

Daughterhood The Podcast

Episode #33:

The Grieving Brain with Dr. Mary-Frances O'Connor

<https://www.maryfrancesoconnor.com/>

52:28

SUMMARY KEYWORDS

grief, brain, people, grieving, person, caregiver, feel, life, podcast, experience, process, book, habit, bit, loved, understand, sleep, moment, died, happen

SPEAKERS

Rosanne, Dr Mary-Frances O'Connor, Whole Care Network

Whole Care Network

00:02

Content presented on the following podcast is for information purposes only. Views and opinions expressed during this podcast are solely those of the individuals involved and do not necessarily represent views of the Whole Care Network. Always consult your physician for medical and fitness advice, and always consult your attorney for legal advice. And thank you for listening to the Whole Care Network.

Rosanne 00:43

Hello, and welcome to Daughterhood The Podcast. I am your host Rosanne Corcoran Daughterhood circle leader and primary caregiver. Daughterhood is the creation of Anne Tumlinson who has worked on the front lines in the healthcare field for many years and has seen the multitude of challenges caregivers face. Our mission is to support and build confidence in women who are managing their parents care. Daughterhood is what happens when we put our lives on hold to take care of our parents, we recognize this care is too much for one person to handle alone. We want to help you see your efforts are not only good enough, they are actually heroic. Our podcast goal is to bring you some insight into navigating the healthcare system, provide resources for you as a caregiver, as well as for you as a person and help you know that you don't have to endure this on your own. Join me in Daughterhood.

Rosanne 01:31

Ironically, this podcast release date coincides with the one year anniversary of my beloved Mother's death. While we can all acknowledge the emotional aspect of grief, our brains are very much a part of the process. Today, my guest is Dr. Mary Frances O'Connor, author of *The Grieving Brain: The Surprising Science of How We Learn From Love and Loss*. Dr. O'Connor is also an Associate Professor of Clinical Psychology and Psychiatry at the University of Arizona, and the Director of the Grief Loss and Social Stress (GLASS) Lab, where she investigates the effects of grief on the brain and the body. Her research focuses on the physiological correlates of emotion, in particular the wide range of physical and emotional responses during bereavement, including yearning and isolation. While I wouldn't have been able to absorb this book in my own early grief, it has since brought me a greater understanding and clarity of the process that occurs in our minds and our bodies. And I hope it does the same for you. I hope you enjoy our conversation. No matter how much we think we can prepare ourselves for someone's death, when it actually occurs, all of that goes out the window. So you cover all of this in the book so eloquently and explain it in such relatable ways. But what happens in our brain when we are grieving grief?

Dr Mary-Frances O'Connor 02:48

It turns out grief is very complex, just the way you were saying that, it's impossible to know what it's going to be like. And one of the earliest things that we discovered when our goal was really just to see what the brain was doing, when someone who was grieving was looking at a photo of their loved one in the neuro imaging scanner. Even from those very early days, we discovered that there are lots of parts of the brain involved. So it won't surprise you to know there's memory involved, of course, but also perspective taking, taking the perspective of the person you're looking at and, and other areas related to emotional pain, but even areas related to things like regulating your heart rate. So from the very beginning, we really were sort of struck by the fact that it's a very complex thing that's going on in your brain.

Rosanne 03:41

And I don't think people realize that.

Dr Mary-Frances O'Connor 03:43

Yeah.

Rosanne 03:43

I think because of the processes. And because of those lovely five stages of grief, everybody talks about people think, well, it's linear. I'm going to hit all these stages, and then I'll be done. And we're done. And I move on with my life. And that's not how it works.

Dr Mary-Frances O'Connor 03:59

It's really not. Yeah, and I think that sometimes the question that I use, which is going to sound strange, but is sort of like, when did you get over your wedding day? Right? Which is, of course not a question that even makes sense. My Oh, it's similar, isn't it? So when you lose a loved one, it's not that it it's not

that you get over it. It's just that it transforms your life and who you are in the world and how you function. And that's just then true forever.

Rosanne 04:32

Oh, my goodness. Yeah.

Dr Mary-Frances O'Connor 04:33

Right. Even if the intensity of the grief for most people does decline over time.

Rosanne 04:41

Yeah. It, it's still, yeah.

Dr Mary-Frances O'Connor 04:44

It's just a change in who you are now.

Rosanne 04:47

And that's, you know, it's interesting, because you say that the grieving is a process. It has a trajectory, but the grief is always there.

Dr Mary-Frances O'Connor 04:55

Yeah.

Rosanne 04:56

You are always going to have grief.

Dr Mary-Frances O'Connor 04:57

Yeah, it's just the natural response that we have. And so it can be, you know, 30 years later. It can be however many years later. And if I, you know, so my sister is engaged, for example, and I know that on that day, we are both going to have some tearful moments, because our mom isn't there, right. And there's nothing about we haven't done anything wrong. We didn't miss out on some part of grieving early on, and now it's you know, erupted. It's not like that. It's just in that moment you're really aware of, of her absence. And that's how we respond as human beings in that moment, you're still going to have grief.

Rosanne 05:40

Right? Right. And that's okay.

Dr Mary-Frances O'Connor 05:42

And that's okay. Because over time, hopefully, part of what you've learned is sort of, oh, I'm a person who has grief, this is going to overtake me every so often. And maybe often even. And I have a little bit more familiarity with what this wave I'm, you know, being spun in is like, and I know, I am going to get through it, even though I wish I didn't have to. And maybe I even have some strategies of maybe how to comfort myself or be kind to myself in that moment. And that's the grieving that over time we learn how to interact with the fact that we have grief differently.

