Daughterhood the Podcast Episode #28: Normalizing Grief with Dr. Katherine Shear

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grief, people, person, caregivers, death, prolonged, shear, feel, grieving, died, caregiving, life, happen, loss, podcast, adapting, positive emotions, depression, activated, accept

RESOURCES

Columbia Center for Prolonged Grief: https://prolongedgrief.columbia.edu/

Denise Levertov Poem: https://allpoetry.com/Talking-To-Grief

SPEAKERS
Rosanne, Dr Katherine Shear, Disclaimer

Disclaimer 00:02
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Rosanne 00:42
Hello, and welcome to Daughterhood The Podcast. I am your host Rosanne Corcoran, Daughterhood circle leader and primary caregiver. Daughterhood is the creation of an 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 daughter hood. Katherine Shear is the Marion E Kenworthy Professor of Psychiatry at Columbia University and the founding director of the Center for Prolonged Grief at Columbia School of Social Work. Dr. Shear is a clinical researcher who first worked in anxiety and depression and held several academic appointments in these areas. For the last two decades, she has focused on understanding and treating people who experience persistent intense grief. Dr. Sher is widely recognized for her work in bereavement,

including both research and clinical awards from the Association for Deaf Education and Counseling and invited authorship of articles for up to date and the New England Journal of Medicine. Dr. Shear is also engaged in teaching and training students and professionals is a graduate of the University of Chicago and Tufts University School of Medicine and completed residencies in internal medicine and psychiatry at New York City Medical Centers. Today I speak with Dr. Shear about normalizing grief the differences between grief and prolonged grief and the challenges it creates for caregivers. Dr. Shear also shares techniques the center uses to assist people in their grief, our psychological immune system, and the importance of support, I hope you enjoy our conversation. There seems to be a great deal of mixed messages when it comes to grief. On the one hand, we're told grief is not linear, it takes as long as it takes. And yet when people are grieving, it sometimes feels like you're on the clock where others think you're still sad, in your professional opinion. What does healthy grieving look like?

Dr Katherine Shear 02:59
Well, I will say that, in my professional opinion, all grieving is healthy. However, the problem, I guess, is that let's go back to definitions. Because what we're talking that's another thing that's very confusing to people, because people use the term grief itself in a lot of different ways. Yes, so the way we define grief is that it's the response to loss. It's the experience of the response to loss, kind of in the moment, it's what you're feeling in the moment. And I say it that way, because it's first of all, it's complex. It's multifaceted. And it also varies over time, it varies in the short run, it varies kind of seemingly erratic, we almost because it can get, it can get activated or triggered by prefer the word activation, but it can get activated by a thought you might have, or by the things someone says or something you do, it just can get activated in a lot of different ways. And it does. So in the short run, it gets activated, it changes basically, over time. And it also tends to evolve over time as we adapt to the loss. And what I mean by that is that we come to accept the reality of what happens, which is the finality and the consequences of the loss itself and the change relationship that it brings to the person who died and also the permanence of grief because death if you know what I just said, grief is the response to loss. So if death is a permanent state, which I think we do believe it is, then we're always going to have some response to that so and so that's part of it. And the other half of adapting is restoring the capacity for thriving or well being for our own selves. So but that so what that means, I know this is a kind of roundabout way to answer your question. No, you're fine. What this really means Is that that grief is going to be with us. It's, you know when for the duration, but it's not going to stay the same. And in general, what it does is it gradually subsides in intensity and in sort of dominance in our minds, so that it, it moves really into the background, I like to say sometimes it softens or quiets down, and it stays there mostly stays there. But then it can also get activated, you know, even years later, by certain, you know, certain events that happen, or times of the year or whatever. But so so when you ask a question of what does healthy grief look like, it's very hard to answer because we do all grieve in our own way. And I just described a general trajectory. And in that general trajectory, people are well, on the way of adapting to the loss, probably around 60, somewhere between six months and a year, most people are well on the way, that doesn't mean that they're not grieving anymore. And it doesn't mean that you can't run into them one day, and they're, you know, it's it's a hard day. And that can be perfectly natural. What we're talking about with prolonged grief disorder now is different. It's, it's really when that evolution isn't happening at all, because the person isn't adapting to the loss. They're not accepting the reality or,

Rosanne 06:24
Or trying or moving forward.

