



MID HUDSON NEW YORK CHAPTER

Bereaved Parents of the USA

Newsletter

together we remember... together we heal...

Kathy Corrigan Chapter Leader

www.mhbpusa.com

SEPTEMBER/OCTOBER 2022

Please join us for our next monthly meeting

Thursday, October 6th – 7:00 Topic: VIRTUAL Get-together – let's check in with our long-distance members! Zoom link to be sent by email)

Sunday, October 9th – 11:00 – 3:00 at Bowdoin Park (Pavilion 3) Bring your own lunch and Memorial Rock Decorating Event

For more information, please email Kathy kjcorrigan5@gmail.com or call her at (845) 462-2825

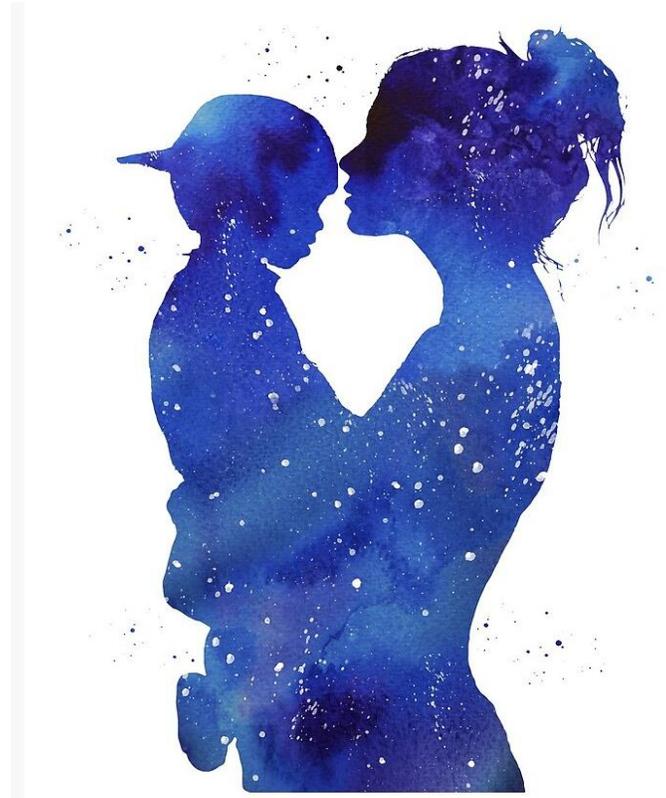


A WARM WELCOME TO NEWCOMERS

We understand how difficult it is to attend your first meeting. Feelings can be overwhelming; we have all experienced them and know how important it is to take that first step. Our stories may be different but we are alike in that we all hurt deeply. We cannot take your pain away but we can offer friendship and support. Bring a friend or relative to lean on if you wish.

*You changed me.
You changed who I am,
You changed who I will be
I am forever changed because of you
You've taught me that love has no boundaries
You've taught me that there is more to life than what
I know
You've taught me to really truly count my blessings.
You've taught me the strength of a bond between a
mother and a child
Life is unpredictable
Life is about the love you share,
and the people you share it with
Life isn't easy and there is pain beyond measure
But my life must continue,
even though your life is gone
I must continue,
so that I can change the lives of others
the way you have forever changed me.*

~ Author Unknown

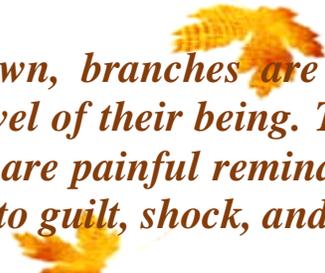


*Lately I cry less
I carry you both deeply, in my cells.
I feel you and everything else less rawly, and I wonder if that means I left you behind.
I stopped looking at pictures and I avert my eyes from those we have in the house.
Then today I realized you are still here. I just have to invite you in.
So I say good morning and good night,
and I invite you into my heart, to walk with me through my day.
And then I realize you were already there always, it had just been too painful to pay attention.
So I see you, and I invite you into my heart,
where I had closed the door to my soul because it was all too noisy and sad out there.
Today I let you back in.
Because the noise is the laughter, the memories, your voices and your being.
And I have room for that in my quiet.
And I feel you here.
I have not lost you.*

