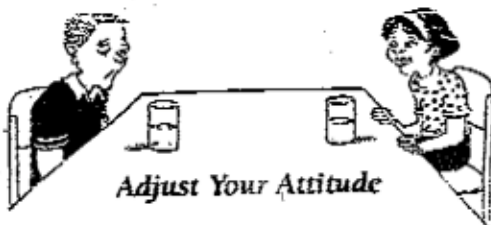
With venom and fangs intact

Loss forgets what it can and cannot have

Loss never forgets what it wants.



Deal with Your Feelings



Adjust Your Attitude



Discover Your Choices

The COPING SKILLS Workbook



Take Care of Yourself



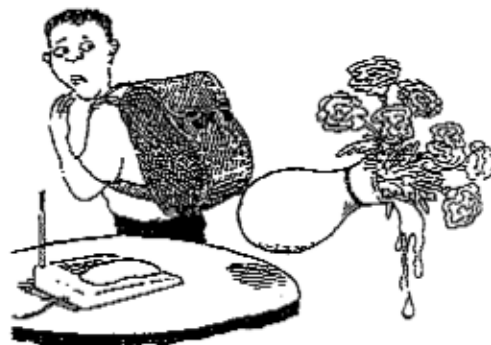
Ask for Help



Give Yourself a Relaxation Break



Take One Step at a Time



Accept Imperfection



Plan Ahead

Attitude

by

Charles Swindoll

"The longer I live, the more I realize the impact of attitude on life. Attitude, to me, is more important than facts. It is more important than the past, than education, than money, than circumstances, than failures, than successes, than what other people think or say or do. It is more important than appearance, giftedness or skill. It will make or break a company . . . a church . . . a home. The remarkable thing is we have a choice every day regarding the attitude we will embrace for that day. We cannot change our past . . . we cannot change the fact that people will act in a certain way. We cannot change the inevitable. The only thing we can do is play on the one string we have, and that is our attitude . . . I am convinced that life is 10% what happens to me and 90% how I react to it. And so it is with you . . . we are in charge of our Attitudes."

Letting go

- Helpless, hopeless, hapless-felt by even confident folks
- Feeling of poor self-worth
- Anger, disappointment toward the deceased and/or our self
- Understanding how we co-create a relationship
- Taking responsibility, facilitator can use-reflection
- Object: free our heart to love again
- Address, ambivalence over addiction's cheating, commitment conflicts, or other problems during the relationship
- Normalize with others with similar ambivalence symptoms more heightened
- If present addictions, reach out for help
- Recommend
- Melonie Beattie: language of letting go
- Book: language of letting go

Table 19.4. Changing Mood: The Effect of Various Interventions on Energy Level and Tension.

Intervention	Effect on Energy Level	Effect on Tension Level	Notes
<i>Yoga</i>	Increase	Decrease	
<i>Ten-minute brisk walk</i>	Increase	May decrease	Energy level is enhanced for thirty to ninety minutes afterward; fatigue disappears within one to two minutes of beginning walk.
<i>Aerobic workout</i>	Increase	More vigorous workouts more likely to reduce	Energy increase occurs about one hour later.
<i>Sugar snacks</i>	Immediate increase	Increase	Energy level falls below pre-snack level one hour later.
<i>Good night's sleep (seven to eight hours)</i>	Increase	Decrease	Loss of sleep decreases energy and increases tension
<i>Nicotine</i>	Increase	Decrease	Lasts for only a few minutes.
<i>Alcohol</i>	Increase	Lessens inhibitions, but doesn't really decrease tension	Effect is temporary and only at the beginning of the episode.
<i>Caffeine</i>	Increase	Increase	
<i>Benzodiazepine (Valium)</i>	Increase	Decrease	
<i>Increase in negative ions (cleaner air)</i>	Increase	Decrease	

information is available about the individual's defenses or coping patterns during the recent time period that preceded the evaluation. The specific defense mechanisms listed may be drawn from the different Defense Levels.

The Defensive Functioning Axis is presented first, followed by a recording form. The rest of the section consists of a list of definitions for the specific defense mechanisms and coping styles.

