

Daughterhood the Podcast

Episode #79

More Than Grief: When Loss Becomes Trauma With Meghan Riordan Jarvis

1:00:31

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00:00

Rosanne,

Rosanne Corcoran 00:13

Hello and welcome to Daughterhood, the Podcast. I'm your host. Rosanne Corcoran, Daughterhood circle leader and former primary caregiver to my mom, who lived with vascular dementia for 12 years. Through that journey, I experienced every phase of caregiving firsthand, the heartbreak, the joy and the aftermath. That journey showed me how vital support and connection truly are, and that's why this podcast exists. No matter where you are in your caregiving journey. I'm so glad you found us, because caregiving is far too much to do alone. So welcome to Daughterhood, the Podcast part of the daughterhood community, where we empower caregivers to navigate both the practical and emotional sides of caregiving together. Here, your efforts aren't just good enough, they're heroic, and here you're never alone. Join me in Daughterhood.

Disclaimer 01:05

Before we dive in. I just want to share a quick note. This podcast is part of the whole care network. The conversations you'll hear are here to inform and inspire, but they're not a substitute for professional advice. The views you'll hear are those of the host and guests, and may not always reflect those of the Whole Care Network. If you have medical questions, please talk with your doctor and for legal advice, check in with your attorney. I'm so glad you're here

Rosanne Corcoran 01:27

Today my guest is Megan Riordan Jarvis, a trauma trained psychotherapist, grief and loss specialist, TEDx speaker, host of grief is my side hustle, author and creator of the grief mentor

method. Her path into this work began at age nine with a profound loss. She went on to lose both parents within two years, and then faced her own diagnosis of PTSD. That collision of personal experience and clinical expertise became the foundation for her work with leaders, clinicians and caregivers navigating loss and change. Today, we're talking about why end of life caregiving can be genuinely traumatic, how our bodies hold grief, the stories we get trapped inside, how to know when what you're carrying is more than ordinary loss and so much more. I hope you enjoy our conversation, as hospice pioneer Barbara Karnes reminds us, people don't die like they do in the movies. So how can caregivers deal with the trauma, the flashbacks, the anxiety, all of it that may have come from that end of life experience?

Meghan Riordan Jarvis 02:30

Yeah, you know, I think there is a movement out there that says what is most needed, and perhaps only needed is this idea that you have to share verbally your experience with something. So you just have to tell people how hard it was. But what we hear on the other side from people who are trying that method is that people are not great listeners. They're wearing folk you know, I want to talk about what it was like to caretake for my mother at the end of her life. More than people want to hear about it. They heard about it once it's so I I think part of what we need to understand is that we hold these experiences in our five senses, that they're in our bodies, and that there are daily invitations to bear witness to the that experience that we need to take and use. And a lot of what I teach folks is about getting in touch with the energy that is grief. So grief, as I define it, is the energy that's created in your body on account of loss and so. So caregivers, they have grief going all day long, yes, and a lot of what happens is they're doing a lot of the like using their energy to attend to the needs that need to and and what I would say is one of those needs is to empty the cup of grief that is accumulating. And so a lot of how I talk about what is, what is it that people need after they're done caregiving. A lot of a lot of it is bearing witness to their story, but not always by telling and retelling their story, from a from a trauma therapy perspective, that can actually do us more harm than it does good, and it's hard to know the difference. It's hard to know when am I telling the story, and it's helping me put it down and sort of leave it and it'll regenerate its and when am I telling the story and it's walking me in a circle and not and not actually showing me any new territory and keeping me maybe stuck, right? So how do you know the difference, and how can you protect yourself from being stuck? Yeah, so I mean, if you're if you're meaning it from the person themselves. What I would say is having an understanding of what your needs are is one of the biggest challenges when you step out of a caregiving role. Because a caregiving role is sort of a codependent role, right? So, you know, and I think I would say women have sort of been conditioned to be somewhat codependent, to look at the people who need her, and there is a it's a tool being being codependent or caretaking for others often means I don't have to figure out what I need. But if we're going to continue to live a life while caregiving and after, right after the inevitable death of the person that you are carrying through the end of their life, what you need to be able to do is to identify, what are the little electrical currents, what are the emotions

that are running through your system? And then, what do they need from you, right? I think we think a lot of grief is just sort of, you know, weeping and sadness, and mostly, I can tell you from my own experience working with Grievors for 20 years, I see more anger than I see sadness. I see more depression and dissociation than I see active crying. Active crying has a season, but particularly for men, there are men that I've worked with who've never cried over their profound loss, partly because they're conditioned, I think so it's identifying the energy and then meeting it. So it's easy for me to say, like, oh, I need some fresh air. Well, how do I know I need some fresh air?

Rosanne Corcoran 06:17

Right?

Meghan Riordan Jarvis 06:18

What in my body is telling me I need some fresh air. I look at grief sort of in the same way, which is like, what, where is the energy in the system, and what is it telling you that you need? And when we teach about it in the grief mentor method, we do a lot of like, we're going to give you didactic understanding of energetic states, how we shift them and move them and how we show up for them, but really, because grief is the energy that's created in the body on account of loss, that's what we're doing the whole time, is, am I attending to my energy in the way that is supportive to me right now.

Rosanne Corcoran 06:54

Right. And you know, you you hit on a big, a big issue with caregivers, because we do dissociate, yeah, sure. And so then you've come through this experience. You are not you don't know how to check in with yourself because you haven't been able to. And you're on the last you're on the bottom of your own list. The end of life experiences. We know it can either be shocking, or it can build and drag and build and dragged, yeah, and then you're just exhausted. So it's it's hard to then reach back in and say, gee, how am I feeling? What do you do to find where that grief is sitting, and what you mean?