Written by Jessica Ann
(MHBPUA chapter member)

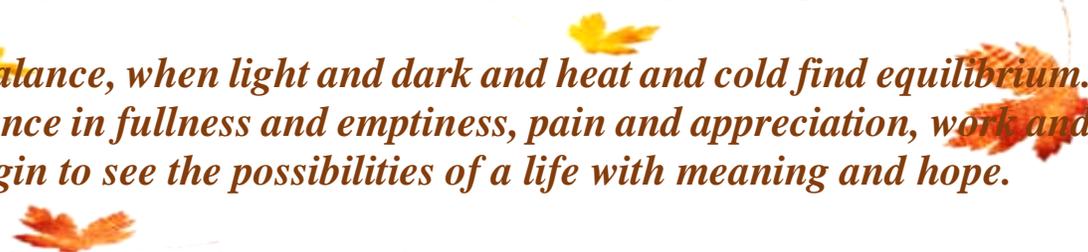


Fall's transformations are remarkable. Trees change into a symphony of color and movement. The transition from summer to autumn is stunning and obvious. The transitions in grief are less obvious but equally stunning.



As leaves tumble down, branches are left empty. People in grief may feel this emptiness in every level of their being. The empty chair, the unheard laughter, and the absence of touch are painful reminders of loss. An array of feelings from fear, loneliness and anger to guilt, shock, and relief may move through us like a powerful wind.

It takes great strength to turn into this gale, facing these feelings of loss and bending with them until they begin to subside. This storm of emotion may leave us feeling exhausted, but ultimately clearer about what brings meaning to the present.

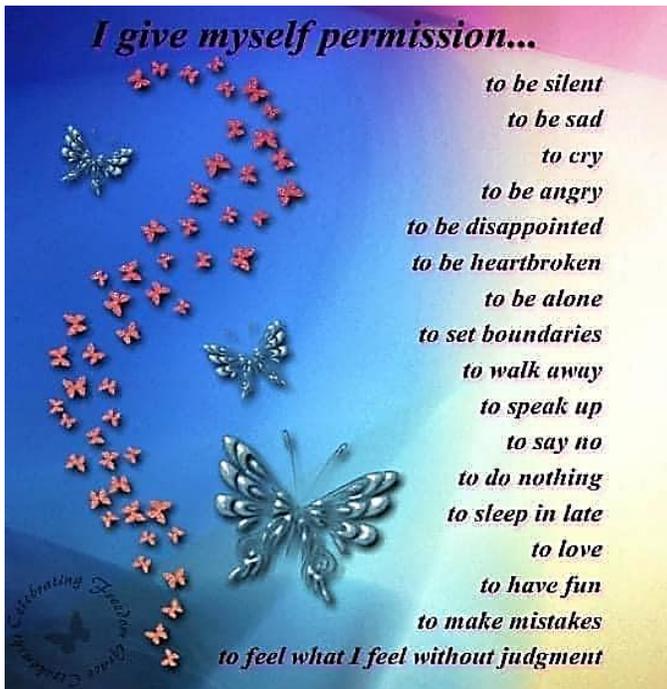


Autumn is a time of balance, when light and dark and heat and cold find equilibrium. We, too, can find balance in fullness and emptiness, pain and appreciation, work and rest. We gradually begin to see the possibilities of a life with meaning and hope.



The other side of grief is seeing what it is to live.





One of the most challenging things I've had to learn is that healing must be intentional. There is no one golden day that comes and saves you from all your misery. Healing is a practice. You have to decide that it's what you want to do and actively do it. You have to make a habit out of it. Once I learned that, I only looked back to see how far I came.