Dr Katherine Shear 06:26
Yeah

Rosanne 06:27
And well, and it's interesting that you said that, and I, and I asked you in that way, for that very reason. It's almost like when you're grieving, everyone has this imaginary number or time in their mind, as if to say, when I hit this many months, these many months out, or this year, or when I get to that date, or time, I'll feel better, not realizing that it's forever, you're always going to miss this person. And I think that's a big distinction, because I think that's where people get hung up, and then start to feel bad about themselves, because they're not moving forward. When in reality, it's not. It's it's, it's an adaption.

Dr Katherine Shear 07:09
Right. And it's not a linear process. And right now, and I think it's, it's often because people feel so kind of disconcerted, and in their whole life, it does disrupt your disrupt your whole life to lose someone close, for sure. And that's such a really difficult feeling. People want to say, okay, you know, I only have to go this far they want, they want someone to tell them, really, they want someone to say, Well, if you just get a year out, you know, you're going to be much better. But the other thing I would say about grief is that it's the form that love takes when someone we love dies, and you don't really want it to go away in that, in that regard. I think that's another thing that people grieving people struggle with, because they want it to be over, but then they don't. And so, you know, we want people to just sort of like, accept that grief and is just a natural thing, whatever it is, at whatever point.

Rosanne 08:09
Right that it's okay.

Dr Katherine Shear 08:11
Yeah

Rosanne 08:11
And I think that's the missing piece, because everybody winds up in grief at one point or another. And it's okay to be in that space. And if other people can't understand that, or make you feel rushed, that's not your concern, your concern is being in your own space.

Dr Katherine Shear 08:16
Yes. Right. And I, you know, I think that is a big problem that we have is that we don't, again, as a culture, we don't do a great job of holding people's pain. And so when we see someone, when we're with someone in pain, we want it to go away. We want it, we want to make them better, or tell them to get better, but we don't want to deal with it.

Rosanne 08:50

No, it's I totally agree with you. It's a huge and it and it's a barrier. It really is a barrier. Now, what makes prolonged grief disorder, different from I'll say air quote, ordinary grief?

Dr Katherine Shear 09:04
Right so it's basically that the way we understand it is that there are certain kinds of early responses to a loss which are very natural, which you can call you can think of is is kind of defensive to try to protect yourself from this, this sort of onrush of intense emotion, like the feeling of disbelief, like I mean, virtually everyone has a feeling of disbelief. Most of us also have a strong desire to protest, you know, no, I didn't want this to happen. Why did it happen? It shouldn't have happened, that kind of protest. We were natural caregivers. And so we blame ourselves. So we're going to say, you know, if only I had done something differently, or why didn't I do something differently? And then there's another there's another thing that our brains do almost all the time when, when something happens that we really don't want. And it's called counterfactual thinking. It's a way that our brain creates alternative scenarios. And they can be either better scenarios or sometimes worse scenarios. So what I mean by that is, we'll say, why did the person walk across the street, when they get hit by a car, they could have, you know, stopped at the other street for longer, they could have gone into get a cup of coffee, they could have, you know, started to talk to a friend. So you can endlessly think of all those alternative scenarios, and people will do that those are called those are, that's a better scenario than they wouldn't have gotten hit. Or they can say, it could have been worse, it could have gone, it could have been, you know, some even worse thing could have happened to them is more horrific thing. And that ladder, way of thinking things generally makes us feel a little bit better. You know, when someone you know, if you think of how it could have been worse than it's a little bit comforting. But most people most grieving people don't do that. Some do. But most don't. But people who are trying to comfort them often do, yes. And it's those both are very natural. Neither is one, I mean, I guess that's called a downward counterfactual, the one that comforts you because it's, you know, it's a way that you that things could have been worse. And that I can, I think, can promote a sense of ability to accept the reality of the death. So that's, that's kind of helpful in terms of adapting. But imagining all the alternative scenarios where this didn't happen is kind of like confusing your brain? Because you don't know did it happen, or didn't it happen, you know, and so it makes it harder to accept. And the same thing when you're when you're focusing on either protesting disbelief, blaming somebody, all of that's very, very natural, and it has a place in early coping with the situation. And the same thing with avoiding reminders, a lot of people don't want to go to the places they went to with the person or they don't, they sometimes don't even want to be with people who reminded them, of the person who died. And that questioning of grief, you know, like sort of wanting to control grief or wanting to go away thing, anything that we try to do to grief itself is also going to be a problem. But those are those things, they are very natural. So you asked how it's different. It isn't different, it isn't that different. But what happens is these kind of we call them early defensive reactions. That's when we think of them if they hang on too long. And they get very big if they take up too much space in the person's mind. And when that happens, that we call them then derailleurs they derail the process of adapting to the loss. And that's really the difference is that these kinds of ways of trying to protect yourself in the moment is one way to think about it or you know, sort of rewrite history or just make it go away, kind of when you get caught up in that then it's really hard to come to terms with the loss. And that leaves grief really raw paradoxically, because what they're what the person is trying to do is isn't, you know, help themselves, but it actually makes things worse.