Meghan Riordan Jarvis 07:31

That's a great question, because the question that you asked a minute ago, which I don't even think I really answered, was like, how do you know the difference between when the energy is sort of like, okay, and when it needs more attention, and you're following up with a great question, which is sort of like, well, what, what is it like? How do we, how do we sit with it so? And the first thing that you said was, the, the the comment about, like, the the energy that you are reflecting on about the grief as being dissociative. Dissociation is a is a tremendous tool. No, there's no therapist out there that's trying to be like, please be in the moment. In every moment, dissociation is a way of, sort of tapping out of pain and our brain. You know Mary, if you talk to Mary Frances O'Connor, she does a really beautiful job of sort of describing that this

is a learning process. And one of the things that we do when someone is dying slowly is we learn like sipping little cups of grief and loss. If somebody dies suddenly, it's more like being waterboarded. But I do always go to what are the symptoms? So what are your symptoms inside you? Right? And in early grief, however, you're going to define that, that early grief is highly symptomatic, so people are not sleeping and they're not eating. And so again, when I'm teaching people about this, I want them to know there are 12 physical systems in the body. Grief shows up in these 12 systems in these ways, so that when someone hasn't gotten any support or intervention, and they come in to see you or that you're in a conversation with them, and they're like, God, I haven't really slept well in like, 18 months. And you ask the brilliant question of what happened 18 months ago, and they'll say something like, Well, my sister died, but I don't think that has anything to do with it. No, our job is to sort of be like, Nope, that has something to do with it. So sometimes the energy is the symptom. Sometimes the most that we're going to get from the person early is sort of like, how are you eating, how are you sleeping? How's your memory? How's your irritability, what's what's feeling supportive? What can't you do? What are you feeling, sort of instinctively, like you want to do? Like, just a lot of like, what is it like to be thrown overboard and trying not to drown, right? And then in as as the person maybe makes it to the shore and doesn't feel like they're gonna die, which. To me, is often sort of in the three month mark. So sometimes we're talking about the symptoms early, when those symptoms sort of, and maybe, as a trauma therapist, I would say when this trauma starts to stabilize a little bit, what you expect is the intensity of those symptoms to go down when, when I'm talking to people about my own experience. The way that I knew that I had grief that was going to be a problem is the intensity of my symptoms was going up.

Rosanne Corcoran 10:28

Okay.

Meghan Riordan Jarvis 10:29

I was eating less, I was sleeping less, I was having a rumination that was more intense than ever before. But when people are able to again, I'm using the three month mark, which is like a qualitative example of usually a lot of the early shit that's hard to do, like funerals and family, has kind of tapered off, and now people are like, Oh, the world expects me to go back to normal. And now they're right in that moment where it's like, okay, well, how am I going to carry this loss. Then I take people through mindfulness practice, and we have a lot of tools. And the mentor method M is mindfulness, we have a lot of tools to help people sort of be in the present moment with curiosity about what they might be carrying energetically. And then, and then, how do we attend to what that is. Does it need rest? Does it need movement? Does it need connection? Does it need, you know, to get put down? Does it need there's a lot of a lot of different ways when you can make can, when you can connect. And, you know, Anderson Cooper is a great example of someone whose grief is really present. You can see it, because his voice catches anytime he talks, yes, and so it's really there. He is also somebody that I

would say has traumatized grief, because, you know, his mother handed down all of the history, but also the literal, like dress she was wearing the day his brother died by suicide. So he's got a lot that he's trying to process in the moment, but you can see the symptoms of it are still, are still there. He's talking from the pain, not about the pain.

Rosanne Corcoran 12:09

Yes, yes, which is very different. You know what? Tell me about the mentor method, because I had heard you speak about it, and I thought it was absolutely brilliant. So can you, can you lay that out for me?

Meghan Riordan Jarvis 12:22

Yeah, so, you know, I did not set out to to write a curriculum. I wrote, can anyone tell me which is behind me? It's the book that's sort of like every possible thing that I know about grief and loss based on my own personal experience, which was different, right? So I had been in the field of grief and loss, sort of like thinking I knew it's like reading about France, and then you go to France and you're like, Oh, this is different. These hot baguettes over here are different than I thought from the book I was reading. And it's not that I didn't have any loss. It's that I hadn't had the sort of profound, disorienting spin the weather vane of your life, kind of loss, as I did when my mom died. And what happened there is I went into treatment because my symptoms were just absolutely destroying me. My most concrete symptom was a rumination which I think not enough people talk about in any form of therapy. I think ruminations are actually super destructive, and we act like, well, you're just having little problem with your thinking. I think there, and we do a lot of work with rumination and the grief mentor method. But ultimately, what happened was I wrote a couple of books. I wrote, can anyone tell me? And I was like, That's it. I've written everything that I know about grief and loss. And then I started wondering, like, how can I share what I know in bits and pieces? And I my team was coming out to see me in DC, I went to sleep. And this often happens to me. I went to sleep, I woke up with a whole map in my head about how I would teach everything that I know different than how I wrote it in the book. And I started to sort of beautiful minded across a table, and my team came in, and they were particularly Julianne, who's been working with me for years. She was like, Holy crap, because it made such immediate sense. And really what I was looking for, and I'm always looking for a simple language that respects the fact that grief is not a mental health problem. So we don't need all the mental health language with it. We don't need to put language that other people don't understand around a normal developmental experience. So I really strove to write out, what is it that what is it that Grievers typically what is the terrain that they always hit? What is the one road in and out to the island that they end up on, and what does it have? And that is how we came up with the idea that they they struggle with connecting to the energy of grief, defining it and knowing it. So that's where mindfulness came in, which is like, how are we going to support that? We're going to do it with mindfulness. The key piece that I think is really important and missing in. Our culture is understanding energetically that there's a difference

between grief that shows up with anxious sort of symptoms and grief that shows up more on the depressive side, and that if you look at pop culture, pop culture will tell you just take a lavender bath. But like, if you haven't gotten out of bed for 10 days, a lavender bath is not going to support your grief. So, and we do a lot the the energy section is where I really teach heavy I teach clinicians. There's a lot of neuroscience and bioscience, most of which I learned from Mary Frances O'Connor. But it's but it's really understanding the 12 systems in the body. You know that it's normal for people to have, like thinning hair, and that their nails will start to peel, and their skin will maybe get acne, because that's all one physical symptom system, and that if your grief lands in your integumentary system, that that is what's going to happen. And it's normal, but most practitioners don't have that little biological component, and so their client is complaining of an achy back, and they're thinking, Oh, they must be working out too much. They're not that that an achy back when you're working with someone that's a Griever, that is a let's get mindful. Get into that energy. Let's see if maybe that might be grief that's stuck in, you know, in your hips or your lower back. So e is m, is mindfulness, E is energy, just sort of in the whole form, and is and is nourishment. So when you think about the trajectory of loss in the early days, and again, you can define early as 10 years. I'm not here to tell anybody what their definitions are, but in the early days, you're really oriented towards the loss, and and, and you are finding that in your five senses, as that begins to stabilize, it's like you're oriented towards what happened, and you become more in the present moment. That's that's sort of typical. And also what we're looking for in the present moment. We want people to bring in supportive stuff. So that's what nourishment is about. Is is is bringing in music and art and to create some space where you don't only feel your pain all the time.

