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Dealing with End of Life Issues, Individual and Collective, with Focus on Grief

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Abstract

As we approach the end of our life, and as we see others who are close to us doing the same, we often experience anticipatory grief about our impending death. This can cause a lot of distress to ourselves and to those close to us. Wholistic frameworks help us to understand and address this sort of grief. Similarly, when there are grief issues experienced by groups of people, the groups as a whole can address them with the same methods. This discussion focuses on ways to understand grief and to address its various components, individually and collectively. We will also consider the greatest collective grief of these times, which involves the high probability of global extinction.

Key words: end of life, personal grief, collective grief, Energy Psychology (EP), TWR/ WHEE

Introduction

As we approach the end of our life, we face varieties of shifts and changes, some of which may be challenging. We have to adjust to waning physical and psychological strengths and capabilities; diminishing abilities to engage in various customary activities; needing supports of various sorts; diminished contacts and losses of friends and family; and making our peace with the inevitability of the approach of the end of our physical life.

We have a spectrum of possible reactions to all of these changes in our lives, and we each make our choices – consciously and unconsciously. Anticipating and preparing for our later years and for our demise can make a huge difference in how we and those close to us weather these various transitions. Depending on multiple factors, our issues may unfold in diverse ways – some of which we can influence, and others that we have to accept and come to peace with.

Wholistic healing can contribute enormously to gentling and easing our adjustments and transitions through these various changes, on every level of our being (Benor, Web ref). Wholistic healing can also promote deep, personal healing awarenesses and lessons.

Body

Slowing down is inevitable. As our physical strengths wane, we move about and navigate our personal worlds at slower, gentler paces. In the natural course of events, the strengths of our muscles wane and we gradually move about more slowly. We can no longer lift heavier weights or walk longer distances. We may need assistance in shopping and driving.

We may also experience progressive physical limitations on our strength and mobility due to residuals of old injuries, arthritis, or other problems common in old age.

As our last days approach, we may be bedridden and may require additional practical and medical assistance.

Wholistic healing can be an enormous help in dealing with these issues. Pain, stiffness and other physical symptoms often invite us to explore mental, emotional, relational and spiritual issues in our lives. A self-healing method I developed, called TWR – Transformative Wholistic Reintegration (AKA WHEE), can provide immediate, deep relief for physical symptoms of all sorts (Benor, Web ref).

‘George’ (assumed name) was an 86 year-old retired construction worker who had fractured his neck and lower back in two separate accidents earlier in his life. He appeared to have recovered from these injuries and had experienced no residual pains for many years afterwards. But as he aged, he gradually suffered increasing back and neck pains around the sites of his old injuries. His pains decreased when he was upright and active, but worsened markedly when he was lying down. Pain medications had helped George reduce his suffering but he was very unhappy with the side effects of drowsiness and brain fog.

Using TWR, George was able to reduce his pains, needing pain medications only rarely, and then in lower doses than he’d needed without the TWR. He was particularly grateful that he could use the TWR method for self-healing as needed, and able to sleep much better with his lessened pain.

If people are open to deeper wholistic approaches, TWR can facilitate explorations of the mental, emotional, relational and spiritual aspects of their symptoms.

‘Sally’ was a 79 year-old, widowed, retired school teacher who had suffered from facial nerve pain for over 20 years, following a difficult dental procedure. She was highly sensitive to medications and had difficulties tolerating various side effects of pain medicines in particular.

She was referred to me by a mutual friend for help with her pain. While the basic TWR method of tapping on her body with her fingers while reciting a personalized affirmation provided modest pain relief, it was not sufficient to allow her to sleep comfortably.

I was pleasantly surprised to find Sally with a positive attitude despite having developed a liver cancer that had metastasized and was leaving her with just a few more months to live. I guided Sally to identify and explore the messages her inner self might want to tell her through these pains. This, combined with the TWR tapping provided rapid and complete relief of her pains.

Sally was particularly grateful for this relief, as it left her with far greater strength – despite her waning energies due to the cancer – to address her end of life issues.

Sally was not unusual in the length of time she had suffered. Many elderly people have chronic pains from old injuries, osteoarthritis, degenerative processes, and other causes.

It is very common for sensitive people to obtain complete pain relief as Sally did by dialoguing with the pain to clarify the messages their unconscious mind wanted them to hear and understand. TWR enables people to reduce anxieties such as those about worsening of symptoms; being a burden to others; and dealing with the impending end of their physical life.

The best approaches to maintaining our physical wellbeing into old age are preventive measures. Maintaining a normal body weight, healthy diet, developing routines for physical exercise and maintaining an active physical life can significantly enhance and maintain our physical condition, often long into old age.