Defense Levels and Individual Defense Mechanisms

High adaptive level. This level of defensive functioning results in optimal adaptation in the handling of stressors. These defenses usually maximize gratification and allow the conscious awareness of feelings, ideas, and their consequences. They also promote an optimum balance among conflicting motives. Examples of defenses at this level are

- anticipation
- affiliation
- altruism
- humor
- self-assertion
- self-observation
- sublimation
- suppression

Mental inhibitions (compromise formation) level. Defensive functioning at this level keeps potentially threatening ideas, feelings, memories, wishes, or fears out of awareness. Examples are

- displacement
- dissociation
- intellectualization
- isolation of affect
- reaction formation
- repression
- undoing

Minor image-distorting level. This level is characterized by distortions in the image of the self, body, or others that may be employed to regulate self-esteem. Examples are

- devaluation
- idealization
- omnipotence

Disavowal level. This level is characterized by keeping unpleasant or unacceptable stressors, impulses, ideas, affects, or responsibility out of awareness with or without a misattribution of these to external causes. Examples are

- denial
 - projection
 - rationalization
-

ADJUSTMENT DISORDERS

The hallmark of this disorder is a maladaptive reaction to an identifiable stressor(s). The stressor may be single or multiple. The severity of the reaction can not be extrapolated from the intensity of the stressor. Instead, the reaction is a function of the vulnerability and coping mechanisms of the individual.

ADJUSTMENT DISORDERS

Goals

1. Alleviation of emotional, psychological, or behavioral distress
2. Improved coping
3. Improved problem solving
4. Improved adjustment
5. Improved stress management
6. Improved self-esteem
7. Improved social interaction
8. Development of social supports

Treatment Focus and Objectives

1. Mood Disturbance
 - A. Educate regarding relationship between mood and adjusting
 - B. Identify predisposition/history of emotional response to stressors
 - C. Review methods of coping in similar situations
 - D. Reduce stimuli to decrease agitation/anxiety
 - E. Develop appropriate daily structure
 - F. Identify precipitating factors that exacerbate mood disturbance
 - G. Educate regarding importance of good nutrition
 - H. Regular physical exercise to release tension and decrease fatigue
 - I. Journal writing to vent thoughts and feelings and to clarify and facilitate problem solving
2. Ineffective Coping
 - A. Encourage appropriate venting of thoughts and feelings
 - B. Identify physical activities that provide for a healthy outlet for negative feelings
 - C. Encourage independent functioning
 - D. Facilitate identification of factors that person has some control over and initiate problem solving. Also identify factors that person has no control over and initiate letting go
 - E. Increase awareness for person's response to feelings of powerlessness (victim role, manipulation of others, helplessness, etc. . . .)
 - F. Positive feedback and reinforcement toward improved coping
3. Impaired Problem Solving
 - A. Facilitate identification of the issues
 - B. Facilitate development of alternative ways to manage or resolve issues
 - C. Facilitate individual to take action, being aware of the consequences and alternative choices should they be necessary
4. Impaired Adjustment
 - A. Have person describe their functioning prior to the change

- B. Have them describe their “normal functioning”
 - C. Encourage venting of thoughts and feelings associated with change or loss
 - D. Encourage independent functioning
 - E. Facilitate problem solving of how the person is going to incorporate the change or loss as a life experience
 - F. Identify problems associated with the change or loss
 - G. Utilize modeling and role playing to prepare person to follow through on dealing with difficult areas
 - H. Refer person to appropriate community resources
5. Ineffective Stress Management
- A. Teach relaxation techniques
 - 1. Progressive muscle relaxation
 - 2. Visual imagery/meditation
 - B. Self-care (exercise, nutrition, utilization of resources)
 - C. Educate regarding role of negative self-talk
6. Low Self-Esteem
- A. Be accepting and nonjudgmental to person
 - B. Facilitate identification of realistic expectations (goals) and limitations
 - C. Facilitate identification of person’s assets/strengths
 - D. Facilitate identification of areas of desired change and develop a problem-solving framework that person can utilize in working toward those goals
 - E. Encourage and support person in confronting areas of difficulty
 - F. Discourage repetition of negative thoughts
 - G. Encourage taking responsibility for choices and behaviors
 - H. Facilitate increased self-awareness
 - 1. Journal writing
 - 2. Exploration of thoughts and feelings
 - I. Facilitate self-acceptance
 - 1. Identify personal beliefs and value system
 - 2. Encourage objectivity and positive regard to the self versus rejecting. Educate the person about the impact of negative self-talk on self-esteem
 - J. Focus on the positive; reframe failures as opportunities to learn
 - K. Positive feedback and reinforcement
7. Impaired Social Interaction
- A. Facilitate increased awareness for behavioral responses in relationship and how others experience and interpret their behavior
 - B. Identify ineffective and inappropriate attempt to get needs met, such as manipulative, angry, or exploitative behavior
 - C. Identify appropriate verbal and behavioral responses
 - D. Role model and practice appropriate verbal and behavioral responses for a variety of anticipated situations
 - E. Utilization of resources
 - F. Positive feedback and reinforcement for efforts and accomplishments
8. Lacks Social Support
- A. Educate and support regarding the development of an appropriate and adequate support system