Rosanne Corcoran 17:09

Got it.

Meghan Riordan Jarvis 17:10

And when we create a little bit of space, and we also teach people about actually nourishing their bodies, because a lot of what happens for Griever is they end up, you know, finding themselves relapsing into some complicated eating disorders that nobody ever asks a Griever about, or they are only eating the banana bread and the pizza that people are dropping off and not understanding that, like they really need more protein than that in order for their endocrine system to do what it needs to do to create the hormones that go through. So there's a lot of kind of neuroscience, body science. The nourishment is where we start to really pivot from the present moment into the possibility of living with loss. And then we get into t, which is translation. What's the story you tell yourself about your loss? And we do a lot of writing and journaling in here, but we also use art and we use movement. We can tell the story of our loss in a lot of ways. And as you and I said a minute ago, telling your story is not always the healthiest for you. It can re traumatize you, which many people are not aware of, and certainly the people on Tiktok are not aware of because all they're ever telling us to do is just talk about

our pain. And I always want to say, like, may I introduce you to the large drug and alcohol problem in this country. When people talk about their pain or activate their pain and aren't able to navigate it, they will use tools that cause secondary terrible things, right? Not just drugs and alcohol, it's all the process addictions of shopping and gaming and all the things fighting, and then O is about outside. So it's you're going to go outside your current network of people. It's not because your current network of people aren't amazing. You're going to keep some of them, but you're also going to lose some of them. And it's just a truism. People are shocked by it, but it's like graduating from high school. Some of your friends don't stay your friends. And so this is a developmental experience, and that developmental experience means there's some loss, and it sucks because you've already been through loss, but so we normalize it, and then we have people connect to other resources, grief groups, but it might be you're gonna go play, you know, you're gonna play ultimate frisbee, or you're gonna, you know, join a marching band. Like it doesn't have to be grief related, but it does mean we have to expand our connection. And outside also is get out in nature, one, because nature is good for you. And two, because Dacher Keltner from the Greater Good Science Center is really having a moment right now. He was just on Oprah, but his work on awe is he's got sort of seven components, seven or eight components about awe. And what I would say awe is the sense of feeling connected to something larger than yourself. And so we talk a lot about spirituality here, which is, again, sort of distinct. I don't know how you can get. Through talking to a Griever and not asking them, like, what do you think happens after you die? And in typical therapy, sometimes therapists have literally been instructed not to step into spirituality or religion unless the client brings it up. And what I would say is you got to bring it up like you got to bring it up because sometimes they're not aware that they're in that kind of pain. And then there is ritual and rest. So ritual is, how are you carrying the loss with a meaning that is plugged in, that other people can see and that you can practice every day? So a ritual might be a tattoo that you get. It might be a, you know, you use your dad's favorite pen. It could be that you started a foundation in their name, like it's up to you, and then rest is helping people understand, as Mary Frances talks about, it's a learning process. And the joke that I always sort of make is like, I have three teenagers now, every one of them, when they went to preschool, it was like half day preschool, so three hours. And when they went to that preschool, they had to, like, do everything different from our house, you had to sit on the blue rug and, you know, sing a song about cleaning tables, and like, you weren't allowed to lick the kid next to you. And they came home from those three hours and, like, ate, like, two sandwiches and crushed a couple of juice boxes and then fell asleep in front of Backyardigans, like they had just worked a double shift. And it's because the intensity of the newness, and that's another piece that we don't often talk about in grief and loss, is that it is a novel experience. We've never done it before. It doesn't matter if you also lost a different sibling, or if your dog died, or your brain understands that those experiences are similar, but this is truly new, and when it's profound loss, it's shifting your identity in that whole process. So we use this tool as a way in every one of these as we're teaching clinicians, but also when we take

Grievers through it, we have a gajillion resources. So when we're doing outside, I say, like, how do you want to get outside? And somebody will say, like, I want to row a boat. And I'm like, great, tell me how that goes. The process is, you come up with an idea, you test that idea, and then you adapt that idea. So genius, but the idea has in it the possibility of failure, which is really important, because when you're making change, or you're approaching newness, or you're trying to do something you've never done before, you need to expect that some of it's going to go badly, right? And we're trying not to do that with grief. We're trying not to add pain to pain. But when we set boundaries, when we ask our boss for more time off because we're not sleeping well, people's reaction to it is disappointment, frustration, and, you know, it doesn't go well. I think that yoga is going to help me, because that's what my sister in law told me helped her. And I go to yoga and I have a panic attack, and it falls in that the thing about the grief mentor method that I love the most is it answers that question when people are like, but it's too personal. You know, you can't teach people how to grieve. And I'm like, I'm telling you, I absolutely can. I've been doing it for the past four years. I am teaching them how to figure themselves out. I am not teaching them a step by step instruction of some tried and true system that I invented that I'm going to tell them works well if they tell me that riding their horse at three o'clock every day is so supportive of their grief, and it shifts their energy, and they feel grounded. Then amazing. I'm not riding a horse. I'm not going to tell that guy to ride a horse,

Rosanne Corcoran 23:28

Right.

Meghan Riordan Jarvis 23:28

But if you tell me, that's what's working, and part of what's so beautiful is the is each component is small, and it allows people to engage with small effort, taking a walk around the block that actually falls into taking a walk around the block with a friend. You're you're covering two of our major components. And then people get to feel like they're being successful at something because they are at something that a lot of uninformed people are looking at them with judgment and criticism. Right? There's always like, some lady always like, Well, I mean, she really hasn't blah, blah, blah,

Rosanne Corcoran 24:05

Yeah yeah.