Rosanne 06:27

That's fascinating. Yes. Yeah, totally. I well, and you talk about that brain map.

Dr Mary-Frances O'Connor 06:34

Yeah

Rosanne 06:34

It's it's a mental map. And you know, where it's like, I remember where I put my book, I remember where I put my keys. It's the same with people. Yeah, can you? Can you talk about that a little bit? Because that was fascinating, to me.

Dr Mary-Frances O'Connor 06:46

Yeah. Well, you know, I mean, right now, if I say to you, where's your daughter, you probably have a relatively good idea of how you would find her. And when you're likely to see her next, and because our loved ones, her attachment figures, they are as vital to us as food and water. And, and consequently, the brain has to try and keep track of them. Because unlike food and water, they do move around, right. And so we devote all this space to the where and the when of our loved ones while they're alive. So for your brain, if they're not present in your in your visual and auditory field, then the simple answer is they you should go get them or you should, you know, attract their attention. So they come to you with the very unusual, thank goodness circumstance that they die. It's not that they're lost, it's that there is no map, it's that the map has been taken away. And that is very difficult for the brain to understand it is trying to find them for a long time.

Rosanne 07:53

Right. And you say the here the now and the close.

Dr Mary-Frances O'Connor 07:56

Yeah.

Rosanne 07:56

And so we're trying to find them. Yeah. And that's part of it. And I think that's part of the you know, when you if you leave, yeah, you know, I talk to caregivers when when they leave the house, and then they come home, and they pull in and it's like, oh, they're not here

Dr Mary-Frances O'Connor 08:12

Yeah

Rosanne 08:12

Oh they're not here. Yeah. And it's, that's all part of the process.

Dr Mary-Frances O'Connor 08:17

That's right. Yeah, our brain really is a, it's a prediction organ, right? The heart is there to pump blood around your body. And the brain is there really to try and predict what's going to happen next, to

hopefully give you a little bit extra benefit and trying to cope with whatever's you know, about to happen. And because of that we rely on habit a lot, right? And so it takes a long time for the brain to learn. You know, when I pull into the driveway, you have this automatic response, and then you realize, oh, but they're not here anymore. Because your brain, you know, the prediction machine just plays out the habit of what's supposed to happen. And then there's the realization. And sometimes that happens subconsciously, I think a lot of us sort of feel like grief overtakes us. In moments, we're not expecting it. Like we weren't doing anything specific. And I think it's partly that the brain is just running these programs. It's just running its habits in the background. And then suddenly, it comes into your awareness. Oh, but they're not here. And then it feels like it's taken you by surprise. Because your brain is trying to fulfill these sort of predictions all the time.

Rosanne 09:30

Right. Like that, like those moments of oh, I have to call my oh they're not there.

Dr Mary-Frances O'Connor 09:33

Yes, that's exactly it. And that can, you know, strangely, it hasn't happened recently. But I had that with my dad for years, not often, but I would think to call him about something that I had experience. And it was such a strange, you know, I'm a reasonably bright person. The idea that I couldn't work out. Oh, wait, I can't do that before I actually picked up the phone just seemed mysterious to me. But I think it's because the brain is really it's using all its neuro chemicals and connections to try and motivate you to spend time with this person. And that doesn't change right away, even when they're gone.

Rosanne 10:21

Wow, and that's why with the time heals, yeah, come, it's not necessarily the time, it's that our brains need to catch up. And it just takes the it just takes the circuitry that long to reestablishing

Dr Mary-Frances O'Connor 10:36

And you know

Rosanne 10:37

Wow

Dr Mary-Frances O'Connor 10:38

It's something related to time, I think, which is experience, right? So you can't have experience without time. But time is not sufficient, right. And so you have all these experiences of, you know, I said in the book, you, you do the laundry, you know, four times in a month, and you didn't put your husband's socks away. And that is information for your brain, right? It isn't, we don't think of that traditionally as sort of grieving per se. But your brain is having new experiences. And that all gets fed into this information system of what is happening in the world. How do I operate in the world? And what's going to happen next?

Rosanne 11:19

It's fascinating when you think about it that way, because I think we're we're so tied into our emotions and the emotion feelings. And then when you think that your brain actually is having to rewire itself.

Dr Mary-Frances O'Connor 11:33

Yeah.

Rosanne 11:34

Like, it actually doesn't compute. Yeah, that this person isn't here.

Dr Mary-Frances O'Connor 11:38

That's right. And, you know, I talk about the perspective of the brain a lot, because I think it is a really, it is a different lens, and anything that can give us a new way of thinking about something as old and universal as grief, if that can help us think about it in some way, then that's great. When I say the brain, your brain is doing this, it isn't that your brain isn't part of you. Of course, I don't mean it that, you know, there's some little man living up there in your head. But, but often, a lot of what the brain is doing is automatic, or subconscious. And so it is trying to sort of solve problems without bothering you, you know, without sending all of those thoughts to consciousness. And so when I talk about your brain is doing this or that, and your brain is sort of on your side, it's not that it's separate from you, but really, that it's just, it's doing a lot in the background.