Emotions

Positive emotional experiences during our lives bring out and strengthen the positive emotions in us. With positive emotions we can approach our end of life issues in constructive, healing manners.

Negative emotions we experience in the grieving process may generate tensions and anxieties when we approach end of life issues, particularly when our current feelings stir similar, unresolved feelings from the past. Emotional tensions and worries tax our mental and emotional capacities and make us more sensitive and vulnerable to stresses. We may feel insecure about whether we are worthy and deserving of other people's love, attention and care – based on traumas we may have experienced earlier in our lives. We may harbor angers, feelings of unworthiness of having anyone care for us, guilt over our past behaviors, or other reasons for fearing that we're going to be inadequately cared for or even abandoned because of our past behaviors. Grief over losses we experienced may leave us drained of energies to cope with our situation.

'Bob' was a 72 year-old, recently widowed store owner who had been seriously depressed since the recent death of his wife of 49 years. Bob and 'Liz' had been very close with each other throughout their marriage, and had two grown children and five grandchildren. Bob still enjoyed spending time with his children and grandchildren, though for the most part their contact was by phone and skype.

It is very common for the surviving person in a relationship to die within a year of the death of his or her partner, with men more prone to this than women. Bob had come across this important bit of information in an article in his dentist's waiting room, and came to me asking for help in adjusting to sorely missing his wife.

I have to say, I was very most pleased to have Bob's request for help. It is rare for people to come to me for proactive assistance, especially in their later years!

I encouraged Bob to speak about his grief. He was reluctant to burden his family members with this, and agreed to half hour sessions with me, twice a week, to assure that he did not just bury his emotions. I also suggested he journal his feelings and memories about his wife daily. He found both of these supports enormously helpful. Knowing he had these ways of

processing his feelings was another level of relief to him. And in speaking with me over several weeks about how much he missed Liz, he was pleasantly surprised to find himself also coming to be less hesitant to share these feelings with family and friends. He was equally surprised to find that most of the people he chose to speak with were not just sympathetic, but were similarly grateful for the opportunities to talk about their sadness over this loss in their lives as well.

In less than two months, Bob reduced his sessions with me to once weekly and soon after to an as-needed basis. He had come to me through my website, expecting me to teach him how to clear his grief with TWR. I explained that tapping away one's sad, hurt, angry and other feelings associated with grief was not the best way forward, as this may abort the normal grief process, particularly when people using TWR put themselves out of step with the grief processes of everyone else around them. However, I did encourage him to use TWR to help with his insomnia, as this started to become a drain on his energies. It was also helpful to Bob to have my reassurances that everything he was experiencing was perfectly normal in a grief reaction, so that he didn't fret that he was over-reacting and burdening his family and friends unreasonably when he shared with them how much he was missing Liz.

People who are sensitive to and open with their emotions, like Bob and most of his family and friends, often find that grieving is a very mixed experience. While sadness and longing for the person who passed on can be painful, the processing of these feelings helps them in letting go of their attachments and feelings about the deceased. Recalling, re-telling and sharing the positive and negative aspects of their relationships, and especially the missing of the lost companionship and closeness helps to release the attachments and come to accept being in a world that is missing the person they lost.

Sadly, there are many people who experience great struggles in dealing with their grief. Often, these are people who have suffered earlier losses of significant people in their lives, or have suffered serious traumas and never resolved their earlier grief or trauma reactions. This leaves them with residues of buried emotions, often completely outside their conscious awareness. The buried grief or trauma feelings and memories get triggered when they experience grief later in life, markedly intensifying their current grief reaction.

I received a phone call from 'Petra' asking for help for her 48 year-old sister, 'Lila,' who was seriously depressed after receiving a diagnosis of stage 4 breast cancer, with metastases in various parts of her body. She had been seriously depressed and socially withdrawn for several weeks since receiving what she called "my death sentence."

I expressed my willingness to help Lila, and encouraged Petra to do whatever she could to bring her to see me. I asked whether Lila seemed to be in any danger of suiciding, and Petra reassured me she had never heard anything that would have suggested that, but promised she would take Lila to the emergency room if she ever heard anything suggesting suicidal thinking.

Unfortunately, I never got to see Lila. Petra called to tell me that Lila died of an overdose two days after this phone call.

Petra felt horribly guilty and made an appointment to see me herself. I felt guilty myself that I had accepted her assessment that there was little danger of suicide, without questioning her in more detail. I helped Petra process her grief and guilt over a series of several sessions.

She shared that she and Lila had suffered serious physical and emotional abuse in childhood from both of their parents. Petra, the younger sister, had grown up with a modest but significant degree of support and protection from Lila that helped Petra deal more successfully with the very abusive home situation. Petra had married at age 19 and had two sons in their early twenties.