Meghan Riordan Jarvis 24:06

Like, okay, well, you just have an idea that that's what she should be doing.

Rosanne Corcoran 24:10

And your idea is based on your stuff, not their stuff,

Meghan Riordan Jarvis 24:14

Or often, just based on the the hope that she would feel better quicker,

Rosanne Corcoran 24:18

Right, right.

Meghan Riordan Jarvis 24:20

And you know that's never my people often ask me. They'll they'll call or email and say, you know my mother's anniversary is coming up, or it's my dad's birthday, and like, how do I get through this day? And what's always implied but very rarely said, is with the least amount of pain possible. And that's not actually my motivation. I'm not trying to keep your pain as small as possible, because we often have to feel a much larger, you know, amount of it than anybody else would be comfortable with, in order to sort of be transformed by it and to transform it so that we can move forward. With it and learn to carry it,

Rosanne Corcoran 25:01

Right. Oh God, it's so good because it is attainable, and it's not because, you know, when you're in grief, you're like, I, you know walking across the room is hard,

Meghan Riordan Jarvis 25:14

Yeah, oh, my God, oh, watching the guy deliver the packages to other people's houses. I was like, How dare that bastard live a normal life when everything in my life has been destroyed, like everything is hard. And what my husband used to say to me, because I'd be like, Why are these people asking me to do these things? Like, don't they understand? And he would say, your hair is washed and your sweater is buttoned, you don't look like there's anything wrong, and I'm like, so I have to prove it. I have to show you that my blown out heart. And so part of it is like, you don't have to prove it, but we do need to educate the world so that they are more thoughtful about this, and people are not gonna they they tend to shift focus. They absolutely and that focus, and I have some qualitative data on this, tends to be around that three month mark.

Rosanne Corcoran 26:09

Everybody's like, aren't you better?

Meghan Riordan Jarvis 26:11

But it's not because people are consoled. I think that's cool. Everyone is their own Julia Roberts in their own movie, right? Like they're the leading lady in their own movie. So as much as I love and care about you, I'm not living every minute of your life, and I am not feeling the intense pain that you are feeling so we so sometimes I do have to be reminded that your mom

died only five months ago, especially if your hair's washed and your sweater is buttoned, I might have to be reminded, right?

Rosanne Corcoran 26:40

Yeah, it's, you know, in that, in that whole mentor program, there are people that have their own like, this is how I deal with things. So it may not be good, it may not be productive for them, no matter what it is, whether it's it's loss, or it's their relationships, or it's stress of any kind

Meghan Riordan Jarvis 27:01

That's right

Rosanne Corcoran 27:02

And they don't have that coping mechanism. And then something big like this comes, and they go back to that coping mechanism that really isn't good for them to begin with. So how do you when you when you're talking to somebody, or even that person that knows this might not be the best for me. I might, you know, this might be my comfort zone to lay on the couch and watch 18 hours of television, but it might not be good for me. How do you have that recognition happen that they go, oh, I need to do this. Yeah, you know, like, how do you break that? This is what I do.

Meghan Riordan Jarvis 27:37

Well, listen, also a person who does things that are not good for me, right? So like so I have a deep and profound understanding and respect, but I also one thing that I hear from Grievors often is like this, this internalized criticism of themselves. I shouldn't have done this, and it will often happen when people have their it's like their grief has caught up with them. You know, I've worked with a lot of people who like, let's say, their mom or their dad or their sister or someone died while they had young kids, and now those young kids are going to college, and all of a sudden they are, they are undone in a way that feels bigger, and it is bigger because there's unprocessed grief and loss from other places. And what those folks will say to me is I should have done this differently way back when. And what I say is that's just an idea that you have. There's no way to know that that might not have totally debilitated you if you sat in the pain of your dad's death while your baby was, you know, eight months old. So I really trust the wisdom of people, and I will talk a lot about what's the growth hedge, because is the discomfort that you're doing this at all? Is this discomfort that it's limiting your life? Like, is it? Is it dysfunctional? Is it? Are you or you know, so, so do you have some internalized expectation that we're meant to be, like, always producing and being successful and whatever? And so I always say, like therapists love dissociation, like we can't be in the intensity all the time. Or is there a yearning to be in that process? Right? So that's why I described the trajectory, which is like, you know, are you oriented towards your loss. I'm not going to shift you from that, but I'm

going to, I'm going to say it to you, wow. You have spent the last three years really oriented towards loss. Your compass points north there, which means, by the way, that most of your life feels like it was in the past. And I'm not going to tell a parent whose child died, that they shouldn't feel that way. But I am going to ask, is there a growth edge in there? Like, what would it look like if you wanted to feel more engaged in the present, whatever it is that's causing them distress? And generally, if people are talking to me about it, they are. They do have some distress,

Rosanne Corcoran 29:56

Right

Meghan Riordan Jarvis 29:57

Right? And, and you don't want to tell somebody in early. Grief, that there's going to be some beautiful transformation or meaning made from their loss. But I will often point them in the direction of people who are saying those things, because it turns out that that that a lot of beautiful seeds are planted in the scorched earth, and then they grow. So that's what I'm I'm always sort of saying to folks is like, No, I get it. I get it that like, you know, I'm working with several people right now who, because of the crisis, they don't really have a network of friends. I get it. You were exhausted, you didn't want to go to their Christmas party, and then they stopped calling you. But now that crisis is over, and they're really lonely, and so the growth edge is, well, you're going to have to make some phone calls,

Rosanne Corcoran 30:40

Right

Meghan Riordan Jarvis 30:41

And you're going to have to join some things, and you're going to have to say yes to stuff, and maybe you even need to host the party, and maybe you might have to have a couple of hard conversations with people. And when I say maybe you have to, nobody has to do anything, I am simply pointing out the thing that you have described desiring is going to take getting off this circle and walking in a different direction, right? And that, you know, can feel Herculean for people

Rosanne Corcoran 31:10

Well, it's and it's being open to the possibility.