Rosanne 12:33

Well, and it's the that counterfactual thinking to

Dr Mary-Frances O'Connor 12:36

Ah yes

Rosanne 12:36

That you talk about. If I would have done this sooner if I could have and caregivers do that in you know, it's kind of built in the coulda, shoulda, woulda's

Dr Mary-Frances O'Connor 12:45

Yeah

Rosanne 12:46

Because we're in charge.

Dr Mary-Frances O'Connor 12:47

Right. Right.

Rosanne 12:48

So being in charge means well, I can save this person, I must have done something wrong if they died.

Dr Mary-Frances O'Connor 12:54

Yeah, yeah. And this is one of those places where I think, you know, science and even sort of philosophy, the logic, part of philosophy can help us a little bit because the brain can kind of get in the way as well, because we have these ways of thinking, and if we don't look at them closely, they

sometimes lead us down the wrong path, just like you were saying, that sort of I should have would have could have all of those stories, you know, I should have known that this medication would do that. Or I could have taken her to the doctor sooner, you know, yes, all of those stories that you're running out in your head, they actually all end with, and then my loved one didn't die. And the reality is they did die. And so living in that sort of virtual world, not that you're doing it intentionally, but living in those would have should have could have been your means you're not actually having the experience of being in the present moment in your life now with all its pain and sorrow, but also its connection, and its silliness and pride and all the good things too.

Rosanne 14:05

Right. Oh, my goodness. Yeah. Yeah. And it's hard. Yeah. Because to try to make that disconnect. And then try to move forward in that. And you speak of the pushing thoughts away, and how you push these thoughts away, but they come back.

Dr Mary-Frances O'Connor 14:26

Yeah.

Rosanne 14:26

And it's almost like they come back with an army.

Dr Mary-Frances O'Connor 14:29

Yeah

Rosanne 14:30

You know, they come back twice as much. What is that? What is that phenomenon?

Dr Mary-Frances O'Connor 14:35

Yeah, this is very, there's some really interesting work on this some neuro imaging work done by Noam Schneck at Columbia University. And I won't go into the nitty gritty details because it's quite technical, but the upshot of it is, think about it this way. If you're trying not to think about your loved one who's died or even just the idea of death, your brain has to monitor to figure out if you're thinking about it, so you can avoid thinking about it? Right?

Rosanne 15:02

Right. Right. Right.

Dr Mary-Frances O'Connor 15:03

So right, you're actually been monitoring, again, perhaps on a sort of automatic, maybe subconscious level. But because you're monitoring for it, that person is actually very much in part of your head. And almost more so than if you weren't trying to avoid. I have had a number of grieving people say to me, once I just sort of accepted that this was gonna happen, it was actually kind of easier than avoiding it all the time. Right? Because I feel like if you're trying to avoid it, you're simply just, you're just making your process longer. Because you can't outrun that. Yeah. And, you know, I will say, your brain and your body needs a break at times when you're grieving, right? Like, right, it's doing a lot for you. And so it's

not that there's never a moment that avoidance isn't appropriate, right? So you're at some award ceremony for your sibling, you know, and you're like, you know what, I'm just going to pretend this hasn't happened. I'm just gonna focus on what's going on right now. I'm gonna put it out of my head, if it comes into my head and focus on celebrating my sister, that's fine. That's really good. Because it's appropriate to the situation, the life you're living right now, avoidance is okay in those in those ways. But if avoidance is keeping you from experiencing what life is like for you now, and life for you now contains grief, then it takes more time, right for your brain to understand how life works now, and and how to restore it to something meaningful for you.

Rosanne 16:42

Right. It's so interesting to me how our thought patterns can either help or, or hinder our grieving process, because you also talk about ruminating, ruminating, what's positive? What's negative? The passive or the active ness of that? And, again, I feel like it gets trapped in that. I don't want to think about this. I don't want to deal with this. I don't want to be in this position.

Dr Mary-Frances O'Connor 17:14

Yeah.

Rosanne 17:15

But how is that? It's, I think that's the the dual. Is that the dual process mode? Yeah, dual process mode of this part of bereavement.

Dr Mary-Frances O'Connor 17:25

Yeah, I sometimes think because people have the opposite as well. Sometimes they are ruminating about how they feel all the time. And that takes the form of like, am I normal? Am I having too much? Is this too much grief? Am I is this crazy, right? And why am I friends, I'll think I'm crazy. And, and ironically, that also is really so focused on kind of the there's no answer to am I grieving normally, because there's no normal. And so spending a lot of time worried about whether your grieving normally actually, again, takes you out of whatever it is that's going on around you and with you. So you're right, rumination can have several different flavors or several different topics. But the dual process model, like you said, you know, this was really kind of a reaction to sort of the five stages model that we, you know, stuck with for quite some time, which we know now isn't a linear, sort of, you know, you step through the process one stage at a time, the real, you know, interesting thing about the dual process model, the dual part means grieving people have to deal with sort of loss related stressors. And that's typically what we think of as grief, sort of those emotions and those thoughts, and how do I how do I make sense of this, but grieving people also have to handle have to face what are called restoration stressors, right? So if I was going to retire with my wife, and you know, we've been planning this for years and years, and she dies, how am I going to live through that period of time in a meaningful way? Or even really simple things like, you know, I've never done the taxes before. Now, suddenly, it's on me, I have to figure out how to do this. So all those restoration stressors are also things that people are having to do grieving people are having to deal with. I think the genius of the model, though, is that Stroman should really brought up this idea of oscillation. So we are sort of constantly going back and forth between focusing on loss and focusing on restoring our life. And that flexibility, I think, is the sign of mental health. Right? Not that you're not going to face stressors, not that you're not going to have to

come up with coping strategies, but rather the flexibility of okay, what am I dealing with today? What am I dealing with right now? And what's a way that I can sort of address that situation I'm in and allowing yourself to be in not being only one or only the other right?