Rosanne 13:15
Because it prolongs it.

Dr Katherine Shear 13:16
Yeah. Yeah, it, it stays very, the grief itself stays very intense, because the loss, because if you haven't really accepted it, then you kind of it's almost like it keeps happening all over again, psychologically.

Rosanne 13:32
Right.

Dr Katherine Shear 13:33
It stays fresh and raw.

Rosanne 13:35
That's amazing. Okay, that makes sense. Does the way you process or haven't processed, previous losses contribute to the prolonged grief disorder?

Dr Katherine Shear 13:48
So that's a great question. And it's really I think the larger question is what makes what makes that happen? You know, if, you know if everyone is going to have these kinds of things, why do some people get caught up in? And then is maybe one reason why because it kind of depends. It's not the most typical thing we see. But it would make sense that for some people, what happens, what often happens is that when someone dies, it does of course, remind you of earlier deaths, if there's an earlier death where you know, which is still really, really bothering you, which maybe you finally have kind of succeeded in compartmentalizing, you haven't really dealt with it. You haven't really accepted it, but you've managed to move forward. You have to move forward in your life anyway, you've done it by compartmentalizing and then this new death opens that door then you kind of have twice the loss to deal with in that moment in that can be very difficult and then you know, and then the intensity of that can make you try to protect yourself in these ways that are in the moment ways. Yeah, the long lasting

Rosanne 14:56
It's almost like it gets throw it on the pile.

Dr Katherine Shear 14:58
Yeah.

Rosanne 15:00
You know, it's just more grief on the pile.

Dr Katherine Shear 15:02
But the other thing, the other things that are related to prolonged grief disorder are deaths that happen very suddenly, unexpectedly by some kind of violent means. suicide, homicide, accidents, anything like that drug overdose, those, you know, those kinds of deaths can be especially hard. It's especially hard, of course, for a parent to lose a child. For any young person, any young person's death, a child's death

can be really, really hard for everyone to kind of, it's really hard to stop saying things like it shouldn't have happened. You know, there are certainly many perspectives that would say that's true.

Rosanne 15:45
Right, right. No, I would think so. Well and it's interesting I'm curious if there are any studies, specifically focused on caregivers, and prolonged grief, because of the intertwining of lives that happens when your caregiving,

Dr Katherine Shear 16:00
Right, yes. You know, you think of specifically, I mean, many, many of the people that, certainly that we've seen in that have participated in any kind of studies of prolonged grief disorder have lost loved ones, to a, you know, a terminal illness and have been their caregivers. That's the kind of situation you're talking to talk about.

Rosanne 16:24
Yeah, totally. Because, you know, everything that we do, is involved with them, our schedules, our purpose, our being is fed into that caring, and then when they're going, you have to, you know, aside from feeling responsible, because we, we were totally responsible anyway, and you get caught up with the shoulda, Woulda, couldas and then you have to figure out how to remake your own life, to go forward without them. And I think it's all just tied together. So I would think that that I don't know if there's a higher incidence in caregivers or not, but for me looking at this, it would feel like there would be because there's so much crossover.