~ noorskitchen

THE DEATH OF A GRANDCHILD

childbereavementuk.org/information-the-death-of-a-grandchild

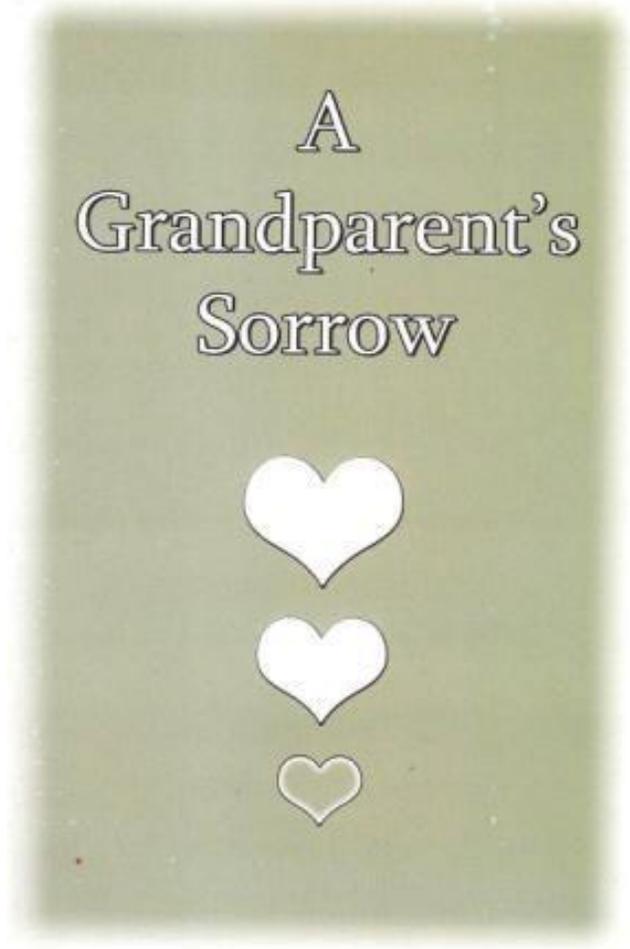
Grieving is never easy and the death of a partner, friend or anyone important all bring their own pain. However, there is something about the death of a child that is particularly hard to bear. When that child is your grandchild, dealing with your own grief, while having to witness the grief of your son or daughter, can feel like a double loss. One grandmother commented that this double loss is not more of the same; it is different, a grief unique to grandparents.

If your grandson or granddaughter died before, or shortly after birth, the anticipation surrounding the birth is replaced by a devastating sense of loss for a future denied. Whatever the age of your grandchild, their death can feel very out of the natural order of things, something that is simply not supposed to happen. There is always a tragic sense of unfulfilled potential. We assume that children will grow into full adult life, but sadly some do not.

Whatever the circumstances of the death, or the age of their grandchild, grandparents often say the hardest part is observing the pain and intense grief of their son or daughter while feeling helpless, useless and impotent. Sadly, you will not be able to take away their pain but you can be there to support them in the very special way that only someone with the experience of being a parent, and a grandparent, can.

A grandparent's grief is unique

They may have many fulfilling years of life left, but grandparents tend to be more aware of their own mortality than younger people. The cliché "time heals" may ring true for many people, but some grandparents may have a sense



of time running out. They may feel there is not enough time left to learn to live with the loss of their grandchild. This can give an additional edge of pain to their grief.

The depth of your grief may come as a surprise to others and even to you. The intensity of your grief will be influenced more by your emotional connection to your grandchild rather than by how often you saw them. The death of a grandchild can still be devastating even if you haven't seen them as much as you would like, or if you had lost contact with them completely.

Many grandparents are geographically distant from their grandchildren, however they are still able to keep in contact with them by phone or online. Equally, many families consist of working parents, so grandparents take a key role in childcare, seeing their grandchildren on a daily basis and being very involved with their nurturing and upbringing. A grandchild's death will be keenly felt in both cases.

A grandparent is only one individual within a family network. There are others to consider and perhaps another set of grandparents. It can all feel a bit crowded and there will be times when you are required to take a step back to let others play their part. This is not always easy to do.