Rosanne 19:59

Yes, yes or Well, that was yesterday, and today is different.

Dr Mary-Frances O'Connor 20:03

Yeah, absolutely. That's a big one.

Rosanne 20:06

So it's it's the flexibility that goes with that.

Dr Mary-Frances O'Connor 20:10

Yeah.

Rosanne 20:10

But also the compassion for yourself.

Dr Mary-Frances O'Connor 20:13

Yes

Rosanne 20:14

Of being where you are.

Dr Mary-Frances O'Connor 20:15

That is so well good that you're going to have lots of different experiences, lots of different feelings, feelings, you really don't want to have probably, like guilt or blame or relief, right? These are not things you're supposed to feel during grief, necessarily. And you know, what you do, we don't get to determine that we don't get to pick how our grief is going to feel. We do get some level of how we respond to those feelings. But the feelings themselves are just they're just going to happen.

Rosanne 20:50

Right. Right. Well, and as part of the restoration that you were speaking of, what, when does it get to the point of being not healthy thing? For the people that that say I I'm never going to be happy again.

Dr Mary-Frances O'Connor 21:06

Yeah. Yeah, you know, people will have lots of different experiences. And so I think what's challenging is, you know, I sometimes say, I might be an expert on grief, on average, or the patterns of grief, but you are the expert on your grief, you're the one who knows what your process is, and should be, and looks like, and so forth. But I have this different perspective. Because, you know, as an individual, grief is often the worst you have ever felt, right? So in your lived experience, this is the worst. And at the same time, as I look at a whole host of people who are grieving, I can also see that some of them are functioning in their lives, right, they're still getting dinner on the table, they're still going out grocery

shopping, even if their shoes don't match, right, they're still they're still doing it, you know, they're still doing things. And they have moments of telling, you know, a funny story about what their loved one did, and sort of having some pride in maybe how they cared for their loved one. And, you know, so there's, there's that even when that grief for that person is the worst they felt, right. So right then becomes, I think, at times helpful to think about, well, who are the people that clinicians or researchers get concerned about? And those are the ones at that far end of the spectrum, who don't really seem to be able to restore a life for themselves. And so we hear things like, you know, I feel like I'm just going through the motions, right? So you may be even, you may even be getting out the door and going grocery shopping, but it has no enjoyment for you whatsoever.

Rosanne 23:00

Right.

Dr Mary-Frances O'Connor 23:00

Or we hear, you know, I had a woman tell me, you know, why would I give my children Bat Mitzvahs, if their grandmother isn't there to see it. So you can see that it isn't even just impacting her, it's impacting the whole family, that she's not really able to engage in her life in a way that that she might want to or her family may want her to. So in those cases, and often we call that a currently, we call that the prolonged grief disorder. What's what's remarkable about having identified what some of those experiences are, is now that there are therapies that are targeted for that, that can be very effective for people, even if they felt that way. For a decade, it turns out, these people still often benefit from this type of targeted psychotherapy.

Rosanne 23:53

And is that a is that just the wiring? And I know that you get into this a lot in the book, is it just the wiring? How how our brains are wired, or is it something that we can try to help ourselves with?

Dr Mary-Frances O'Connor 24:09

So the brain is very plastic. It turns out the brain is constantly changing its neural connections, and its levels of neuro chemistry and so forth. So our our brain is very rarely stuck in just one possibility. But it does often take things like the courage to try new things in order to build new wiring in the brain. For people who that just doesn't seem possible. It is sometimes the case that being in a psychotherapy relationship can give you the courage, the sort of motivation, maybe to try new things. So in psychotherapy, it isn't necessarily that we're trying to get rid of the grief. It's more that you know, the grief has gotten kind of derailed. So, grieving is a natural process and our brains and bodies sort of know how to do that kind of like giving birth. Right? It. But it often helps to have people around who know what's going on when, when someone's having a baby. Right, right. And this is in sort of a similar way, the therapists may be able to say, you know, this is kind of a common derailer, that we see what you're what you're describing right now. And we have some, you know, maybe some other ways to think about it, or things you might try, even though they might sound a little nuts at first, to in order to have new experiences and develop new understandings of how you can be in the world.

Rosanne 25:41

No, that's great. And I often wonder if that's why they say don't make any big decisions in the first year after someone dies, because your brain is literally trying to readjust to everything.

Dr Mary-Frances O'Connor 25:53

Yeah.

Rosanne 25:53

Is that why?

Dr Mary-Frances O'Connor 25:54

I think that is why that in that acute grief place that we're in where we know that, you know, our hormone levels have changed, probably, and our, our blood pressure is probably a little bit higher than it was before. That, that means that if we're making long term decisions, we're probably not the person we will be in six months or a year. And so if we make decisions, then that are going to affect, you know, future self, they may not actually be the right ones for future self because of how you're feeling at the moment. But I also, you know, I don't think that's a hard and fast rule necessarily. I think it depends on the circumstance that people are in, I think it's always worth considering is this, you know, do my friends who love me and know me really well? Did they also think that this is a decision that will serve future future Mary Frances, right.