Dr Katherine Shear 17:06
Well, you're you're drawing attention to a very important aspect of again, of the deaths that are hardest for us are the ones where we are so close to the person. And caregiving is one, you know, we're caregivers of the people we love, oh, is but when they're ill, you know, when they're in there, they're in they have a terminal illness, and they're really, then we're physically with them, and taking care of them in that very intense way. I don't think that that is in itself a risk factor, because because people vary in terms of the effect of being in that position, what you said is certainly important that your your whole life has been has centered around this person for maybe, maybe months, maybe years even. And that and so that your your identity, your social role is all tied up with that caregiving role. And that is, that would certainly be a risk factor. But on the other side of it is the fact that it does give you a lot of time to sort of prepare yourself to think about, you know, the the impending death of the person to start that process of adapting to the loss in some people seem to be able to do that very naturally. Other people, it's much harder. So it's, you know, but I think it unbalance just the fact of it doesn't end up being it ends up being on both sides. The protective factor and risk factor.

Rosanne 18:41
Right It just depends. Yeah. Well, and I think it feeds into, I don't know, if it feeds into resilience, or into your outlook, or what, what are the contributing factors? I'm sure that in your research, you found something that that makes one person more susceptible than another person. So or no?

Dr Katherine Shear 19:05

Not necessarily. Exactly. I mean, so we think of it as sort of a perfect storm we think of it is, it's the person Yes, they're certainly the person plays a role. The nature of your relationship with the person who dies, plays a role, both the structure of it like who is this person? Like, is it a child? Is it a spouse, his best friend, is it a grandmother, whatever, you know, and the circumstances of the death itself play a role. So even even with so that's another thing that you know, someone has a terminal illness. Sometimes their death is, you know, again, it's kind of planned, and you can be with them, and it's a moment that you can really share and it's sort of meaningful, other times, it's just the, you know, the person dies just at the, the sort of, quote unquote, wrong moment. Right. And so, and certainly that's where the sudden unexpected To death can be problematic. And the violence of the death is, you know, that makes it hard. And then on top of that, like I was saying before, whether you're with the person or not how what you've been doing with them right before that, you know, suicide? Of course, everyone blames themselves, everyone. Sure. And then there's the other risk factors have to do with the context, in which I guess the illness, the death, and the grieving occurs. So who's around what's happening in your life? What kinds of support you get? What's, what kinds of demands are put on you? Because when you because like you were saying, again, when you've been a caregiver for a very long time, and your, your whole, social, and personal life is centered around this person, that's stressful after they died? Because all of a sudden, you know, what do I do with my life? You know, what, right? And then that can be helped if there are people around who are really who've been there and are still there and can really help you. And if you have something to go back to, you know, if there are, that can be a more natural transition or harder transition, depending, again, a lot on what's happening.

Rosanne 21:14
Wow. Okay. And, and it's hard. You know, as you're saying this, I'm thinking, especially for caregivers, listen, death is death is, stinks. Yeah, I mean, it's hard. It's hard. It's hard. We don't want to think about it, we certainly don't want to talk about it. And then when it happens, it's like, well, what, what just happened here, and you have to find a way to go forward in that, but in what you just said, as caregivers, it's all just wrapped up in that. And in going forward, while you're still in that, Oh, my God, my person that was gone. And now I have to think about me. But I feel like I can't move. And I feel like I I'm numb. And I have no thoughts going forward. Because I don't everything I just had in front of me is gone. Right? So and there's a there's a normalcy to that because of course it's normal, of course, how how do you not feel like that? How is it? And and I think that's where things get displaced? Because it's almost like Okay, you ready? Let's go. Aren't you happy? Now you can go forward.

Dr Katherine Shear 22:23
Right? Now you get your life back Right?

Rosanne 22:26
Yeah. Happy is not on the top five here. But that's and then that goes into your mind? And you're thinking, Well, you know, for caregivers, it's it's like, okay, so now I know, I, I have my life back. And I have to redesign it. And I feel like garbage. Right? And how do you get through that process, to then be able to turn it around to get back on your feet? Right? And then you're thinking, Well, I've only got, you know, I've got six months to get myself together, or I've got a year to get myself together? Because then people are going to start looking at me, like, what are you doing? And I don't know, if

Dr Katherine Shear 23:03
Well people aren't gonna wait six months or a year.