Meghan Riordan Jarvis 31:15

Yeah, you know what I will tell you, I think that's one of those phrases. I know a lot of people that are not open, right? I don't actually think that you have to be open. I think you have to be willing to try

Rosanne Corcoran 31:26

Yes

Meghan Riordan Jarvis 31:27

Because I know a lot of people who I mean, my daughter this morning did not want to go to school, and I said, I understand. She was like, Mom, if you let me, I will stay home. And I was like, I understand. I'm not going to let you stay home. And then she just texted me, like an hour ago, and she was like, I'm glad I came to school so I did. She wasn't open. There was no open.

Rosanne Corcoran 31:48

There was no open.

Meghan Riordan Jarvis 31:49

Because I made her. And so even as a trauma therapist, sometimes when it's like, oh, I need you to be open, I don't actually need people to be open. I just need them to be present. And I then I need them to get more connection. And then I need them if there is absolutely no movement and there is absolutely no flexibility and there's no space in the present moment, that is an indication that you're in trauma. So when the grief mentor method doesn't work at all, none of the things, and your client wasn't able to do any of the things, that is when we send them to a body centered treatment provider who treats trauma, because it's just a perfect definition the bad thing that happened has left a tattoo in your life. That means nothing good is going on. And I don't mean nothing. You know, I'm aging. I you know, it's hyperbole, but if the last good thing happened in your life, just before the loss. That's a hell of a way to define your life, and I don't think that's what most people want, but I have met some people. I was probably one of them who I was drowning when I got thrown into the water of grief and loss. I was not swimming. I was not going to make it to a shore, and people aren't able always to see that for themselves. But if somebody can't respond, and there's no space ever, and you're working with them, let's say, you know, 10 months, if you as a Griever like I have said yes to parties and not gone for a whole year, then you know what? Go see a trauma informed therapist and see if they have some these are treatment modalities we're talking about, it's not just talking out your feelings. These are body centered treatment modalities that help to shift energy in the system, things like ifs and EMDR and sensory motor psychotherapy and and somatic experiencing, things that are really designed to help you feel differently so that there's more possibility in the system.

Rosanne Corcoran 33:43

The trauma informed therapists can sometimes feel like trying to find a unicorn. Yeah, so how do we find them?

Meghan Riordan Jarvis 33:53

Yeah, I don't have a good answer for this. So part of the reason the grief mentor method is we train helping professionals, which is, I mean, you can be a dentist and become learn the grief mentor method, and I have a really rigorous, you know, all the unicorn trainings, but I am not holding people to that expectation, because I need there to be so much more grief support in the world. There are not enough trauma informed therapists. And one of the problems with that is it's, it's a difficult you know, when I trained in sensory motor psychotherapy, it took me five years of, like, every other weekend, you know, six months. It was like, it just was a lot of training. I don't know that there's any other way to do it. You know, if you want to be able to hold people with real intense care, you have to be well trained so and then it's, you know, it's a lot of I probably spent \$100,000 on training, on top of going to graduate school twice. So I also think that grief therapy should be much more affordable. I think therapy in general should be more. Affordable. I think there's a whole social justice arm here, which is like, who gets to get therapy? Who gets good therapy? But at the root of it, and I was really disappointed in this during covid, I really thought like, oh, well, we can see that down the line, there's going to be so many people grieving. We're going to make like, you know, counseling schools and social work schools for everyone's going to go for free, so that we have all the counselors that we need. Of course, that's not what happened, no. So I don't have a good answer. Anybody listening? Go get training. Go get training. Go training. As a trauma informed therapist, and you know, it's the greatest work. You help people in the most transformative ways. But it's not easy. It's not for the faint of heart.

Rosanne Corcoran 35:42

Well, and it does make such a difference. I mean, you know, full disclosure, I've done EMDR, I've done brain spotting, yeah, these are, these are real things, and they really do help, because it, it kind of interrupts, and it kind of makes just things a little softer.

Meghan Riordan Jarvis 35:59

Yeah, we use in in the grief mentor method, so back in that energy part. When we're teaching people resources, we use so much bilateral stimulation movement. We're we're not just saying, take a walk around the block. We're teaching people to swing their arms so that they're balancing their energy across their midline. There's a lot in there that's trauma informed without, you know, expecting people to be trauma trained. But what's fascinating is some of those interventions, which are really straightforward daily interventions, of like sighing or rocking or or things that help regulate your central nervous system. I people don't need them. Need to understand them for them to work right? And so again, a lot of what I'm trying to do because trauma, really, you know, a bad thing leaves a permanent mark when there isn't enough support that's given in the right way, sort of titrated quickly. And a lot of times I'm giving people suggestions, you know, here's here's how to show up for this, here's how to intervene

here, here's that without giving them any explanation, they're just trusting me as to why. And it turns out, people don't need to understand why in order for the interventions to work, which is pretty great. Like EMDR was invented by somebody who did not understand it herself. She was moving her eyes left and right and discovering that it was it was feeling good at a time when she was distressed, the neuroscience caught up with that a lot later. So, yeah, I mean, I those treatment modalities are really powerful and meaningful, and they're hard to come by,

Rosanne Corcoran 37:32

Yeah, but they, I mean, they're great. You know, your memoir was, I have so many notes. You know, I used to have paper books that I would put the flag

Meghan Riordan Jarvis 37:46

Back in the day. I still have that.

Rosanne Corcoran 37:50

Yeah, I go, I go back and forth and in, in yours, I was just, I was copying and pasting. I have, I have my notes, my my pages. I have just scads of things, because it was so rich and it was so detailed and it was so honest, and it it just it was, you know, I felt like you laid your entire soul bare here, Meghan. And one of the, one of the things that you said that actually took my breath was I copied it here. Hold on, I never the truth of my behavior washed over me. My entire emotional destruction began to make brutal sense after the loss of my parents, I didn't know how to belong to myself. Despite my previous years of therapeutic work and my clinical training, I had never really stopped belonging to my mother and my father. I still lived by most of their rules and their beliefs. Women were helpers who minimized needs in order to be loved without them to please or impress. I was a boat unmoored,

Meghan Riordan Jarvis 38:54

Yeah,

Rosanne Corcoran 38:56

And that, I mean, I was like Megan.