Hardiness

Sense of Challenge Difficulties and obstacles are perceived as "challenges" and opportunities for growth, rather than "threats" to one's security.

Sense of Commitment The care provider is involved in life's experiences and derives satisfaction from meaningful relationships in work, family, and social life. There is a sense of purpose and acknowledgment of the value of one's work. This requires the development of a personal philosophy on life and death.

Sense of Control The care provider tends to believe and act as if he can influence the cause of events, rather than feeling helpless when confronted with adversity. However, when caring for dying individuals, control would involve a process of coming to terms with one's limitations. It is important to distinguish what can be changed and requires intervention, from what cannot be changed and requires acceptance.

Hardiness is a constellation of attitudes, beliefs and behaviors which differentiates professionals who manage high stress well and remain healthy from those who are more vulnerable to burnout.

Manifestations of Stress

Physical Manifestations of Stress

Fatigue and exhaustion
Headaches or migraines
Neck and back pains or stiffness
Gastrointestinal problems
(nausea, diarrhea, constipation, ulcers, colitis)
Chest pains or palpitations
Breathing difficulties
Vulnerability to colds and flu
Eating disturbances and weight gain or loss
Sleep disturbances

Psychological Manifestations of Stress

Emotional Manifestations
Depression—loss of self esteem
Frustration
Anxiety
Irritability, overreaction to minor issues
Angry outbursts and blaming of patients, co-workers or self
Chronic unresolved grief for patients
Crying tendencies
Conflict-laden dreams
Decreased job-satisfaction
Lack of interest, apathy, sense of boredom

Intellectual Manifestations

Forgetfulness, decreased concentration, inattention to detail
Slower thinking
Day dreaming

Behavioral Manifestations

Withdrawal from patients and co-workers
Mood swings
Absenteeism from work
Impaired problem-solving abilities, and difficulty making decisions
Injuries and impaired performance
Difficulty meeting schedules and deadlines
Increased use of alcohol, cigarettes and/or drugs

Social and Family Manifestations of Stress

Job tensions at home
Family resentment and conflicts
Decreased or increased sexual energy
Limited time for friends

When we work with dying people, a certain degree of burnout is probably unavoidable. Yet, the development of appropriate strategies—both on an individual and institutional level—to help prevent and minimize the negative effects of burnout is usually achievable.

Love

Can be most rewarding

Lost.....most hurtful

Addictions/ intimacy/commitment conflicts

Exacerbate pain in loss of a relationship

Avoidance

Callous to love and others relational isolation and

Pain of a different form

Rebuilding

Deepen capacities

Rebuild self-esteem

Increase trust and hope

We reflect on our experiences

Engage with others

Gain self-awareness, understanding and compassion

A new dream

Spiritual Guidepost

Lord, make me an instrument of thy peace.

Where there is hatred, let me sow love;

Where there is injury, pardon;

Where there is despair, hope;

Where there is darkness, light;

Where there is sadness, joy.

O divine Master, grant that I may not so much seek

To be consoled as to console,

To be understood as to understand,

To be loved as to love;

For it is in giving that we receive;

It is in pardoning that we are pardoned;

It is in dying to self that we are born to eternal life

Francis of Assisi

HOLD ON TO WHAT IS GOOD

Hold on to what is good

Even if it is

A handful of earth.

Hold on to what you believe

Even if it is

A tree which stands by itself.

Hold on to what you must do

Even if it is

A long way from here

Hold on to life even when it is easier letting go.