Lila had two brief marriages that both ended in divorce and abandonment, and a 25 year-old daughter she raised herself. She'd had difficulties getting along with people all of her life.

I learned important lessons from this experience. I felt I should have delved deeper into Lila's situation to clarify the suicide risks. I realized I had responded to Petra from a place of frustration because it was very rare for anyone to come to see me when it was a concerned relative who called to make the inquiries about my helping. Relatives often call because they are more psychologically aware, as well as feeling anxious and frustrated that they can't get their family member to go for help.

Suicide in the context of anticipated suffering is not uncommon. There is increasing awareness of this issue, with gradual acceptance that euthanasia may be a reasonable and acceptable choice – after all of the options have been explored. The film, "Whose Life Is It Anyway?" offers an excellent window into this issue (Film ref).

In other cases, I've been able to help people struggling with their end of life issues to explore their feelings about these challenges – past and present – and to come to peace with palliative care and accepting support from family and friends. Where there are awarenesses of personal spirituality, spirits, angels and/or the Divine, this can be a strongly positive experience (Colgrove, Melba et al. 1997; Jackson, 1981; Foos-Graber, 1989; Greene, and Landis, 2002; Kubler-Ross, 1975; Levine, 1984; Murphy, 1988; Rando, 1984; 1991; Rose, 1990; Sanders, 1992; Seibert, et al., 1993; Smith, 1998; Weithe, 2008; Worden, 1991.) (More on this below.)

Mind

Our mental capacities may wane as we age, with slowing of thinking processes, and memory lapses that range from minor forgetfulness to major losses of our cognitive faculties. Alzheimers and arteriosclerotic disease, especially with strokes, may seriously impair our mind.

Largely unrecognized as contributors to declining mental capacities are unresolved trauma memories. I've had numbers of people who discovered that a significant portion of their fading memory problems cleared when they used TWR to explore issues their unconscious mind found difficult to accept and deal with. Some of these issues had to do with past traumas; others were related to anxieties about how to adjust to declining physical and mental capacities; and particularly distress about being a burden to others. Paradoxically, this last concern could actually produce and/or worsen the very problems people are worried about, because they wind themselves up with these worries and this worsens their symptoms, their distress about the symptoms, and their abilities to cope with them.

Sleep may be elusive in old age. Common contributing factors include lack of adequate physical activities; pains of any sort; and worries. All of these may influence mental functions, and all respond well to TWR.

Mind also enables us to sort out priorities and to set intentions for pursuing the paths we feel are appropriate and best for our current situations. However, grief may cloud our mental functions

and we may need to make deliberate efforts to sharpen our focus and to deal with various aspects of our wholistic beingness that need attention.

Mind is often problem oriented. In the stress and overwhelm of grief, we may become over-focused on particular issues, ignoring other problems that also require our attention. When approaching our issues and problems while we are grieving, we may experience sluggishness or perseverations in our thought processes. Our emotions during grief can be very strong and persistent, interfering with our normal, daily functions. We may need to pause and ask ourselves what could and should be our best priorities in order to work our way through the day.

Again, the preventive approaches mentioned for physical health may also contribute to maintaining our mental capacities. If we are fortunate, our minds may remain clear to the end of our grieving. In addition, we may be able to help ourselves and others around us who are grieving by pointing out things about which we can feel gratitude and even joy. This is also an example of where deliberate practices of meditation (, gratitude and happiness (Black & Zagon, 1989; Verny & Kelly, 1982) may contribute to our wellbeing and healing.

This is where the support of family and friends can be particularly helpful.

Relationships

Our patterns of relating with others are developed for the most part in our childhood family, school and social environments. With positive experiences, people generally grow up confident and comfortable in their relationships. This makes it easy to be of help to them in the last stages of their lives.

With family tensions, rejections or abuse, people often grow up not feeling they deserve attention and feeling unworthy of being cared for or loved. These basic patterns of relationships frequently persist through life. In the later stages of our life, and particularly in approaching death, they may strongly influence and shape how we respond to our end of life issues. There may be people around us who are willing and eager to be of support, but our habitual expectations of being rejected or hurt again may lead us to not ask for help or to brush aside offers to be of help to us.

Again, TWR tapping on our distress and disbeliefs about deserving support and help can markedly aid people in accepting help from others.

Pets are also worthy of mention here. People with pets tend to live longer and deal with grief more successfully. At the same time, with most pets having shorter lives than humans, our pets provide lessons and practice for their owners in grieving (Lachman, 2006; Greene and Landis, 2002)

'Dorothy' was an 62 year old retired secretary who had had two difficult marriages, both ending in divorces following disclosure of her husbands' infidelities. She had been fortunate that her youngest daughter invited her to live with her and provided a home for her for 14 years. She, in turn, had provided a lot of support to her daughter, helping with household chores, shopping and child care.