Rosanne 23:07
Right? Right. And I don't know how we normalize this.

Dr Katherine Shear 23:12
Well, that's part of why you're having this conversation, right? Because right, trying to tell people listen, you know, this is a, this is a large life event, this is a very, very important huge life event. And we all need to give each other a lot of space, and a lot of, of sort of comfort and empathy and just being there presence, I wouldn't say presence, you need presence from other people, you don't need them to be telling you what you should be doing or how you how you should be feeling or any of that. You just need them to be with you. And, and let you be basically. And when people are able to do that, and that does happen, even though it's not built into our culture as much as we you and I think it should be, it does happen and when that happens, often what what ends up happening is the person then without feeling that pressure and it has to you have to also not pressure yourself I think that's another thing. So you know, letting yourself having some kind of faith in your in your own self in your relationship with the person who died and they still need you for a while you can't you can't just abandon them just because they died, right? If I stay with them for a while they need that. And so if you if you do that if you allow yourself and other people allow you to do that, what people usually find is that they're surprised at how, in a way how quickly they do start to feel a little bit better. And again, it's not like you won't have a day when you know it all sort of rains down on you again, it might happen like that or, or an evening or you know, or three days but if you don't fight that, you know if you If you let yourself if you have some faith in your own response you and your own grief, and do the things that that you need to do, to take care to continue to take care of the other the person who died and also yourself and anyone else, you know who's in this with you which,

Rosanne 25:17
Right. Well, it's a change of expectation. I think also, you know, when you remove the expectations from yourself, and especially with, you know, with anything, listen, I can't, I don't feel it. I'm not. And I always say to people, if you can't be sad about this event, whoever the person was to you, if you can't be sad about that person who just died, when are you allowed to be sad, right? When does that happen? Right? Never. Yeah, never. Sorry. It's amazing. And, and I think we have to let ourselves off the hook a little bit like, listen, and the people that don't understand, let them not understand. Yeah, try to try to be around the people that do understand, yeah, obviously, it's a support system, across the board here in caregiving is what you need. And if you don't have it in your life, you need to find the people and there are people out there.

Dr Katherine Shear 26:11
So and that's an important point. Because I think if you have that support, while you're caregiving, that's going to make a difference. Also, I think, you know, if you're, you do, you know, it's, it's sort of a cliche, but you have to put your own oxygen mask on first, right? You know, but it's true, it really is true that you need to take care of yourself, you really do need to do that. And if you're not doing that, for months, or months, and maybe years, which you know, that can happen with caregiving really easily.

Absolutely. And if you're not, that's gonna, then that also contributes to it being much more difficult. After the person dies.

Rosanne 26:51
Because you're exhausted, you're exhausted physically, emotionally, spiritually, your soul is exhausted. And all of that on top, and then you want to throw some grief on top just for, you know, why not

Dr Katherine Shear 27:04
Good measure right?

Rosanne 27:05
And for good measure? Let's see just how much you can take. And, and there you are. And you have to you have to allow a little, a little grace there. Yeah. I totally I agree with you there. How do you treat prolonged grief disorder?

Dr Katherine Shear 27:23
So we, as I said, we think about it being a problem of someone having difficulty adapting to the loss. But we also believe that that process of adapting is is kind of intrinsic to us, that we in there is evidence that we have, you might call it a psychological some people have called it a psychological immune system. So that which protects us when there's a threat to our psychological well, being somewhat Analogously, to our physical immune system that protects us from physical threats. And so

Rosanne 27:59
That's interesting.

Dr Katherine Shear 28:00
Yeah, it is.