Hold on to my hand even when

I have gone away from you.

Wood (1974)

The Indian Burying Ground

Exercise:

Talk about our beliefs in relocating the body

In spite of all the learned have said,
I still my old opinion keep;
The *posture*, that *we* give the dead,
Points out the soul's eternal sleep.

Not so the ancients of these lands—
The Indian, when from life released,
Again is seated with his friends,
And shares again the joyous feast.

His imaged birds, and painted bowl,
And venison, for a journey dressed,
Bespeak the nature of the soul,
ACTIVITY, that knows no rest.

His bow, for action ready bent,
And arrows, with a head of stone,
Can only mean that life is spent,
And not the old ideas gone.

Thou, stranger, that shalt come this way,
No fraud upon the dead commit—
Observe the swelling turf, and say
They do not *lie*, but here they *sit* . . .

PHILIP FRENEAU (1752-1832), from 'The Indian Burying Ground'

Spiritual Guidepost
Abraham Lincoln Condolence Letter

Dear Madam:

I have been shown, in the files of the War Department, a statement of the Adjutant General of Massachusetts that you are the mother of five sons who have died gloriously on the field of battle. I feel how weak and fruitless must be any word of mine which shall attempt to beguile you from the grief of a loss so overwhelming. But I cannot refrain from tendering you the consolation that may be found in the thanks of the Republic they died to save. I pray that our Heavenly Father may assuage the anguish of your bereavement, and leave you only the cherished memory of the loved and lost, and the solemn pride that must be yours to have laid so costly a sacrifice upon the altar of freedom.

Yours very sincerely and respectfully,

A. Lincoln

Trauma in the Greater Scheme of Things

- Devastating loss...
 - Transformative event
 - Traumas change our long - help often lifelong assumptions and core beliefs about the world
 - Interpret in optimistic or pessimistic ways
 - Assumptions and theories about the world have an existential quality that extends beyond optimistic or pessimistic styles - strongly help set of assumptions about world/self
- Confidently maintained
- Used as a means of recognizing, planning, and acting.
- Tragedy
 - Shatters our assumptive world
 - Leaves us in an existential VOID
 - Our success or failure in reconstructing a new world view - one that makes the untoward event understandable - plays a significant role in determining our future well being.

- Our assumptions about the world are so important for our daily sense of safety and security it is hard to assimilate events that violate long held beliefs. We are resistant to changing our schemas. All adverse experience causes great stress because of the incongruity between the trauma and their assumptions. This leads them to completely change their long-held assumptions. - For some victims.
- For some victims:
 - The stress created by the incongruity between the trauma and their assumptions leads them to completely change their long-held assumptions about the benevolence of the world and even their own self-worth.
 - To make the traumatic experience fit - they now assume the world is not a just and benevolent place or that they are not somehow deserving of a joyful life.
- This reassessment
 - Downward spiral of pessimism and cynicism
 - Potentially to ill health

- Reconciliation of the conflict between assumptions and reality does not have to follow this more negative course.
- Can find meaning and grow from adversity
- What does it all mean?

Relationships work best when both partners contribute roughly equally and each partner takes responsibility for his or her own mistakes and takes action to correct them.

CODEPENDENTS CHECKLIST

- Controls by helping
- Connects by controlling
- Fears abandonment
- Offers assistance that turns into intrusion
- Has no boundaries
- Fears vulnerability