She came to me after she was diagnosed with lung cancer and knew she had only a few weeks or months to live.

Dorothy had grown up feeling she was the least loved of her parents' four children. She always felt she had to work to prove her worth and earn acceptance from others. When she developed cancer and was too weak to provide her usual levels of support to her daughter, she felt guilty and depressed, believing she was letting her daughter down and expecting her daughter to be critical of her.

A few family sessions that included her daughter, son-in-law and teenage children were enormously helpful to Dorothy in accepting that they were eager to support her in every way they could, and far more than just willing to minister to her physical needs out of family duty and obligation.

Another beautiful illustration of family grieving is provided in a YouTube of Gary Andrews, an ex-Disney animator sharing his grief with his two young children, and with the world at large, over the untimely death of his wife (Andrews, Web ref.)

Marital and couples therapy are highly recommended for helping families when there are issues in dealing with grief. By resourcing them with tools and experiences for discussing and clearing their grief as a group, they are empowered to help each other outside the group as well in dealing with their bereavement issues (Walsh and McGoldrick, Eds., 1995)

Spirit

Issues of spirit are prominent aspects of end of life concerns for most people.

Those who hold religious beliefs about God and an afterlife may feel greatly supported by these teachings and through their communities of faith, or may be concerned to various degrees about feeling undeserving due to perceived or actual transgressions or sins against their religious obligations and about their sins of omission or commission.

Those who have no belief or disbelief in a spirit connection in their lives may, on the one hand avoid suffering guilt over lack of belief or failures to adhere to religious practices, but on the other hand may suffer from sadness, disappointments or despair over their anticipation of the approach of a total end to their existence when they die. On the other hand, they may feel good over a life well lived with satisfactions and achievements they experienced.

Those who have direct awarenesses of their own spirit and of connections with spiritual dimensions may find great hope and solace in knowing they are returning to a place of love and healing, where God, angels, spirit guides, spirits of deceased relatives, and friends await their arrival.

It is most interesting that 30-60% of people who lose someone close to them will either see, hear, or have a strong inner sense of the presence of the departed (Vargas, et al., 1989). Similarly, those who are approaching death often see angels, and/or spirits of relatives and/or friends who are deceased, coming and telling them their arrival in spirit dimensions is lovingly awaited (Amatuzio, Web ref.; Devers, 1997; LeGrand, 1997; Morse with Perry, 1994; Schneidman, Edwin. 1980; Wills-Brandon, 2000).

So with the visits of deceased relatives and friends, and with deathbed visions, there appear to be substantial confirmations of spirit existence. Further research on reincarnation memories suggest that spirits incarnate periodically over many lifetimes (Alexander, 2012; Atwater, 1999; Morse with Perry, 1990; 1994; Ring, 1984; Taylor, 2009).

Similarly, pre-birth memories and therapy that brings healing for pre-birth and past life traumas for young children strongly suggest confirmation of reincarnation (McCarty, 2009). See also articles by Wendy McCarty in this issue of IJHC on pre-birth memories and issues identified and treated in young children.

And on the positive side, the fact that infants are conscious prior to birth opens up possibilities for welcoming, nurturing, supporting, reassuring and offering them healing prior to birth (McCarty, 2009; Siegel & Hartzell, 2003; Verny & Kelly, 1982; Verny & Weintraub, 2002).

So on approaching the end of our lives, our experiences may be strongly shaped by our spiritual beliefs, perceptions and personal experiences. In effect, death is a healing that takes us back from physical life into spiritual dimensions (Anderson, 2003; Benor Sewell, Benor, 2001; Bluebond-Langner; 1978; Grof & Halifax, 1997; Olson, 1997; Rinpoche, 1992; Romanyshyn, 1999).

Collective consciousness

A collective consciousness exists.

Within families and other social groups there are shared awarenesses through verbal and non-verbal communications, as well as from shared experiences over time. With small groups there tends to be more homogeneity than with larger groups, where greater numbers of people and greater variabilities of cultural factors introduce increasingly diverse collective awarenesses.

Considerable anecdotal and research evidence (Benor, 2018) exists for mind-to-mind communications. Therefore we should expect that a collective consciousness will develop between individual members of such groups.

Research strongly suggests that when events occur that impact large numbers of people, there will be a collective consciousness response. Extending beyond social responses per se, there is fascinating research showing the events that stir masses of people, such as a visit of the Pope to another country, a natural or human disaster such as the events of 9-11, or the O.J. Simpson trial that was broadcast to millions of people around the world, can influence electronic random number generators to demonstrated deviations in their functioning when events of significance to large numbers of people occur, such as seasons' end sports events, a visit of the Pope to a foreign country, or 911. We have no idea why or how this happens, but this suggests that the collective consciousness includes energies that can influence the physical world.