Rosanne 26:48

Right. Right.

Dr Mary-Frances O'Connor 26:49

Because they know you, they love you, they care about you. They may not have all the answers, but it is worth considering their perspective. Absolutely.

Rosanne 26:57

Oh, my goodness, that's great. Question. Is there grief brain? Because I have to tell you, there are times I'm like, Wait, what was I just, I was just thinking, and then it's gone. If I don't write it down, forget. And I try to think I think it's grief brain is grief brain and thing, or am I just trying to make myself feel better?

Dr Mary-Frances O'Connor 27:16

It's a good question. So what we know from research from very, very large samples now sort of 1000s of people even is that when you do sort of very careful what we have called neuropsychological testing, so testing your memory, testing your processing, speed testing, those sorts of cognitive functions for people who are grieving. Typically, for people who are fairly resilient, we actually don't see declines in their long term cognitive functioning, we do see changes in attention, for example, and especially early on, and I think some of this is your brain is doing so much work in the background to even figure out how do I do the things that should be habits, but clearly, that's not working. So I think, you know, having your attention taken away from what you're currently doing, makes it very hard then to encode whatever it is, you know, the person just told you a phone number or whatever. You know, your because of that. So I think there can be many reasons for what we call grief brain. Certainly grief is one

of them. But of course, grief often happens during menopause or grief also happens when people are doing chemo or, you know, there's all sorts of other reasons as well, that can impact our ability to concentrate. So I wouldn't, I would never say that it's probably only something called grief brain. But that experience of not being able to concentrate is so common.

Rosanne 28:54

Okay, well, that's a plus.

Dr Mary-Frances O'Connor 28:56

Yes, you're not not nuts. That's the upshot.

Rosanne 29:01

Yeah. I'll exhale a little bit because, you know, it's, it's frightening.

Dr Mary-Frances O'Connor 29:02

I had a when my, my father was elderly, his physician was just a wonderful man. And my father had this worry that he was losing his mind. And, and this doctor said to him, you know, Bill, he said, If you can't remember where you put the remote, that's totally normal. If you pick up the remote and you don't know what it's for, that's a problem.

Rosanne 29:30

That's the problem and that's truth yes, indeed. It's hard too because I think, and this is, you know, this is a societal problem, as many things are. It's almost looked at as this journey that you take on this journey and you come It's a hero's journey, right? It's a Monomyth you come out, it's you know, you have a problem, and then you overcome it and look at me. Now. I can say, I feel like after, after being an in-home dementia caregiver, I feel like I can do anything. It's like, whatever. Is that all you have? Because I just did this, Yeah. Yes. I don't know if in the grief mode, because we don't know how long it takes her to process everything. And I don't know if that kind of thinking sets us up for defeat. Almost like, I'm not doing this right. Or I don't feel good about this. Therefore, I'm not.... you know?

Dr Mary-Frances O'Connor 30:25

I do know. And I sometimes liken it, because I think it's not that. It's not that we don't know how long grief takes it's that that's not an accurate question, right.

Rosanne 30:37

Right.

Dr Mary-Frances O'Connor 30:38

So I think of this is an analogy to most of us leave the nest at some point in our late adolescence or young adulthood. But leaving the nest actually takes quite a bit of time, right. So you might move into a dorm, or you might go on a mission, or you might be in the military, or you know, so it's really actually quite a while before you're, you know, dealing with your own taxes and making grocery lists and figuring out what health insurance means and right. Like, it's a long time for us to really leave the nest. And I think this is similar. You know, we don't ask each other. So have you have you finished leaving

the nest yet? Right. Like, that's not a question you might ask, hey, how's it going with living with roommates? That seems really new. And that's there's a lot of trouble with that. How's it going? Right. But we wouldn't say, you know, are you done figuring out how to live with roommates? You know what I mean?

Rosanne 31:38

I do. Yes, you're right. But I think and that's the the expectation

Dr Mary-Frances O'Connor 31:44

And the myth, right? That there's going to be some end.

Rosanne 31:47

Yeah, that there's going to be like, streamers are gonna go and there's going to be fireworks like, Hey, you're done. You can go back the way you were and it's like,

Dr Mary-Frances O'Connor 31:55

There's no before time

Rosanne 31:59

There is no before times because that person kind of left and evolved.

Dr Mary-Frances O'Connor 32:03

And that's right, because now you carry the absence of this person. The before you didn't carry the absence of a person that didn't even know what that felt like.

Rosanne 32:13

Right.

Dr Mary-Frances O'Connor 32:15

So you're a new person.

Rosanne 32:17

Yes. And no one likes change. No, no one likes change. And this is a complete and total change, and rearrangement.

Dr Mary-Frances O'Connor 32:27

Yes. Yes. Many people talk about how their, their address book completely changes. Right. So or we might say, our contact list now, I guess.

Rosanne 32:38

That's alright, it's okay we can keep it old school.

Dr Mary-Frances O'Connor 32:42

That's right. And I think some of that is, you do become a somewhat different person, because you carry this experience, because you carry the absence of this person with you. And it can be really hard to relate when people don't understand your experience or the way you've reacted to your experience. And that's maybe Okay, right? relationships do evolve and sometimes fade into the background and others sort of emerge as being, you know, man, I never thought this person would be become such a good friend would be so supportive, but they really get it. Yeah, yeah.