DEVELOPMENTAL AGES AND POSSIBLE REACTIONS TO DEATH

AGE	THINK	FEEL	DO
3 – 5 years (preschool)	<ul style="list-style-type: none"> • death is temporary and reversible • finality of death is not evident • death mixed up with trips, sleep • may wonder what deceased is doing 	<ul style="list-style-type: none"> • Sad • Anxious • Withdrawn • Confused about changes • Angry • Scared • Cranky (feelings are acted out in play) 	<ul style="list-style-type: none"> • Cry • Fight • Are interested in dead things • Act as if death never happened
6 – 9 years	<ul style="list-style-type: none"> • about the finality of death • about the biological processes of death • death is related to mutilation • a spirit gets you when you die • about who will care for them if a parent dies • their actions and words caused the death 	<ul style="list-style-type: none"> • Sad • Anxious • Withdrawn • Confused about the changes • Angry • Scared • Cranky (feelings acted out in play) 	<ul style="list-style-type: none"> • Behave aggressively • Behave withdrawn • Experience nightmares • Act as if death never happened • Lack concentration • Have a decline in grades
9 – 12 years	<ul style="list-style-type: none"> • about and understand the finality of death • death is hard to talk about • that death may happen again, and feel anxious • about death with jocularity • about what will happen if their parent(s) die • their actions and words caused the death 	<ul style="list-style-type: none"> • Vulnerable • Anxious • Scared • Lonely • Confused • Angry • Sad • Abandoned • Guilty • Fearful • Worried • Isolated 	<ul style="list-style-type: none"> • Behave aggressively • Behave withdrawn • Talk about physical aspects of death • Act like it never happened, not show feelings • Experience nightmares • Lack concentration • Have a decline in grades
12 years and up (teenagers)	<ul style="list-style-type: none"> • about and understand the finality of death • if they show their feelings they will be weak • they need to be in control of their feelings • about death with jocularity • only about life before or after death • their actions and words caused the death 	<ul style="list-style-type: none"> • Vulnerable • Anxious • Scared • Lonely • Confused • Angry • Sad • Abandoned • Guilty • Fearful • Worried • Isolated 	<ul style="list-style-type: none"> • Behave impulsively • Argue, scream, fight • Allow themselves to be in dangerous situations • Grieve for what might have been • Experience nightmares • Act like it never happened • Lack concentration • Have a decline in grades

SURVIVORS' NEEDS

1. A non-judgmental listener to hear the details over and over and over. This helps break through denial as well as helps to start rebuilding trust.
2. Validation of feelings. What we feel is normal. No "shoulds", no timetable.
3. Clear, accurate information. Has a right to know what's going on.
4. Be given simple choices (restores power). Can I grocery shop for you or would you like to do it? Would you like me to go with you?
5. Ordinary acts of kindness and competence (restores trust). Practical help, i.e., cooked meals, babysitting, yard work. Not patronization.
6. Sharing of memories. Use of the loved one's name. **TEARS ARE OK.**
7. Sensitivity at the times of anniversaries and holidays. Anticipation of this and plans to meet survivors' needs. Mother's Day or Father's Day - Am I still a Mom? A Dad? How many children do you have? Stress that the relationship and love are still there even though the person has been physically ripped away.
8. Balance of activity and time alone.
9. Sometimes human presence. Not to chat; just someone to be there.
10. Support, not criticism, e.g., Going to the cemetery too little or too often. Keeping mementos, victim's clothing, etc. Letting go is a long process.
11. The survivor needs patience for self as well as patience from others.
12. Recognition that sometimes the normal tasks are too much, such as driving, because of lack of concentration, lack of energy, or fear.

**EACH SURVIVOR MUST WORK THROUGH HIS/HER OWN PAIN.
NO ONE CAN "MAKE IT BETTER" or FIX IT FOR THEM.**

**SURVIVORS HAVE TO ACKNOWLEDGE THEIR OWN NEEDS AND LET
OTHERS KNOW. We're not "always fine". Take responsibility for self.**

HELPING BEREAVED PARENTS

Do's and Don'ts

DO'S

- Do let your genuine concern and caring show.
- Do be available . . . to listen, to run errands, to help with the other children, or whatever else seems needed at the time.
- Do say you are sorry about what happened to their child and about their pain.
- Do allow them to express as much grief as they are feeling at the moment and are willing to share.
- Do encourage them to be patient with themselves, not to expect too much of themselves and not to impose any "shoulds" on themselves.
- Do allow them to talk about the child they have lost as much and as often as they want to.
- Do talk about the special, endearing qualities of the child they've lost.
- Do give special attention to the child's brothers and sisters—at the funeral and in the months to come (they too are hurt and confused and in need of attention which their parents may not be able to give at this time).
- Do reassure them that they did everything that they could, that the medical care their child received was the best or whatever else you know to be true and positive about the care given their child.

