

Coping with Grief and Relief

BY MARC SILVER

No study can predict exactly how a caregiver will respond to the death of a loved one. But experts are trying to identify patterns—and suggest how caregivers can come to terms with their grief and relief, their pain and their guilt.

Don't assume that your gender will make a difference in the depth of your emotions. In a study by the American Cancer Society, male and female caregivers were equally affected by a loved one's death.

The identity of the family member you've been caring for could have an impact on your recovery. In general, caregivers suffer more intense grief after a spouse's death compared to a parent's. And younger caregivers have a harder time coping with the loss, perhaps because it seems so out-of-sync with their stage of life. (Of course, a close relationship to a parent can lead to great sorrow at any age.)

Don't count on a quick recovery. Two years after the death of a loved one, many caregivers reported that their mental health was poor and their levels of psychological distress were high—higher than in the average population. Many former caregivers still reported difficulty in finding meaning in their life.

You may have an easier time than family members who weren't directly involved in caregiving. Richard Schulz, associate director of the University of Pittsburgh Institute on Aging, has led studies on caregivers who were responsible for a family member with dementia. Caregivers who were “strained” and intensely involved coped better with the patient's death. The non-caregivers, by contrast, registered higher rates of depression and use of medication.

At the same time, you may feel a deeper sense of loss than other family members. The caregiver has not only lost the person being cared for, but the ability to make things a little bit better for the patient.

One way to come to terms with the death is to talk about it. Indeed, retelling the story of the death may be a way of integrating it into your life. But the way you tell the story is crucial. Some caregivers believe: “There's nothing more I could have done, even though I hate the outcome.” These people will likely have an easier time moving forward than caregivers who endlessly rehash their own actions and second guess the decisions of doctors. But you need to recognize that only members of your immediate family and your very closest friends may want to listen as you repeat stories about your caregiving experience.

Don't rush yourself. People take their own time to recover from the loss of a family member. And if you think you hear the voice of the person who just died,

you're not losing your mind. That's a reaction that some caregivers report.

A sense of aloneness is perfectly normal. Shutting out memories of the person who died is not the remedy. It's OK to think, "She would have loved that movie, that book, that restaurant." That's the way you can hold on to what was important about the person you cared for, and yet move forward with your own life.