Rosanne 28:02
Go ahead Sorry. Sorry. So,

Dr Katherine Shear 28:03
So what we do, so we make that assumption that that's there and that, that what it entails is accepting the reality and restoring the capacity for well being and, and then, you know, based on a fair amount of empirical research, and I'm not going to go into step by step here for we, we've come up with, with a series of what we call healing milestones. And we basically work with people in a short term model. It's the what we tested in, in our randomized control clinical trials was a 16 session model, but we don't think it has to be exactly rigidly followed like that. But the basically what we did was we identified these milestones, which include understanding and accepting grief. Number one, because people come to us saying, you know, I'm grieving, I'm not grieving, right? I'm grieving too much. And so we have to say, No, you're not. And here's why we want you to, to learn more about your grief, get to know it, and welcome it. There's a wonderful, wonderful poem by Denise Levertov, trying to remember the name of it exactly. But it makes an analogy with a with a stray dog under the porch grief is like a stray dog under the porch. And you know, it's there, but you know, but you know, you have to let it in your house and

feed it and give it it's a beautiful moment. Anyway, okay. So we do that. And then, along with that, we help people try to manage their emotions, so mostly the emotional pain, ways to we that's kind of standard psychotherapy kinds of work. But also we do pay some attention to positive emotions, because there are still positive emotions and grief. That's one of the ways it's very different from depression. But so we want and we want people to be able to let themselves experience those and even savor the times that they do feel the positive emotions because they're very physically and emotionally healthy kinds of experiences. So then we've kind of lay the framework for support, and kind of some energy and building a little bit of energy and enthusiasm back into your life. Like, when you were saying before, when you're numb and you're, you're being sort of hit with grief, it's very hard to think about the future at all in a positive way. So that's what we do next is we invite the person to try to imagine that their grief is at a manageable level, even though we know it's not and think about what they might want for themselves, we're looking for them to think about some kind of long term, eventually, to come up with some kind of a long term project very long term beyond the therapy project that is connected to deeply held interests and values that they have. So they have something that that is something that people will really will really energize people, make them want to move forward and give them a little bit of sense of excitement, right? Yeah, then we work on strengthening the relationships with, with people who are still alive. And then with that, sort of, sort of, that's kind of the foundational depths, and then we move into helping people narrate the story of the death in a way that makes sense to them. And that is, sometimes we say, we make the unthinkable thinkable, so that they can think about it to themselves, they can share it with close other people at times, you know, they have a story to tell, as well to tell themselves as well as other people. And then we move to addressing the things that they're avoiding, because they're afraid of, of activating the grief. So by this time, you know, they've kind of started to come to terms with the death, and they are accepting the grief. And so they're more prepared to move out into the world in ways that they would have been kind of reluctant to do. So we work with them in that. And then the last thing we do is help them connect, feel connected, a sense of connection to the person who died. Because, you know, it's, it's, we don't have people say, you know, love never dies, that's for sure. And in the person, people we love are basically apart literally physically a part of us in many ways. And so we do we actually invite them to have an imaginal conversation with the person who died. That's one of the the procedures we use. So that's basically it.

Rosanne 32:24
Very powerful. It's a very powerful process there, Dr. Shear, and you've had success with this, obviously, right? When people are finished with with this process, do they feel more....How do they feel?

Dr Katherine Shear 32:41
Well, many of them feel I mean, we we've tested this in actually formalized trials and 70, or 80% of people feel much, or very much better than when they started. That's one way to say how they feel. Another way is that we often hear people say, you know, you gave me my life back or, you know, you gave me my life back and more because you learn a lot. I mean, anybody learns a lot from going through a grieving process, right? I mean, yes, that's one of the that's one of the things about it, that we shouldn't be so afraid of it because we it is a time. It's a time of grace in that way, right at a time that we could impart I mean, it's painful. So we don't ask for it. But

Rosanne 33:26
No, but you there, there's learning to be found.

Dr Katherine Shear 33:29
Exactly. So and that's what we're here, we're really, really kind of guiding people through a grieving process that I think many many people do on their own. But we're doing so all the while we're doing all those things we are looking, you know, we're looking out for those derailleurs that I was talking about earlier. And we kind of pause when we when we find one and we help people think about them and kind of set them aside or resolve their ideas about them or whatever.

Rosanne 33:58
It's fascinating, must be very rewarding for you to be involved in that process.