DON'TS

- Don't let your own sense of helplessness keep you from reaching out to a bereaved parent.
- Don't avoid them because you are uncomfortable (being avoided by friends adds pain to an already intolerably painful experience).
- Don't say you know how they feel (unless you've lost a child yourself, you probably don't know how they feel).
- Don't say "you ought to be feeling better by now" or anything else which implies a judgment about their feelings.
- Don't tell them what they should feel or do.
- Don't change the subject when they mention their dead child.
- Don't avoid mentioning the child's name out of fear of reminding them of their pain (they haven't forgotten it!).
- Don't try to find something positive (e.g. moral lesson, closer family ties, etc.) about the child's death.
- Don't point out that at least they have their other children (children are not interchangeable; they can't replace each other).
- Don't say that they can always have another child (even if they wanted to and could, another child would not replace the child they've lost).
- Don't suggest that they should be grateful for their other children (grief over the loss of one child does not discount parents' love and appreciation of their living children).
- Don't make any comments which in any way suggest that the care given their child at home, in the emergency room, hospital, or wherever was inadequate (parents are plagued by feelings of doubt and guilt without any help from their family and friends).

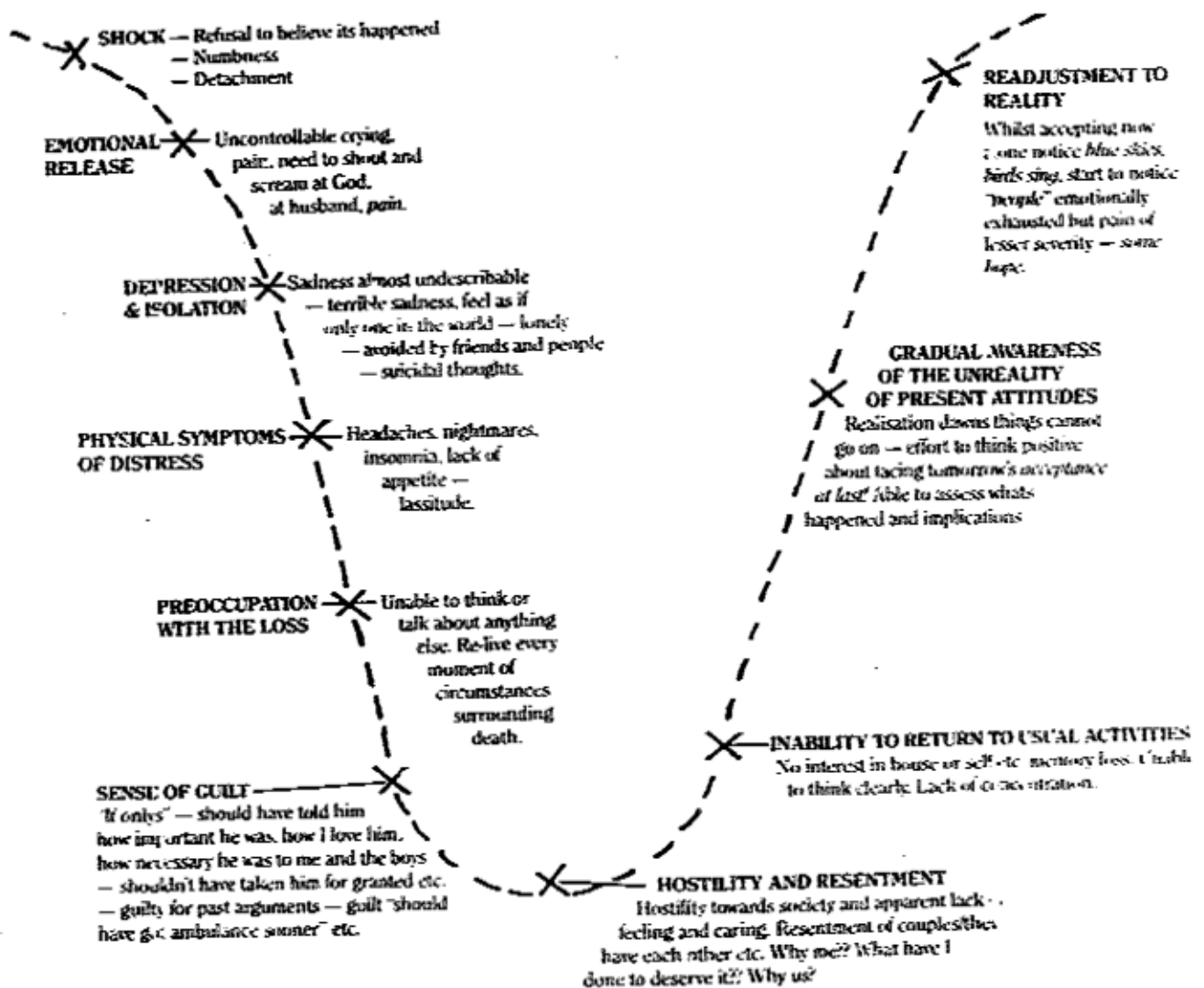
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Bereavement Support Programs

FIGURE II "WHERE ARE YOU UP TO?"