Clinical observations suggest there is a collective consciousness. Carl Jung found that there were various images, symbols and ideas that were prevalent and held in common within the consciousness of individuals who were part of a group of people. Often, there were iconic images that would evoke responses in individuals that were common to the group, even when the individuals were not consciously aware that the images in their conversations and dreams were common to many others in their culture.

In larger groups of people, such as cities, countries and the global community, there are also commonly held beliefs and practices that are taken for granted by large segments of the population as being true – and real. Rarely are these conscious, but once we look for them, they are readily apparent.

- Humans are a higher form of living being than any other species

- Humans are entitled to dominion over all other living beings
- Humans are entitled to dominion over the land, waters and air and that is contained therein
- That other life forms are just resources for human use and exploitation
- Individuals and groups of humans are entitled to control and exploit other humans if they have the power and resources to exert this domination
- Humans can deal effectively with the dangers of carbon dioxide emissions produced by humans, global warming, releases of ammonia from the oceans and bogs around the world due to rising temperatures, extinctions of numerous species, pollution, and runaway over-population – so that these need not cause extinctions of much of the life as we know it today on our planet
- Threats to our collective survival that are raising such warnings and alarms are exaggerated and there is no reason to alter our awarenesses, attitudes or behaviors rather than continuing with the routine business of life, as usual, holding onto hopes for changes in global climate change
- The belief that there is little point in our making changes ourselves, as our individual contributions to the collective factors influencing climate change and other global problems are so small that they really don't matter

Let's examine, in particular, this last assumption about our contribution to the collective influences and impacts affecting our planet.

Grief in the human collective consciousness

A small, but growing number of people are seriously concerned that we may not be able to alter our collective behaviors that are producing these threats to survival of much, and perhaps even of most life on our planet. Some are concerned that we may have passed one or more irreversible tipping points already, so that global extinction may actually be likely and not just a theoretical possibility. We have no way to know for certain in these matters, but the overall threat to collective survival is clearly a strong possibility, and there is growing concern that this may even be a probability.

Those who are more pessimistic in this portion of the human collective consciousness are struggling to absorb the imports and impacts of aspects of the above collective beliefs and how they are playing out in our world today. Many of these people are beginning to grieve what they perceive as the approaching end of most or all of the current life on our planet, including possibly themselves, and with increasing likelihood their children and grandchildren.

As with our individual grief for individual people, for pets and all the other living beings on our planet, our collective grief over the probable collective demise of most living beings invites us to process our feelings, thoughts, and relationships – along with any other residual grief issues we are carrying that are triggered by the impending mass extinctions.

And, as with our grief over individuals, we have the opportunities to connect more strongly with our spiritual awarenesses as part of this process.

Opening our awareness further, we can also connect with the consciousness of our planet, Gaia. Yes, planets, too, are living beings and have consciousness – according to people who have highly developed intuitive awarenesses. Gaia has experienced at least five major extinctions during her existence, so she also has opportunities, now in the midst of threats of yet another possible major extinction, to clear her trauma memories and feelings.

As with grief over deaths of individuals, we can all avail ourselves of the opportunity to clear our past grief and traumas as we clear our current grief.

You might think this is an exaggeration, and that it would be difficult or impossible to clear grief of the magnitude we can anticipate with the mass extinctions likely to occur on our planet. We have examples, however, of genocides that have been addressed in the ways discussed above. For instance, the Rwanda genocide in 1994 involved the brutal slaughters of as many as a million members of the Tutsi population.

Survivors have suffered for decades from post traumatic stress, which includes horrible nightmares and inability to sleep; had severe problems with temper outbursts; were often unable to work or to get along with their families; and resorted to drinking and street drugs to deal with their problems.

American and European therapists have helped many people in Rwanda, using Energy Psychology (EP) techniques (ACEP, web ref.; Edwards, 2016; Hamne & Sandström, 2017). These simple methods involve tapping on a series of acupressure points, while focusing the mind on troublesome issues that are bothering people. Within an hour or two of using Thought Field Therapy (TFT), one of these EP methods, these people who had suffered severe grief reactions have been able to release much of their severe post traumatic stress reactions. What is better yet is that once they know how to use EP methods they can continue to release more and more of their trauma residues on their own (Benor, 2008).

These methods are very simple to learn and use. Groups of local people have been taught EP methods to a level where they can teach others to use them.

These methods are also good for dealing with anticipatory anxieties and grief, such as the possibilities of serious impacts of climate change, possibly including global extinctions. In the same ways that people deal with their current and past issues, they can use EP as well for anticipatory anxieties and grief about the future.