Dr Katherine Shear 34:03
It's, you know, it's definitely been the most gratifying work. I mean, I've worked in I've worked as a psychiatrist for longer than I maybe should say, but probably close to half a century. But all right, guy, that's great. You know, I've worked in a lot of different ways. It's very, I think, I mean, I this is the right profession for me, because it's something that I've really loved all from the day I started doing it. But the grief work is by far the most gratifying. So I mean, for a lot of reasons, I think but personally, also part of it is personal because you have to if you do this work, I think you're probably aware of this. You have to confront your own mortality in the idea of losing the people you love, because it's kind of in your face all the time and it's part of self care is that you have to To find your own ways of thinking about confronting whatever, which is, which is also, I think, a real gift.

Rosanne 35:11
I agree with you. And well, you mentioned that it was different than depression. And what is the difference between prolonged grief and depression?

Dr Katherine Shear 35:21
So the big difference is that, well, the prolonged grief, the core symptoms are yearning and longing. And kind of preoccupying thoughts of the person thoughts and memories of the person. Depression is the primary symptoms are sadness and loss of interest in pleasure, and just anything across the board. And so, fundamentally, at their heart, they're different. Now, they both do have sadness, of course, you're sad when you lose someone. So there's that similarity. But you also, I think, you kind of know that grief is not an all bad thing, like I was saying earlier, people people know they want to hold on to it. They don't exactly understand why, I think but they do want to, and you know, and grief really, literally is a form of love, it really does grow right out of the attachment that we form to people we love. So that's the biggest difference. And then of course, the self, you know, the self flagellation in depression is very pronounced that everything looks dark and black. I mean, one interesting thing is that people we, we did a study that we didn't publish, the postdoc fellow did a number of years ago, looking, he was interested in memory. And there's something called Future memory, which sounds like an oxymoron. But it has to do with the part of the brain that we use for to look back is the same part of the brain that we use look forward. So that's kind of what the idea is. But in depression, people the world is very sad and dark, and then kind of not appealing, looking back or forward. Whereas in grief, when people look

back, they they actually, people with prolonged grief disorder, for example, when they look back, have more positive memories and thoughts, then people who are bereaved, but don't have prolonged grief. So four, three four years out, but that would probably be true. I'm sure that would be true, that hasn't been a direct comparison. But if someone early on after grief, you're, you know, the past with that person in it is just so much more appealing. And in depression, you don't see that. And so

Rosanne 37:43
So it's it's just because an early grief, it's pretty black. It's pretty black, going backwards, going forward. It's pretty, it's pretty dark.

Dr Katherine Shear 37:53
Actually, I think it is, but it's so if we make a distinction sometimes between mood and emotion, emotionality is not, you know, there's mood is kind of, like, mood and affect some people talk about some mood is what is it like weather is the climate that's affect, okay, so, so the weather is dark, but the mood, you know, the, rather than the climate isn't so dark in grief, you know, it's it's sort of, you do pretty quickly start to have the capacity to be distracted to be you do oscillate kind of naturally towards the pain and, and just setting it aside. And that sometimes is like in a daydream or reverie, or, or just a discussion with someone where you're remembering something funny or something, you know, so it's momentary, it's not like you're right. I mean, it's, it's not in depending on the situation that can take a couple of weeks even to happen. But there are studies of this actually, with AIDS caregivers. It's very interesting. In the 1980s, there was a team that that was studying aids caregiving, and they been after the person they were caregiving for died, they continued to collect data. It's one of the few studies where we have information early on in grief because most mostly we don't but in any case, they found that after I think it was like a one month pretty quickly after the death, they were having positive emotions as frequently as the painful emotions.

Rosanne 39:26
Oh, wow. Yeah. Hmm. Well, I think also with grief, sometimes. You mentioned people want to hold on to it. And I think it's because it's that connection. Because you're afraid if you let go of the grief and move forward, you're leaving your person also.

Dr Katherine Shear 39:43
Right.

Rosanne 39:44
Like it's all wrapped up in that same feeling.

Dr Katherine Shear 39:46
Right? Right.

Rosanne 39:48
So it's kind of self defeating because you're like I'm working towards this, but if I go there, then I leave them over here.