Grief has no time table — swing from one stage to another — as clock pendulum 'Downers' for no apparent reason — pain so strong takes your breath away — can only stand still. When at bottom — only one way to go — up — determined to go on for family and for one you've loved and lost.



Losing a partner is major amputation — struggle to gain identity — no longer wife (husband) not single — need help — must talk — with someone who will listen. Rejection by society compounds isolation.

DR. GRANGER WESTBERG.

Description by Jean Almond Founder of Solace

Facts and Misconceptions about Children and Grief

<i>Misconceptions</i>	<i>Facts</i>
They don't understand what has happened; they're too young.	Even the very young know when those around them are upset. Most understand more than adults realize.
Going to the funeral would just upset them.	Not being included in family rituals could be more upsetting. It helps to see how adults grieve.
I must protect them from loss and pain.	All children do experience losses and need help in learning ways to deal with them.
Children don't feel grief the same as adults.	Everyone grieves in their own way, depending on circumstances, developmental level, and life experience. This is usual and healthy.
When they have grieved once, it should be over.	As they develop, children must re-grieve losses in light of new understanding and abilities.
I won't say or do the right thing; I must be in control to talk to them.	There are no right answers, only honest ones. Saying something acknowledges their grief, dispels fears and misunderstandings.
They won't want to talk about it.	Let that be their choice, not yours. That's often all they want to talk about.
I might upset them.	They're already upset; that is a natural part of grieving.
They need to keep busy.	Routine activities are important, but new activities may be confusing. Not thinking about it delays grief.
Getting rid of reminders helps; encourage only good memories.	This suggests it's wrong to think of the person who died or to have bad memories.
I won't mention it unless they do.	This suggests it is not all right to mention the person; that there is something bad about them or their death; that you don't care.
Once they've been angry or guilty that should be the end of it.	Grief is a process, not steps. Feelings will surface repeatedly, as each aspect of the loss is realized.

For Grownups: Responding to a Child's Grief

The way you respond when talking to young children about death is determined by your own personal and spiritual views on the topic. The following suggestions will help you explain some of the practical aspects of what happens when death occurs.

When talking to young children about death, it is a good idea to start by finding out what they already believe. It is quite surprising what misconceptions they may have already developed. During a talk like this, it is good to have as much touching and holding as possible to make them feel secure and less afraid. The conversation may be difficult and you may not have all the answers, but do not be afraid to say you do not know. This is usually better than making up some fantasy that may later confuse and upset them.

It is all right to let children know that you feel sad and even to see you cry. Explain why you are sad, and reassure them that it is okay for them to feel sad and cry if they want to. Tell the truth. Children are more resilient than adults think. Do not create lies to protect them; they may resent you later for not being truthful. Keep your answers simple and at a level they can understand.

Although it is difficult for young children to understand the finality of death, it is best to confront the issue honestly. Never tell them the person went away on a trip and will return later. Also, never equate death to sleeping. Stories like these confuse and upset children more than the truth. Even though you tell children the person will not return, they may frequently ask you when the person will be back. This question is natural and should be answered truthfully each time.

Children may think something they said or did made the person die. Reassure them this is not true. Explain that they may even feel angry at the deceased because they died. Let them know that this is normal and that even adults feel this way sometimes. They may be afraid that you will die or that anyone who gets sick or goes into the hospital will die. Reassure them that illness and death do not go hand in hand, and that you plan to stay alive for a long time.

Encourage children to attend funeral or memorial services and make visits to the cemetery, but never force them. They are members of the family and have a right to take part in such events; attending will often clear up the fantasies and fears they have. If possible, let them take some active part in the service. This makes them feel important and closer to the person who died. Visiting the grave periodically may initiate a discussion of how and what they are feeling.