Understanding the grief process

To address our grief, it is essential to understand the grief process. Grief includes recognized stages of experience. Here is a brief summary of these (Benor, 2015).

Elisabeth Kubler-Ross (1975) identified five clear steps in the process of grieving, including: denial, anger, bargaining, depression and acceptance. I have worked with many individuals who experienced varieties of losses in their lives, large and small. I find that these stages can be expanded helpfully to include seven distinct steps, divided into three major processes of grief:

1. Initial stages of grief responses – Generally 24-48 hours

A. Shock: “Oh, my God!” or “What terrible news!”

B. Denial: “It can’t be true! It must be someone else who died.” or “I just saw ___ a week ago!” or “God wouldn’t have taken someone so young/ good/ important in this world!”

C. Bargaining: “Please let this not be true!” or “I pray that this is a mistake!” or “I won’t believe this till....!”

2. Middle stages of grief – Generally 3-12 months for a friend; 2-5 years for a close family member

A. Depression: sadness, crying, missing and longing for the person; loss of appetite, difficulties sleeping, troubled dreams and nightmares; apathy, lack of energy to carry on with life; feeling empty and that life isn’t complete without the deceased; wishing to die too in order to be reunited with the deceased or in order to stop suffering the pain of having lost the deceased; and sometimes the pain of the loss or the longing to be reunited with the deceased is so great that a person will suicide.

B. Anger: At the deceased for ‘abandoning’ us, for not having taken steps to live a healthier or safer and longer life; at ourselves for acts of omission or commission that might have contributed to the death, for not having helped the deceased enough, for feeling guilty even when there was really nothing substantial we could have done to prevent the death; at other people who might have treated the deceased poorly or failed to offer support; and at God for allowing the deceased to be ill or to suffer in illness, or through trauma, and to die. Anger may be so great that the bereaved want to kill someone in revenge. In tribal societies people often act upon these feelings of anger and it is not uncommon to see revenge killings or even battles resulting in such situations.

C. Guilt: Over our acts of omission or commission that might have contributed to the death, such as not having helped the deceased enough; over being alive ourselves when the deceased is no longer alive; over feeling angry, especially at God; and over having vengeful feelings and even wishes to hurt or kill others in retaliation when the grief is about a death caused by someone else.

3. Resolution/ Acceptance stage of grief – 3 months-several years, overlapping with (2)

A. Recalling positive memories about the deceased; adjusting to a world where the deceased is no longer physically present; finding other relationships and ways to deal with life – without the presence/participation of the deceased.

B. A majority of people, but not everyone, experience the presence of the deceased when that person was psychologically close to them – seeing, hearing or just sensing they are present (Lazarou, et al., 1988). This leads many to understand that physical death is not the end of existence. This is one of the blessings of a good grief. (More on this in Benor, 2004; 2006).

The above are very general outlines of grief reactions. Specific aspects of each stage may occur in any order. Each of the aspects of grief may surface repetitively at any time in the grief process, often with considerable intensity.

It is most common to find waves of feelings alternating and repeating along our paths to resolution. It is helpful for people in grief to hear that they may experience their feelings in waves; that emotions may be triggered by issues related to the death, but also by apparently unrelated issues that resonate somehow with the death. Birthdays, anniversaries and holiday times when we used to get together with the deceased are common triggers for recurring feelings of grief.

Gradually, the waves of grief get less intense and are of shorter duration, though it is fairly common to find occasional, more intense waves of feelings wash over and through us.

All of these are natural psychological processes for letting go of parts of our lives. And we may mourn many types of losses, not just the deaths of people we have known. We may grieve:

- The relationships we have had with other people;
- Routines we have had for a period of time - such as our employment (including parenthood, which we might grieve as our children grow up and leave home), attending a school or activity group, or moving on through the stages of our lives (as in grieving the loss of our childhood).
- Physical aspects of our world that we lose, including body functions or body parts that are lost to injury, illness or surgery, or that simply no longer work the way they used to.

Sometimes our journeys through these stages are blocked. When our emotions related to grief are not processed through to the phase of resolution, our residual feelings can fester, grow increasingly intense, and worsen. We may end up feeling angry, empty, drained, depleted, helpless, depressed and even suicidal.

Compounding our problems when we are carrying buried grief, we tend to avoid anything related to grief. Our unconscious mind wants to protect us from experiencing the pain and distress of our buried feelings. So we avoid discussing issues related to grief or even deny we are grieving; look for whatever evidence might support our denials; and in the case of climate change, we ignore and dismiss the warnings and predictions of those who say the evidence points to dire environmental deteriorations that are rapidly approaching.