Meghan Riordan Jarvis 39:03

That I mean, that is the truest that was something I really understood in treatment. I really understood that the reason I could not get up was because I didn't know what made me me anymore, yeah, and, and that was a lot that was really humbling and a little bit embarrassing, and super freeing, really freeing. And I think a lot of you know, you said this to me before, but a lot of people are like, Jesus, you're creating so much, and you're doing so much, and you're and I think that's because my parents' eyes aren't on me anymore, and that I'm not checking in as to whether or not this is okay with them or this fits the mold that they defined. And listen, I

don't blame them for that. I could have misinterpreted half of what I felt from them. Mm. But I have a big family, and there were a lot of codes to follow. And what's interesting and in the book, but maybe not, maybe not as much, because it has developed, been developing over time, is that my marriage, as I started, my sort of road into destruction after my mom died was much more traditionally copied to theirs, which was my husband did the travel and the work and the earning, and I sort of did all of that in secondary. But I was really point for our three kids. I knew the dental appointments and the birthday parties and their shoe size and all that, and that is completely flopped. You know, my daughter went through the college application process, and people would ask me, and I'm like, I don't know where she's applying. To ask her dad,

Rosanne Corcoran 40:45

I don't know what her essay is about.

Meghan Riordan Jarvis 40:47

This morning, a kid, you know, my husband, texted me and was like, Don't forget. I need you to take this kid to the dentist. And I'm like, Yep, I did forget. I didn't put it in my calendar. And it is wild. It is a wild thing to have spent most of my adult life in a, well, most of my life in a traditional view of, like, a 1950s version of what a wife does. And discovered I actually wanted to be the husband. And weirdly, I'm married to somebody who's like, that's fine. I mean, I think maybe we have two husbands. You know, there's more room for two, but there was a lot of shit that I was doing in my life that I was doing because I felt like women did it and I didn't want to do it. Yeah, and now, because my kids are older, we share a lot of that responsibility across the whole family. And listen, people have had opinions about that. You know, the more you tell your story, the more people can sort of be like, I think you're an asshole. Is doing everything wrong. And anybody who doesn't think that's true, you should go and look at my Amazon reviews, because there are a couple of people that are like, this woman is a complete nightmare, who's and I love it. I mean, my kids actually made me a coffee mug with the worst review.

Rosanne Corcoran 41:56

Oh, really?

Meghan Riordan Jarvis 41:57

It's what you got to do. That's fine, but I understand that it won't make sense to everybody. And here's the weird thing, I spent my whole life really caring how other people felt, and you asked me, like, how do you write a memoir? And how do you

Rosanne Corcoran 42:09

you put it all out there?

Meghan Riordan Jarvis 42:10

I actually Don't care. I was so afraid that I was going to care about what people had to say. Yeah. And it means a lot to me when you read my words back and say they they meant something to you. But the people who are like this woman is a basket case who doesn't her kids should be taken away from her because she doesn't know which I'm like, bless, just bless, like, good luck in your life, and bless, I don't care. And that that has been really extraordinary, because again, I've taken a lot of risk. I do a lot of things. I'm out there in the world, and when you're out there, people can criticize you, and they can think what they want to think about you. And it turns out that that hasn't the same way that I was kind of worried, what do my parents think about me?

Rosanne Corcoran 42:53

Right?

Meghan Riordan Jarvis 42:54

Not here to think about me now. And I'm pretty convinced they were content. They I don't think I disappointed them fundamentally, right? I mean, and now I'm like, Oh, it's just me. I'm the one that has to be happy with me. And, and now I'm like, Okay, I'm 51 years old. Let's go, yeah? Like, let's go. I want to do the things, yeah.

Rosanne Corcoran 43:13

Well, and it's, it's interesting, because in grief, it's, it's almost like every you, it just comes crashing down.

Meghan Riordan Jarvis 43:20

It all, that's what I say. The center 10 pole fell, and the whole damn circus came down.

Rosanne Corcoran 43:25

That's it. And, and you have to find that way to be like, okay, you know there's nobody here. Nobody here is going to save you.

Meghan Riordan Jarvis 43:33

Yeah.

Rosanne Corcoran 43:33

Like you've got to, you've got to find this place. And that came through, through, through your whole book. But there was so many things of, okay, how do we how do we do this? How do we give ourselves that permission to say, I have to be here for me? How do we,

Meghan Riordan Jarvis 43:51

I mean, one of the beautiful things for me was I felt like I was gonna die if I didn't so, I mean, I say this, and my friends were always, I'm like, Well, you know what really helps with that, checking yourself into an inpatient mental health center, you know, like, I don't have that anymore. And so one of the, one of the, and I've talked to so many Grievors, I did a podcast episode with somebody yesterday, and he was and he said this thing I always say, which is, like, I just couldn't care about that anymore,

Rosanne Corcoran 44:18

Right

Meghan Riordan Jarvis 44:19

So one of the things that you know, the the intensity of grief requires so much of you energetically that it's like the things that you don't really care about or are not in alignment with, you have to fall away. And it's brutal, because sometimes that's people, and they get mad, and I understand why, because they thought that, you know you were in it, but, but that component of, like, I actually do know who I am, because I'm not gonna do that. Like, I don't care, like, I had a number of, I mean, mostly my my my grief was very angry, and so I was really, like, just a child. In a lot of ways, in how I behaved, and I look back, and I look back with a lot of compassion on some really bad behavior, and I've made amends where I can and but it's not like I did it 20 years ago, like I this is I did this, you know, six years ago as a fully formed trauma therapist who knew better, but I, but I look at that and I say, like, even in the early grief, sometimes I'm a little jealous for the the honesty of it, like I there just wasn't any confusion. I didn't have to stop and wonder, you know, should I be doing something different? Because it's like, I can't, I can't do anything, but this, right? And that is a gift sometimes, to discover, like, oh, I don't. I know so many people that are like, it turns out I don't give a shit about my job. I thought I did, but like, I don't, and now I can't do it at all. And I know people who are like, I am not going back to that marriage. And it's like, oh, okay, well, you weren't sure before, and now you're like, No, I can't even or, you know, I'm not gonna, I'm not gonna talk to my cousin anymore, because she makes me feel like crap. Whatever it is, there's a definitiveness in it and and sometimes I miss. I miss when my window of tolerance, when that little bandwidth was so tight that my boundaries were so tight and they were just pristine, because they had to be.