Rosanne 33:19

Yes. And that's a plus

Dr Mary-Frances O'Connor 33:21

It is it is. And then very sad when, you know, some of our friends turned out to be family members, too. And so when, when you're, you're sort of dealing with this person doesn't really understand what I'm going through. And they're also a family member, you may still have to interact with them. But that relationship is likely to evolve in one direction or another.

Rosanne 33:45

Right. And that's okay also.

Dr Mary-Frances O'Connor 34:49

Yeah.

Rosanne 33:48

Because this isn't a group project. Yeah. Everybody doesn't have to agree on how you respond to this.

Dr Mary-Frances O'Connor 33:54

That's right. Yeah. And maybe that gives us a little bit of compassion for how other people are responding. Right. One of the things I really like about that dual process with the loss stressors on one side and the restoration stressors on the other is that the way people react looks really different, even if they lost the same person. Right?

Rosanne 34:16

Totally.

Dr Mary-Frances O'Connor 34:17

So my sister and I might react totally differently and, and express our grief in totally different ways, even though we both lost our mother, right?

Rosanne 34:26

Yes.

Dr Mary-Frances O'Connor 34:27

I think the idea that the expression of grief looks really different across cultures across periods of history, and even you know, between individuals, it doesn't necessarily mean that the experience of

grief is so very different although that can be true as well, but sort of giving people the benefit of the doubt this person is doing the best that they can, and this person is reacting to a loss in this particular way doesn't mean anything about the way I'm reacting just because they're doing it differently.

Rosanne 35:04

Right. Well, it's, you know, I think, especially with caregiving, if you were the hands on caregiver, I believe it's different. Yeah, I believe it's totally different. Because your entire day, your entire process, your entire being, was entwined.

Dr Mary-Frances O'Connor 35:25

Yeah.

Rosanne 35:26

With that person that you were caring for. And I don't mean this as a scale of well, my grief is bigger than your grief. That's not what I'm saying. I would never say such a thing. But I think for those of us that did have that experience, it's different.

Dr Mary-Frances O'Connor 35:43

It's different. And you know, I think maybe this is a helpful example. So when my mom when my when my father was very elderly, he really wanted to stay in our little tiny hometown that we had grown up in, my sister lived, you know, on the east coast, I lived in Tucson, Arizona, and we offered but he didn't want to come live with us. And I frankly understood why. And there was a very close family friend lived a couple doors down, and she provided a lot of hands on caregiving for, for our father to our eternal gratitude. And we would alternate visiting very, very regularly, but it's not the same. It's just not and, you know, after he died, she would say, I keep looking out my kitchen window to see if your dad's light is on, right, because that was how she knew when he gone to bed. Or she would say, you know, we always went on Tuesdays to get his blood drawn, and Tuesday comes and we don't do that. And I thought, you know, she is having a different experience than I am a profound experience. He wasn't her father. But she was the one whose life was bound up in the moment to moment day to day hands on caregiving.

Rosanne 36:52

Yes

Dr Mary-Frances O'Connor 36:53

Yeah.

Rosanne 36:54

And it's, it's different. Yeah. Because everything your entire, everything blew up.

Dr Mary-Frances O'Connor 37:00

Yeah.

Rosanne 37:01

It's just gone.

Dr Mary-Frances O'Connor 37:02

It's gone.

Rosanne 37:03

And now you have to figure out how to restore your own life and move forward without both the person and the schedule that went with that.

Dr Mary-Frances O'Connor 37:15

And the purpose sometimes right

Rosanne 37:16

And the purpose. Absolutely. Because now what am I supposed to do?

Dr Mary-Frances O'Connor 37:21

Who am I? Who am I if I'm not a caregiver?

Rosanne 37:25

That's right. That's right.

Dr Mary-Frances O'Connor 37:26

You know those words. Actually, it's so interesting. If you think about it, the word caregiver, we use that of course to describe you, right. Rosanne caregiver, but the word caregiver implies two people. Right?

Rosanne 37:40

Okay, well, yeah I guess it does.

Dr Mary-Frances O'Connor 37:42

Right. You can't be a caregiver without there being another person. And it turns out, a lot of words actually are like that. So the word daughter implies two people, right? The word spouse implies two people, even though we use it to describe an individual. So what that means is you have to learn how to be in the world with an identity that doesn't match what what your experience is, I'm a caregiver, but I can't live in the world as a caregiver because there's no other person or I'm a daughter, but I don't know how to be a good daughter when there's no mom, you know.

Rosanne 38:18

Right. Wow.

Dr Mary-Frances O'Connor 38:19

Yeah.

Rosanne 38:20

Yes.

Dr Mary-Frances O'Connor 38:23

It's about you too.

Rosanne 38:23

Well, and that's, that's it. And, and it's not a we anymore, it's a me.

Dr Mary-Frances O'Connor 38:28

Right? Yes, that's exactly it.

Rosanne 38:32

So here I am. And now what do I

Dr Mary-Frances O'Connor 38:34

What do I do with that?

Rosanne 38:38

What do I do with that? Well, that's different

Dr Mary-Frances O'Connor 38:39

And scary.

Rosanne 38:40

And scary. And you you go so long, not thinking about yourself.

Dr Mary-Frances O'Connor 38:46

Exactly.

Rosanne 38:48

And just plugging along because as you know, you're going, you're going, you're going and now it's like Okay, your turn your spotlights on you. What are you gonna do? How do you do this?

Dr Mary-Frances O'Connor 38:58

It's, you know, paralyzing I think, for a lot of people.