What can we do if we're dealing with anticipatory grief or with grief over losses that we experienced?

The tapping therapies are excellent for dealing with grief and anticipatory grief. TWR/WHEE, EFT, TFT and other EP approaches enable us to deal with all of the stages of grief, and to reduce the intensities and often to release completely any and all of the elements of grief we are experiencing.

Reducing the intensities of our feelings does not alter the facts related to losses we experience or anticipate. If we have lost someone close to us or anticipate serious losses, we will still have to deal with the factual changes in our lives related to these losses. But we can lighten or even free ourselves of the burdens of heavy feelings that get in the way of our thinking clearly and of making the best possible decisions.

'Kim' came to me for help with troublesome depression three months following the death of her husband of 43 years. She had been moody on returning to work a week after the funeral, and this had progressed to difficulties concentrating, insomnia, and inconvenient distractibility. Her grown son and daughter lived with their families in distant cities and were concerned but unable to offer more than phone support, and she had no other relatives or

friends who were able to help. While not overtly suicidal, Kim had little appetite, was barely eating, and had lost 15 pounds. She was quite worried she might make a serious mistake at work and jeopardize her livelihood, and this was in turn making her concentration worse. She had no friends with whom she felt close enough to share her grief.

TWR/WHEE immediately helped Kim decrease and control her anxieties. It also gave her a way to deal with her insomnia. I recommended tapping to take the edge off her grief, but not to use the tapping with an intention to eliminate her grief, as this is a normal and expected process in bereavement. It was the fear of emotional overwhelm and all of the consequences this entailed that were the critical problems.

Empowered by tools to deal with her troublesome feelings, Kim was able to release most of her anxieties and to concentrate better at work. It also helped her address her disappointment in her children not being more supportive, and to accept and avail herself of the support that they were able to offer. They set up a schedule for regular phone contact, and made it a point to always be available for extra phone support, if and when it was needed.

I followed Kim with regular, weekly phone and Skype support for four months, with occasional as-needed sessions along the way and after discontinuing regular sessions. In her final session, when asked what had been most helpful to her, Kim thoughtfully responded that having a method she could use for self-treatment, as needed, helped both directly to reduce her waves of intense emotions, but also helped because she knew she had these tools to help her deal competently with whatever was upsetting her.

Conventional treatments for grief, often initiated by a family doctor or psychiatrist, are largely focused on medications. While these may help in cases of severe depression, they can actually worsen mild or moderate levels of depression, particularly in teenagers and young adults. Side effects are very common, including weight gain, drowsiness, fatigue, insomnia, dizziness, agitation, irritability, anxiety, loss of sexual drive and desire, dry mouth, blurred vision, constipation, and erectile dysfunction.

Worse yet, the psychological and relationship factors contributing to and resulting from the depression are most frequently ignored when people seek to 'fix' depression with medications. Even in cases of severe anxiety where medications are warranted, individual, group and family therapies are recommended.

Collective grief

It is not uncommon to find discussions and research on grief over personal, individual or group losses, as well as reports of the personal journey through grief. (See also the grief issues dealt with by 'Bob', above.) But the collective grief of large numbers of people is a subject that has not received nearly as much attention until recent years, when group violence has devastated communities, cities and nations – following natural disasters, terrorist attacks, and devastations of wars (Beland, 2008; Casserly, 2011; Elizz, Web ref; Hetherman, Web ref; Milstein, 2017; TalkDeath; Van Susteren, Web ref). With many people traumatized by such events, dealing with the collective mourning can be complicated and challenging. Resources may be limited, and local therapists may be overwhelmed by the numbers of people needing urgent, intensive support and therapy. And while urgent support from outside the affected areas may be available immediately after the traumas, long term help is often unavailable.

Larger scale challenges of anticipatory and post-trauma grief are clearly looming and unfolding, with unknowable timelines and consequences. We are faced with the evolving global threats of climate change, rising sea levels, severe weather instability and flooding, population growth, limited food and water resources, and devastations of pollution, as well as growing disparities in incomes between the super-rich and the rest of the population. Disasters of massive proportions are increasingly likely to develop. Anticipatory grief and materialized grief are likely to confront many of us.

If we want to know how to deal with the challenges of dealing with collective grief, we can take our lessons from the stages of grief acknowledged for individuals who are facing losses and learning how to deal with them. After all, the collective grief is built on the grief experienced by individual members of the group.

It can be arguably proposed that many humans are collectively in the first stage of grief detailed above: that of shock, denial and bargaining. It is to most people difficult to absorb, if not actually inconceivable that climate change and the other disasters created by humans are of such proportions that they might end all life as we know it on our entire planet. Yet, an estimated 87 percent of climatologists are in agreement that these rises in global temperatures may be rapidly approaching, if not already exceeding, the tipping point for accelerating, irreversible heating of our planet to a level where most life as we know it cannot survive, and beyond which there will be no return.