Your grief might be misunderstood

Friends and neighbors may ask about your son or daughter but forget that you too are grieving. Some may consider that as a grandparent your grief will be less intense. This view is not reflected in the calls that are made to our helpline. Both grandparents and parents who are bereaved of a child talk about similar feelings, such as intense sadness, anger, bitterness and guilt.

How we grieve

Everyone is unique, and every death is unique. How we respond and react will vary depending on the type of death, the circumstances of the death and the relationship that we had with the child or baby that died and the immediate family. As a grieving grandparent you may experience all of the below, or only some, or none.

Guilt - The natural order of things indicates that adults are meant to die before children. You may be asking yourself 'Why not me?' and feel a sense of guilt because you are still alive when a much-loved grandchild is not. You may be feeling guilty about missed opportunities to have spent more time with your grandchild, or remorse at things left unsaid. On reflection, we can all think of things that we would have done differently, and nobody is perfect.

Anger - When a child dies it is out of the natural order of things and we can struggle to put any logic to it. Searching for a cause or looking for someone to blame is not unusual. Anger is a natural reaction, and you have every right to feel this way after what has happened. Physical exercise such as running, swimming or kickboxing can help. Try to find one that works for you. Suppressed anger can result in us saying or doing things that we may later regret.

Isolation - It can be difficult communicating within a family when someone has died, even when you have a close relationship. This can leave you feeling misunderstood, hurt or angry. The immediate focus might understandably be on the parents, and then on any surviving brothers or sisters. Grandparents can sometimes feel they are way down the list. It might be some time before you are all able to share thoughts and feelings in a mutually supportive way. Remember that it is never too late to do this.

If you live some distance away, despite an understandable feeling that you want to be there for them, it may be hard for the family to have you to stay immediately after the death. Grief can be all consuming and the family may find having someone else around too much to think about, even someone they care about. Try not to take this personally. There will be times when the parents need to be alone and other times when they may appreciate having you there to share feelings and thoughts.

How you can help the family

Try to allow your son or daughter to grieve as they feel they need to, rather than how others think they should. Their response will be different from yours because, although you are grieving for the same child, the relationship you each had with that child was unique. You may both share feelings of devastation, despair and loss but will probably have different ways of dealing with them, depending on personality, the circumstances surrounding the death, and how others around you respond.

What you can share are precious memories of the child or baby or hopes that you both had for them. With a stillbirth or miscarriage, you may wonder how to grieve for a baby when cruelly denied the chance to get to know him or her and, perhaps, never having had the chance to hold them. If the family are comfortable with it, try to find ways to include the baby in conversation.

Mention the baby or child's name and try to show that he or she is still very important to you. It can be comforting for a parent to be able to share intimate family thoughts, or memories that make you smile, with someone who had a relationship with the child who has died.

For parents, the grief after the death of a baby or child can be very intense and it is not unusual for them to feel that in some way, they must be responsible. You may be able to help with reassurance that nothing they said or did caused the death, but while acknowledging that to feel like this is understandable and not unusual.

Grieving is exhausting both physically and mentally, so depending on the type of relationship that you have with the family, anything that you can do to help with the practicalities of family life is likely to be welcome. This can include making some dinners, offering to do the shopping or washing, offering to look after any surviving children for a short period of time or just being there to listen to them. This was described by one grandparent as 'non-intrusive, practical usefulness' and can help the family to continue with their normal routines.

How to help surviving grandchildren

Children tend to be very protective of their grieving parents. This is when you can take a key role by providing a listening ear for surviving grandchildren. You may need to repeat information many times and answer lots of questions about their sibling's death, but this is how young children try to make sense of what has happened.

Young children cannot cope with overwhelming feelings for long periods of time and so taking them out for a break will give the children some respite from powerful emotions at home and provides an opportunity for you to spend some time with them.