Rosanne 39:00

It is and it's, it's trying to start over while those while every day and it's it's every minute of the day.

Dr Mary-Frances O'Connor 39:10

Exactly and the night.

Rosanne 39:14

And the night and the night. And it's interesting that you said about people while they're grieving not to not to take sleeping pills. Yeah, I've never. And it makes sense to me because that's not the issue.

Yeah. Again, it's not a problem to be solved. It's not a disease to be treated. You are grieving. Yeah. And there are there are triggers. What did you it's a

Dr Mary-Frances O'Connor 39:37

Zeitgibers. Yes. Isn't that a great word?

Rosanne 39:42

I was like, wow, what is that and but it makes perfect sense. Can you talk about that a little bit.

Dr Mary-Frances O'Connor 39:46

Yeah sure, so it is this German word, but it literally means time givers. So it turns out that the human circadian cycle is something like 23 and a half hours, which, you know, we live on a 24 hour planet. And so we always have the potential of being a little out of sync. But part of the reason that we're not out of sync is because we have all these reminders that put our circadian cycle back in rhythm. So you know, you get up in the morning, you open the curtains, you drink the coffee, you you walk outside and get the newspaper, right. At night, you probably, you know, have a period of quiet, you know, whether that's TV or book or something, you brush your teeth, your husband gets into bed, and then you, you know, check the dog, and then you write. So these are the things that are just very habit formed. And they help your brain to realize, Oh, we're going to bed now it's time to go to sleep. Well, if many of those have been disrupted, because there isn't the person there, who was the other half of all those habits, then it's very confusing for your brain. And that circadian rhythm isn't quite right for for a while. But here's the problem, if you still try to maintain a good rhythm, and most easily that is getting up at the same time every day, because you can't make yourself go to sleep. It turns out

Rosanne 41:14

No, no, you can't.

Dr Mary-Frances O'Connor 41:17

But you can, for the most part, make yourself get out of bed, right? And so if you essentially are restoring a life that has new Zeitgibers in it, you may not even know what those are going to be yet. But you are restoring a life that will enable good sleep eventually. The trouble with introducing something like medication is that becomes one of the Zeitgibers. Right?

Rosanne 41:41

Right. Right.

Dr Mary-Frances O'Connor 41:42

And so then it's very difficult to have to go through that adjustment process again, without the medication that has become the feeling of, oh, I took the pill, I feel this way, I'm gonna go to sleep. So that's why we encourage people not to as difficult as it can be. And there are good sleep medicine specialists, if people are really struggling, who can do behavioral intervention to really help with that process.

Rosanne 42:09

That's amazing. Because, you know, nighttime is not a caregivers friend.

Dr Mary-Frances O'Connor 42:14

Oh, no.

Rosanne 42:18

And, you know, it, you know, runs the gamut.

Dr Mary-Frances O'Connor 42:19

Yeah.

Rosanne 42:20

I'm still not sleeping, right. Yeah. Because my mother was up all night.

Dr Mary-Frances O'Connor 42:24

Yeah.

Rosanne 42:25

And I'm trying to just go with it like, well, of course, you have to get used to it, you have to get used to it. But after I read that about, you can control what time you wake up. Yeah, I've been trying to do that. And that seems to to have made a big difference so thank you very much for that.

Dr Mary-Frances O'Connor 42:42

I'm so glad it's such an important. This is one of those things where understanding the brain kind of helps.

Rosanne 42:48

Well that's, that's it.

Dr Mary-Frances O'Connor 42:49

You have a thing in your brain that runs 23 and a half hours, it turns out, and you can help to encourage it to run on the right 24 hour cycle.

Rosanne 43:00

Well, yes. And that's, that's also I feel like, in the after, we're, we're so used to caring, you're just going you're just going and you don't even know you can't even you don't even check in with your body half the time. So you don't even know. And then that's gone. And your brains rewiring and your body's like, what are we doing? And it's like, you just have to give yourself that space and that compassion to be flexible.

Dr Mary-Frances O'Connor 43:26

That's right, that's right

Rosanne 43:27

And it will work itself out.

Dr Mary-Frances O'Connor 43:28

That's right. And to try the flexibility of trying different things. I know that after my dad died in the late evening, I would feel very panicky, honestly, I would have all this sort of restless energy and genuinely feeling, you know, my heart rate would speed up and, and I decided to start going for walks really late at night. I have a very safe neighborhood, thank goodness. And I walk really fast out in the neighborhood at night because it kind of matched how I felt. Yes. And then by the time I got home, I'd be kind of a little bit exhausted from it. I probably cried too on the walk, let's be honest, no doubt. And, and then somehow the idea of sleep didn't seem quite so foreign. So but walking at night was never something I had ever done in my life. So I was trying to sort of react to the way I was, you know, I was trying to match whatever my reaction was with some possible flexible, you know, way of coping while also trying to think okay, how can this fit into, you know, an approximately eight hours of sleep? Yeah

Rosanne 44:33

No, that's brilliant. Well, what type, do you have tips for that restorative time? Like, okay, this is what's happening. So maybe we can do this or I can't seem to get past my grief. What can I try to, to help myself?

Dr Mary-Frances O'Connor 44:52

I think there are probably two big ones, maybe three. One is really asking yourself, What am I avoiding? That's a real like.

Rosanne 45:00

Whoa

Dr Mary-Frances O'Connor 45:01

You have to be honest, I know right.