Rosanne Corcoran 46:17

Right. It was the only way you were going to make it.

Meghan Riordan Jarvis 46:19

Yeah, I just didn't have a choice. I didn't have a choice. It was sort of my kids, my husband, my best friend, some of my family, and that was all I had. That was all I could do. I didn't work in the beginning. I didn't, you know, it's always important to me, and I talk about it so clearly in the

book, like my symptoms are, they still exist. You know, I have PTSD stuff that still exists. I still struggle sometimes with the eating part. My sleeping is all over the I'm also menopausal, so, like, who knows which

Rosanne Corcoran 46:47

It's a double gift.

Rosanne Corcoran 46:48

Yeah, right?

Rosanne Corcoran 46:49

Yes, it is. It's like, this is, this is great. It's, it's interesting in you know, when I talk to, I talk to doctors that will say, I thought I knew what caregiving was, until I became a caregiver, and I feel like it's the same thing with grief and especially the fact that you are a trauma therapist and this hit you like nothing else could ever.

Meghan Riordan Jarvis 47:14

You say that with so much compassion, I have been on podcasts and radio interviews with people that are sort of like, why couldn't you? And here's the truth, right? Which is, like, experience is the real teacher, because we live our lives with our five senses. So how I think about something? And people will say to me, like, you know, oh, I don't know how she survived it. I would never be able to do it. And I say the same thing I always say, which is that's just the thought you have, because most people will tell you they can't survive it, and then they do. So it's not about how you think about it, it's how you do it, it's how you do it and and even when you look back often, you're like, I don't know how I did it. I don't know how I survived it. And that, I think, is the reality is that we learn things experientially that are truer than any ideas we might have, you know, and then we'll look at movies and TV shows or somebody else and be like, well, that's not how that goes down, and that's not real, but it but it doesn't sometimes, I think our society uses that as a permission then to not teach anything, to sort of be like, Well, I mean, grief is so individual for Everyone. So, you know, what can you do about it? But I always, yeah, I go to, like, listen, puberty is really individual for every kid, and we give them a core education on that. Nutrition is really different for everybody. Like, you can eat gluten and I can't, but we give lots of educational options on that, not necessarily in school, but there's plenty of classes that you can take. I mean, honestly, even sex, which people are like, Oh, that's so private and personal, there are like, 100 books and courses that you can take so that you can have a better understanding of your own sexual desires and needs. You're trying to tell me, we can't do that with grief and loss when we're all human beings and human bodies, which is kind of generalizable across cultures and even the spectrum of genders, like, come on, that's absurd. The reason that we don't do it, I think, again, has a social justice component to it, which is like, we're kind of fine with the people going down who go down hard in grief and

loss, and because we're deeply, profoundly afraid of death, so we just don't want to talk about it, and it is doing harm, left and right,

Rosanne Corcoran 49:23

Absolutely, and we have those lovely five stages of grief that everybody holds up on that. Well, this is your grief meter. And it wasn't for grief meter. It was for people that were dying. Hello.

Meghan Riordan Jarvis 49:35

I know I feel like there should be like an FCC, fine, uses it like Taylor Swift in her album that was like, you know, the stages of grief, like, that's \$200,000 you have to donate it to charity. Because, to me, you know, and poor Elizabeth Kubler Ross, because she did not, this is not her fault,

Rosanne Corcoran 49:53

It's not

Meghan Riordan Jarvis 49:54

This is the work that she was doing, which was within palliative care, to help people that were dying and. And then Grievers needed something. So they were like, oh, we'll take that, since we have nothing else, which is really what I want the grief mentor method to be for people, which is like, oh, but we know this. This is what we know. And so we can hold this, but, but I, you know, I do think that our willingness to be totally outdated sounds an awful lot like people being like, the world is flat and it's like, no, we know it's not like, if you say that people should be like, That's students. That's super ignorant. We don't, we don't say that anymore, but we allow people to say it again, because we haven't. People will often not let go of what they're holding if there's nothing else to put in their hand. And a lot of how we talk about grief and loss in all of the books which I love from all of my colleagues who I adore, kind of leaves you with a cloud of understanding that grief is very hard, and different aspects are really hard, but it does not give you a and therefore I can walk out into the grieving process with this sort of structure, right, right? And that the mentor method. When I teach it to people on the first day, I have them saying, like, okay, here we go. M means what, and they're like, mindfulness and E means what. And I'm like, Okay, you could leave right now, and you would be able to do more as a person, supporting someone in grief than you have done before, and teach this to somebody else, right? A Griever. What do I need to do today? Oh, well, if I just did like, 10 minutes of meditation. That's a mindfulness practice. That is me doing my grief work. That's fantastic. That's me and, you know, inviting this grief practice, that's me exploring how to support myself. And you'll note, I say, what supports you in your grief, not what makes you feel better.

Rosanne Corcoran 51:40

Right Right. I do note that yes.

Meghan Riordan Jarvis 51:42

Right it's not, I'm not here to make you feel better. My assumption, yep, right. Closets get a lot messier before they get cleaner. Amen.

Rosanne Corcoran 51:50

How about Amen? How do we recover the whole view of the person who died, not just those last minutes, hours?