It is well recognized that how a child grieves is influenced by the response of the adults around them. When parents are deep in their own grief, they may well have neither the physical nor emotional energy to be there for their surviving children. If you are able to express your feelings, they will know that it is OK to do the same thing, should they want to.

Just keeping in touch can be comforting for a child. Sending a card or letter, or email, can be reassuring for them. Don't expect a reply, but the chances are that your grandchild will appreciate the care behind the action. You don't have to say much; the important bit is letting them know that they are in your thoughts. This works particularly well with older children.

Helping yourself

It is important to try to get some support for yourself so that you are better able to listen or empathize with your son or daughter, and your grandchildren. You may have other family or friends that you can talk to. If your son or daughter feels that they have to look after you as well as themselves, this may make it hard for them to have you around. One grandmother described her role as: "having one foot inside the grief while keeping the other outside, placed on firm ground."

If you have been sent condolence cards or messages, it can be helpful as a process for you to reply to them. Remember that they are written as an expression of care for you and not as something to put more pressure on you. Only reply if that is what you want to do.

In families where communication or relationships can be difficult, you may not be able to help in all the ways that you would like to. Or it might be that others in the family are not able to offer you the support you need. Sometimes the intentions of others are good, even if the expression is poor.

Attend a *Mid Hudson Bereaved Parents of the USA* meeting on the first Thursday of every month. Grandparents, adult siblings and other family members are welcome at our meetings. Visit our website for many other resources

www.mhbpusa.com



HOW LONG SHOULD IT TAKE TO GRIEVE? PSYCHIATRY HAS COME UP WITH AN ANSWER. By [Ellen Barry](#)

The latest edition of the DSM-5, sometimes known as “psychiatry’s bible,” includes a controversial new diagnosis: prolonged grief disorder. (Editor’s Note: This is a very heated topic among grief experts across the country. How do you feel about it?)

After more than a decade of argument, psychiatry’s most powerful body in the United States added a new disorder this week to its diagnostic manual: prolonged grief. The decision marks an end to [a long](#) debate within the field of mental health, steering researchers and clinicians to view intense grief as a target for medical treatment, at a moment when many Americans are overwhelmed by loss.

The new diagnosis, prolonged grief disorder, was designed to apply to a narrow slice of the population who are incapacitated, [pining and ruminating a year after a loss](#), and unable to return to previous activities. Its inclusion in the Diagnostic and Statistical Manual of Mental Disorders means that clinicians can now bill insurance companies for treating people for the condition. It will most likely open a stream of funding for research into treatments — [naltrexone](#), a drug used to help treat addiction, is currently in clinical trials as [a form of grief therapy](#) — and set off a competition for approval of medicines by the Food and Drug Administration.

Since the 1990s, a number of researchers have argued that intense forms of grief should be classified as a mental illness, saying that society tends to accept the suffering of bereaved people as natural and that it fails to steer them toward treatment that could help. A diagnosis, they hope, will allow clinicians to aid a part of the population that has, throughout history, withdrawn into isolation after terrible losses.

“They were the widows who wore black for the rest of their lives, who withdrew from social contacts and lived the rest of their lives in memory of the husband or wife who they had lost,” said Dr. Paul S. Appelbaum, who is chair of the steering committee overseeing revisions to the fifth edition of the D.S.M.

“They were the parents who never got over it, and that was how we talked about them,” he said. “Colloquially, we would say they never got over the loss of that child.”

Throughout that time, critics of the idea have argued vigorously against categorizing grief as a mental disorder, saying that the designation risks pathologizing a fundamental aspect of the human experience. They warn that there will be false positives — grieving people told by doctors that they have mental illnesses when they are actually emerging, slowly but naturally, from their losses. And they fear grief will be seen as a growth market by drug companies that will try to persuade the public that they need medical treatment to emerge from mourning.

“I completely, utterly disagree that grief is a mental illness,” said Joanne Cacciatore, an associate professor of social work at Arizona State University who has published widely on grief, and who operates the *Selah Carefarm*, a retreat for bereaved people.