Dr Katherine Shear 39:54
Right. So the in in that feeling that that sort of like worry about grief is one of the derailleurs. So if you know someone is feeling that way, then we're as we start to work with them, as I said, on understanding their grief and letting it work, the way we do that is we use a grief monitoring tool where we ask people to just take five minutes at the end of each day and, and make a note about look back over the day and make a note at about one of the times when their grief was at its highest level, and when it's times when it was at its lowest level and what was happening in each of those times. And as we do that, people start to see that their grief isn't staying the same. And that when we talk about the low levels, we were able to start to talk about well, okay, and, you know, one of the things we might say to a person like that is, you know, do you think you were really forgetting your person, when you know, when this was happening? And of course you weren't, you know, they start to begin to see that it doesn't depend, you know, remembering someone doesn't depend and feeling close to them doesn't depend on how much grief you're feeling. So that's just an example.

Rosanne 41:01
That's a great example. When do you cross that line out of again, quote, regular grief into, okay, I need some help, or I need some support or something, that it's more than just grief?

Dr Katherine Shear 41:15
Yeah. You know, that's a hard question to, to answer, because it isn't exactly that it's more, you know, what I was saying? What I've been saying is, yeah, really, I mean, you want to think of it as usual grief, that's just not not progressing. If you're going to notice that you're going to feel it. And, you know, there's really no right and wrong to that. I mean, we're still arguing in the field over the, the ICD 11 International, the World Health Organization, International Classification of disorders, which is like the DSM, the DSM, right? Yes. Us the American Psychiatric Association. So, the DSM decided, we would say 12 months and the World Health Organization, the ICD 11 said six months, so we're still arguing around that. But right, you know, but other people out there saying, Oh, no, no, it's two years, you know, it's four years. But if you're feeling stuck, you know, if you really are feeling stuck, if you're caught up in a lot of those, you know, alternative scenarios, what you're calling the woulda coulda shoulda's, is that, right? If you're, if they're just kind of, they're just, they won't let go of your mind. You can't like you can't sort of set them aside, whatever. You know, get help. I mean, I think that's, that's really, there's no, there's no shame in getting help. And, you know, there's no rules about it, really, I mean, so if you're doing really pretty fine, and you're just a little stuck here, someone can probably help you through that in a shorter, you know, in a short time to someone else. Now, I wish I could say any professional can do this, but I'm still hearing stories. I just got an email. Maybe this wasn't a therapist, but someone sent me an email saying a doctorate said, Look, you know, this person died. It wasn't your fault, get over it.

Rosanne 43:08
And that is a doctor who's never lost anyone close to them? Right?

Dr Katherine Shear 43:12
For sure.

Rosanne 43:13

Holy mackerel that's off that's horribly insensitive. Wow.

Dr Katherine Shear 43:18
So I've heard a lot of stories is fake it till you make it, you know? Yeah. Yeah. And that's not the answer. Really.

Rosanne 43:26
I feel like we have to take the shame out of this. We have to take the shame out of I'm struggling and I need help. Okay, then you are allowed to get help. Like, there's no, there's no crime in this. There's no shame in this. You're allowed there we are allowed to,

Dr Katherine Shear 43:43
It's actually, it's a no in a lot of ways, it really is a sign of strength to be able to ask for help when you needed. It turns out that it is it's really not that easy to for adults to get help from anybody and no one can, you know, we all feel uneasy being vulnerable. And we don't like to feel vulnerable. And we don't like to think of ourselves as vulnerable. And so being able to kind of accept yourself for who you are. And we of course, we all do have that vulnerability and we do all need other people. And sort of being able to, to accept that and let people in and let them help can be a huge, huge step forward in a person's life. Just the seeking of help can sometimes be extremely helpful.

Rosanne 44:37
A big thank you to Dr. Katherine Shear for being my guest today. For more information on Dr. Shear visit prolonged grief.columbia.edu 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 also find On the whole care network, as well as anywhere you listen to your podcasts. We are also on Facebook, Twitter and Instagram at Daughterhood the podcast. Feel free to leave me a message and let me know what issues you may be facing and would 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 Eyes, from her album Lessons In Love that you can find on the iTunes store. 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