Meghan Riordan Jarvis 51:58

Ahh Yeah, that's a beautiful question. And what I would say is, for some people, that's really easy, and they go instinctively to that. And I think particularly for caregivers, this can be really hard, because you're watching somebody in a dying body, and so their body can really shift, and you're watching them sometimes with a mind that is, you know, it's, it's deteriorating, and so often as sort of the trauma of that, you see that and feel that for a while. So I have these exercises where I say to folks, when were your when were your best years? What was your best? What was the when, when? When do you think about your mom with the most warmth? You know, is there a celebration? Is there a whatever? And then we just, like, get into it, like, what would she have worn? And did she wear lipstick, and did she put her hair up? And did she and we really go into it. I have a picture of my dad, which is just like my favorite. So, my dad died when he was 80, but the way that I picture him in my mind is when he was like 45 when he wore, like, kind of the Magnum PI Ralph Lauren short shorts. And then he had, like, a, you know, it was like in the mid 80s. So he had the collar up on the shirt, and then that, like the the thing folded over, the sweater folded over, and then he was doused in the green bottle Ralph Lauren cologne. And when I think about that, I think of him as being strong and healthy and funny and like going out to meet friends or socializing. And I think for some people, you have to work to get back there. So how do we, how do we find the whole person? Some of that is literally imagining someone who isn't ill and dying, and going back into who were they, and how did they show up for you in the way that helped you formulate all that attachment and love. And for some people, they're going all the way, you know, their grandmother, they're going all the way back to like when they were 10.

Rosanne Corcoran 53:52

Sure.

Meghan Riordan Jarvis 53:53

And then the other part is that ritual part, which is like, and then, how do you want to honor that? How do you want to honor it? So my mom loved eating cheesecake for breakfast. This was not something she did. You know, every once in a while, it was something she did on the regular. The woman had a high cholesterol. She didn't care. She didn't care. She needs cake

for tiny, little slices. I can't tell you the number of people who send me pictures of cheesecake every once in a while and say like thinking of your mom, thinking of Mary, thinking of so how do we how do we honor who they were to us and who they were to others? That's the lifelong arc you get to decide that as part of your story, going forward forever, my mom is going to give my daughter a high school graduation gift, right? She never, we never even talked about that, but I know that she would have, and I know exactly what she would have given her, which is like some old, farty kind of piece of jewelry that my daughter won't want, but she's gonna get it anyway, because that's what my mom gave you. So how do you do it? It's going to be different for everybody. But I do think just sort of understanding that carrying the legacy of how you loved them and cared about them and who they were into your life is a possibility. What. That's what I think is more complicated, is when people don't have a great relationship with that person, and then sometimes that's worth sitting down with somebody. You know, in grief mentor method, we tell the story, right? So it's not my mom died and I loved her, it's my mom died and it was complicated. We were estranged for 10 years, right? And then how do you want to carry that story forward? Well, maybe I want to think about when we weren't estranged, or maybe I want to think about when we were estranged, and, you know, the fact that she was so cruel to me when I was a teenager, I'm going to be I would never use that language with my daughter, and that is the legacy. But we do spend a bit of time kind of like, you decide, yeah, you decide you don't have to just be subjected to the memories as they are. We can go back for the more positive ones, but it's often an intentional effort.

Rosanne Corcoran 55:45

I love that.

Meghan Riordan Jarvis 55:46

Yeah

Rosanne Corcoran 55:46

I love that. Now, what would you say to the caregiver who's listening, who's in that after caregiving mode, whose body and mind are still trying to recover and they're struggling to find their footing and thinking they don't know how they're going to create this life for themselves moving forward.

Meghan Riordan Jarvis 56:02

Yeah. I mean, I think what I would say is, you know, loss is a period of transformation, and so we become someone who learns to carry a loss, and that the becoming is is like an adolescence. And we don't criticize teenagers when they're like wearing, you know, my daughter went through this period where she was, like, wearing a little house in the prairie dress, and then she was wearing like, you know, Sporty Spice clothes. And I was like, Oh my God, she's integrating her personality right in front of me. She has settled out into the Sporty

Spice clothes, the dresses they got, like, one or two wears. I think in grief, we're sort of, we've got to give ourselves that that period of time. And it's hard as an adult, because many of us feel like we've been integrated for a while. We know who we are and we know but profound loss does change you. It changes your compass points, and it doesn't matter whether you want it to or not, or you consent to it or not, it happens. And so to sort of say this is a process, and I'm going to give myself to the process, but not give myself like, sit here in a lounge chair and just wait for it to happen. I'm going to participate in it and sort of see. So I have people who will say to me, it's the weirdest thing. Since my sister died, I've been thinking about playing the violin, and I haven't played the violin since high school, and I'm like, Well, sounds like that's what your grief is looking for. So go get a try, see what that means. Maybe you're going to become a concert violinist. I certainly I wrote two books that was totally astounding to me. I actually wrote four books, but two have been published that I if you had said to me ahead of time, you're going to write a bunch of books, I would be like, you're out of your mind. I can't even sleep. Like I'm never going to do that. So allowing yourself to be changed and and maybe again, you don't have to have a good attitude about it, but understanding that that's what's happening, and that that takes time, the same way that you know, growing through your teenage years to becoming an adult takes some time. Teenagers are always like, Ah, I want to be at the point where I get a house and an apartment, and it's like, yeah, no, I know that one is actually better. It's not like, it looks better, it is better, right? When you've sort of integrated and figured some shit out, it's better. But grief, profound loss, it does the same thing. And for caregivers, you're also dropping a role. And Kelly Cervantes, who wrote a couple of really beautiful books about caring for her ill daughter, talked about really missing being a caregiver, really missing it, missing what it brought out in her and missing. And I don't think anybody talks about that. I think we are sort of like, Oh, are you relieved or Oh, is it, you know, do you miss them? But it's like, oh, I might miss a part of myself. It gave me meaning every day. You know, yeah, I worked with someone who, like, you know, took time off for but was supposed to be a couple of months, it turned out to be a couple of years to care for someone who had a chronic illness who ultimately died, and he's a totally different person on the other side of that. So, you know, it's not the grief and the loss is changing you, but the caregiver role often also changed you. So there's a lot to have, a lot have compassion and patience with.

Rosanne Corcoran 59:14

A big thank you to Megan Riordan Jarvis for being my guest today. To learn more about Megan, including her books, podcast and courses, visit MeganRiordanJarvis.com

Rosanne Corcoran 59:25

I hope you enjoyed today's episode and found something helpful, whether it was information, inspiration, or even just a little company. You'll find the full transcript and links to resources mentioned today@daughterhood.org in the podcast section. While you're there, explore more of what daughterhood offers. We're more than a podcast. We're a nonprofit community

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