Coping With Grief and Loss

Living through the loss of a loved one is a universal experience. But the ways in which we experience and deal with the pain can largely differ.

- **What Experts Say:** Psychotherapists say that [grief is not a problem to be solved](#), but a process to be lived through, in whatever form it may take.
- **How to Help:** Experiencing a sudden loss can be particularly traumatic. [Here are some ways to offer your support to someone grieving.](#)
- **A New Diagnosis:** Prolonged grief disorder, a new entry in the American Psychiatric Association’s diagnostic manual, [applies to those who continue to struggle long after a loss.](#)
- **The Biology of Grief:** Grief isn’t only a psychological experience. It can affect the body too, but [much about the effects remains a mystery.](#)

“When someone who is a quote-unquote expert tells us we are disordered and we are feeling very vulnerable and feeling overwhelmed, we no longer trust ourselves and our emotions,” Dr. Cacciatore said. “To me, that is an incredibly dangerous move, and short sighted.”

'We don't worry about grief'

The origins of the new diagnosis can be traced back to the 1990s, when Holly G. Prigerson, a psychiatric epidemiologist, was studying a group of patients in late life, gathering data on the effectiveness of depression treatment. She noticed something odd: In many cases, patients were responding well to antidepressant medications, but their grief, [as measured by a standard inventory of questions](#), was unaffected, remaining stubbornly high. When she pointed this out to psychiatrists on the team, they showed little interest.

"Grief is normal," she recalls being told. "We're psychiatrists, and we don't worry about grief. We worry about depression and anxiety." Her response was, "Well, how do you know that's not a problem?"

Dr. Prigerson set about gathering data. Many symptoms of intense grief, like "yearning and pining and craving," were distinct from depression, she concluded, and predicted [bad outcomes](#) like high blood pressure and suicidal ideation. Her research showed that for most people, symptoms of grief [peaked in the six months](#) after the death. A [group of outliers](#) — she estimates it at 4 percent of bereaved individuals — remained "stuck and miserable," she said, and would continue to struggle with mood, functioning and sleep over the long term.

"You're not getting another soul mate and you're kind of eking out your days," she said.

In 2010, when the American Psychiatric Association proposed expanding the definition of depression to include grieving people, it provoked [a backlash](#), feeding into a [broader critique](#) that mental health professionals were over diagnosing and overmedicating patients.

"You've got to understand that clinicians want diagnoses so they can categorize people coming through the door and get reimbursement," said Jerome C. Wakefield, a professor of social work at New York University. "That is a huge pressure on the D.S.M."

Still, researchers kept working on grief, increasingly viewing it as distinct from depression and more closely related to stress disorders, like post-traumatic stress disorder. Among them was Dr. M. Katherine Shear, a psychiatry professor at Columbia University, who developed a 16-week program of psychotherapy that draws heavily on exposure techniques used for victims of trauma. By 2016, data from clinical trials showed that Dr. Shear's therapy [had good results](#) for patients suffering from intense grief, and that it outperformed antidepressants and other depression therapies. Those findings bolstered the argument for including the new diagnosis in the manual, said Dr. Appelbaum, who is chair of the committee in charge of revisions to the manual. In 2019, Dr. Appelbaum convened a group that included Dr. Shear, of Columbia, and Dr. Prigerson, now a professor at Weill Cornell Medical College, to agree on criteria that would distinguish normal grief from the disorder.

The most sensitive question of all was this: How long is prolonged?

Though both teams of researchers felt that they could identify the disorder six months after a bereavement, the A.P.A. "begged and pleaded" to define the syndrome more conservatively — a year after death — to avoid a public backlash, Dr. Prigerson said.

"I have to say that they were kind of politically smart about that," she added. The concern was that the public was "going to be outraged, because everyone feels because they still feel some grief — even if it's their grandmother at six months, they are still missing them," she said. "It just seems like you're pathologizing love." Measured at the year mark, she said, the criteria should apply to around 4 percent of bereaved people.

The new diagnosis, published this week in the manual's revised edition, is a breakthrough for those who have argued, for years, that intensely grieving people need tailored treatment.