Rosanne 45:04

That's a bom Yeah.

Dr Mary-Frances O'Connor 45:05

You don't have to tell anyone, you just have to be honest with yourself, right?

Rosanne 45:08

You can journal the answer.

Dr Mary-Frances O'Connor 45:10

Exactly. Because often what we're avoiding, maybe it's a place, maybe it's a conversation, maybe it's a person. But maybe it's an activity, right? Like, I can't go to this restaurant anymore. Even though I love this restaurant, and everybody knows me there, I can't go there anymore. Or I couldn't possibly take a trip by myself, right? That's just that I don't do that. So I think if you can be kind of honest with yourself about what you were avoiding, and then find a way to try and try and do it, whether that takes support

from other people. Okay, so I'm trying this thing I really need your support, or breaking it into smaller steps, right? Okay. So I can't take a road trip yet. That's, that feels in by myself. That's ridiculous. That's impossible. But maybe I could go for a long trip through the city to a museum, I haven't done that either. So I'm driving for a long time. Okay. So that actually, I managed that it wasn't perfect, but I managed it right. So sort of building up to it.

Rosanne 46:16

Gotcha.

Dr Mary-Frances O'Connor 46:17

That's one set of things that I think can help in the longer term, when you feel like you're still stuck. Because you learn new things about yourself about how you act in the world, about the world. The other one is kind of related. But I think we need positive activities in our life. And here's the funny thing, it's a little bit like getting good, creating the right good conditions for sleep. So even if you think I'm not going to enjoy going to this dinner, or I'm not going to enjoy going to the movie with this friend, it doesn't exactly matter whether you enjoy it or not, you're trying to get into a habit of doing things that are typically entertaining, or social, or enjoyable, or meaningful, or fun or silly, or, you know, whatever, to get yourself a little bit into the habit. So that surprise in some moment, while you are there, you may have an experience of joy or love or silliness. And if you're not there, it's not going to happen. So even though, you know, I think we try to predict like, well, but I'm not gonna enjoy it. So why would I bother going, it's more like, if you go, it could happen, stay open to the possibility and build that, that habit back into your life.

Rosanne 47:47 That's fascinating Okay. And it's, I think, also, I don't know, if people realize, if you're numbing one section of your life, you're numbing all of your life.

Dr Mary-Frances O'Connor 47:55 That's the thing. Research suggests that we can't just block the negative emotions. So if we're really trying to avoid pain or sorrow, you're also you're just going to be numb. So you're not going to feel connection or pride or joy, either, because you've just blocked the channel period.

Rosanne 48:15

And the being in the present, not in the past, and not in the future. But being simply in the present. Kind of, well, obviously, it grounds you, but it brings you here to look forward. And yeah, I read that and I was fascinated by that. And I wonder if you can talk a little bit about that and in trying to stay here. Yeah. And not not awfulizing in the future, but trying to make a plan for yourself in the future.

Dr Mary-Frances O'Connor 48:45

Yeah, I think if you're in the present moment, and that literally means sort of looking around at what's around you. And, you know, really, am I listening to that person, I'm in the room with those sorts of things. It really can help you to understand, Oh, when I do this, I do actually feel interested. That's not a feeling I've had before, or I haven't had in a long time, right? But it's only going to happen if you're kind of present and paying attention to being in the present. And sometimes then you may have the

experience Oh, hmm. I feel interested in this. Maybe this is something I should do again, right, then you're maybe able to plan a little bit for the future.

Rosanne 49:28

That's very interesting. In the grieving brain, you wrote that you hoped that neuroscience could help you understand and predict who adjusts resiliently following the death of a loved one and who struggles to restore a meaningful life. Do you find that it helped you with that?

Dr Mary-Frances O'Connor 49:43

We are still in very early days, I will be honest with you. But I think we've come to understand that grief is a lot about the bond that we have. So when you bond with a loved one, when you fall in love with your baby or with your spouse, that bond is encoded in your brain. And I think it is very rewarding, right? I think we're coming to understand now that grief has a lot to do with what happens when that reward goes away. How does the brain change its understanding of the world when that rewarding bond isn't there in a way that we didn't understand before we were looking in the brain. Yeah.

Rosanne 50:33

Any final thought or message to those who are grieving?

Dr Mary-Frances O'Connor 50:35

You know, I think I would say, try to listen to these things, but really only apply the things that work for your life. These aren't advice they're just maybe you know, a menu of possibilities and, and really, you know yourself best so apply those the way that works for you.

Rosanne 50:55

A big thank you today to Dr. Mary Frances O'Connor for being my guest. For more information about her her research and her book, check out her website at www.MaryFrancesOConnor.com. I hope you enjoyed our podcast today. Head over to Daughterhood.org and click on the podcast section for Show Notes including the full transcript and links to any resources and information from today's episode. You can find and review us on Apple podcasts or anywhere you listen to your podcasts. We are also on Facebook, Twitter, and Instagram, at Daughterhood The Podcast and on my blog HeyRoe.com. Feel free to leave me a message and let me know what issues you may be facing. And we'd like to hear more about or even if you just want to say hi, I'd love to hear from you. Also a very special thank you to Susan Rowe for our theme music, the instrumental version of her beautiful song Mamas Eye's from her album Lessons in Love. I hope you found what you were looking for today, information, inspiration or even just a little company. This is Rosanne Corcoran. I hope you'll join me next time in Daughterhood.