"It's kind of like the bar mitzvah of diagnoses," said Dr. Kenneth S. Kendler, a professor of psychiatry at Virginia Commonwealth University who has played an important role in the last three editions of the diagnostic manual.

"It's sort of an official blessing in the world," he said. He compared it to astronomers deciding on a definition of planet. "This one's in, and Pluto we kick out."

If the diagnosis comes into common use, it is likely to popularize Dr. Shear's treatment and also give rise to a range of new ones, including drug treatments and online interventions. Dr. Shear said it was difficult to predict what treatments would emerge.

"I don't really have any idea, because I don't know when the last time there was a really brand-new diagnosis," she said. She added, "I really am in favor of anything that helps people, honestly."

A loop of grief

Amy Cuzzola-Kern, 54, said Dr. Shear's treatment helped her break out of a terrible loop. Three years earlier, her brother had died suddenly in his sleep of a heart attack. Ms. Cuzzola-Kern found herself compulsively replaying the days and hours leading up to his death, wondering whether she should have noticed he was unwell or nudged him to go to the emergency room. She had withdrawn from social life and had trouble sleeping through the night. Though she had begun a course of antidepressants and seen two therapists, nothing seemed to be working.

"I was in such a state of protest — this can't be, this is a dream," she said. "I felt like I was living in a suspended reality."

She entered Dr. Shear's 16-session program, called prolonged grief disorder therapy. In sessions with a therapist, she would narrate her recollection of the day that she learned her brother had died — a painful process, but one that gradually drained the horror out of the memory. By the end, she said, she had accepted the fact of his death. The diagnosis, she said, mattered only because it was a gateway to the proper treatment.

"Am I ashamed or embarrassed? Do I feel pathological? No," she said. "I needed professional help."

Yet, others interviewed said they were wary of any expectation that grief should lift in a particular period of time.

"We would never put a time frame around when someone should or shouldn't feel that they have moved forward," said Catrina Clemens, who oversees the victim services department of Mothers Against Drunk Driving, which provides services to bereaved relatives and friends. The organization encourages bereaved people to seek mental health care, but has no role in diagnosis, said a spokesperson.

Filipp Brunshteyn, whose 3-year-old daughter died after an automobile accident in 2016, said grieving people could be set back by the message that their response was dysfunctional. "Anything we inject into this journey that says, 'that's not normal,' that could cause more harm than good," he said. "You are already dealing with someone very vulnerable, and they need validation."

To set a year as a point for diagnosis is "arbitrary and kind of cruel," said Ann Hood, whose memoir, "Comfort: A Journey Through Grief," describes the death of her 5-year-old daughter from a strep infection. Her own experience, she said, was "full of peaks and valleys and surprises."

The first time Ms. Hood walked into her daughter Grace's room after her death, she saw a pair of ballet tights lying in a tangle on the floor where the little girl had dropped them. She screamed. "Not the kind of scream that comes from fright," she later wrote, "but the kind that comes from the deepest grief imaginable." She slammed the door, left the room untouched and eventually turned off the heat to that part of the house. At the one-year mark, a well-meaning friend told her it was time to clear out the room — "nothing worse than a shrine," he told her — but she ignored him. Then one morning, three years after Grace's death, Ms. Hood woke up and returned to the room. She sorted her daughter's clothes and toys into plastic bins, emptied the bureau and closet and lined up her little shoes at the top of the stairs. To this day, she is not sure how she got from one point to the other. "All of a sudden, you look up," she said, "and a few years have gone by, and you're back in the world."



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heart*

JULY 20th - 23rd 2023

WASHINGTON DULLES HILTON

"It took an instant
to lose you,
and it will take
my entire L I F E T I M E
to grieve the loss of you.
G R I E F never ends because
L O V E never ends.
I will love you,
and ache for you
until my very last breath."

— Angela Miller —

A Bed For My Heart.com

Grief is the price
we pay for love.

Queen Elizabeth II