There are resistances to connecting consciously with these fears and great reluctance to consider that this rise in temperatures is not only possible but is already in progress (Shepherd, Web ref). I believe that this represents a group denial, typical in general of individual grief, that is very likely contributing to these collective denials about climate change.

Another contributing factor is what I call *neuroplastic blindness*. Our brains usually default to familiar nervous system pathways, many of which are developed in childhood. These mental maps, imprinted in brain nerve patterns, are our internal GPS system that guides us so that we don't have to consider each decision point in routine matters that we've explored and experienced earlier in life. Whatever is unfamiliar is suspect or excluded from our personal realities, out of habit. So, for instance, we have no neurons that are assigned to global warming and other planetary disasters that we haven't experienced. It is thus difficult for us, literally, to get our minds around the statements and alarms about disastrous global climate change that scientists are warning us about (Benor, 2016).

Neuroplastic blindness may also be present around issues of death and grieving. Many in Western society avoid even mentioning the words 'death' and 'dying,' using instead such terms as 'deceased,' 'departed,' 'passed over,' 'eternal rest,' and the like. With these sorts of habitual avoidances of even speaking the word 'death,' the impending extinctions of much of the life on our planet is a subject we are habituated to avoid. This makes it difficult to discuss the serious effects of climate change.

In view of the above circumstances, learning to understand and deal with our collective grief is highly likely to become increasingly important with the passage of time and the worsening of the effects of climate change.

Here are some suggestions that may prove helpful in planning for support for the enormous numbers of people who are likely to experience anticipatory grief and full grief:

- Education to understand the stages of grief and how to manage them should be made widely available to therapists, counselors, medical and nursing personnel, clergy, schoolteachers, and others involved in providing individual support and therapy.
- Self-help for dealing with grief is feasible, using newer methods of treatment.
 - Prominent among these are Energy Psychology (ACEP, Web ref.). These methods are easily learned and used, yet profoundly effective in releasing stress, distress and pains of all sorts.
 - Muscle relaxation
 - Exercise – both to release and reduce tensions, and to add to one's self-healing repertoire
 - Talking about our concerns, worries and fears with others
- More people will need help than can be provided by the current numbers of therapists and counselors who are available, who can provide professional grief counseling. Laypersons can be taught to teach grief management methods, particularly after they have learned to use these methods for themselves. (As mentioned above, this has been done with impressive successes in Africa and other parts of the world.)
- Schoolteachers have found these methods, particularly Energy Psychology, enormously helpful in their classrooms, especially where classes are large, special education classes have been eliminated, and school counselors are unavailable.
- Members of the clergy can teach these methods, as appropriate, as can other members of their congregations.
- These methods can also be learned from those who have found them successful, who can 'pay it forward.' It is quite common for children who learn these methods to teach them spontaneously to their siblings, parents and peers.

I also add that my experience with tapping therapies has been that when people are severely upset, depressed and/or anxious, they may have difficulties concentrating and difficulties remembering the long sequence of acupressure points used in some of the tapping techniques. This is why I developed TWR/ WHEE, which just involves alternate tapping on the left and right sides of the body.

Others may be embarrassed to use EP acupuncture point methods in public, lest people think they are strange. Children in particular are sensitive to this, as anything different or odd may invite teasing and bullying. Children struggling with problems that bring them to me for help definitely do not need more negativity in their lives! With TWR/ WHEE, people can just alternate tapping discretely on the left and right sides of their bodies (unrelated to acupressure points), in ways that are easily remembered and that do not draw attention. For instance, discrete tapping can be done gently and quietly with one's feet on the floor.

Dealing with climate change and other challenges to our survival also raises angers at those who perpetrated these abuses of our planet, and who continue to do so for their personal gain and profits. Likewise, depression over the progressing effects of human abuses of our planet, and the refusal of major polluters like the US to seriously and urgently address these problems are likely to contribute to worsening of the depression component of our individual and collective grief. Again, the self-healing approaches detailed above can be helpful with these issues.

No one knows for certain what the final, crucial tipping point is, beyond which global climate change is irreversible. If we have not reached this point already, then working on the grief that hinders our accepting there is a clear and present danger and acting to halt and reverse climate change may be possible. If we are too late in overcoming the resistances to accepting that

irreversible, accelerating climate change is upon us, then working on our grief may enable us to take palliative actions, in more healing manners, in the time that remains for our children and their children, if not for ourselves.

Overwhelm – individual and collective

It is very easy with the trauma of grief of any sort to get into a state of overwhelm, in which we feel the problems confronting us are too great to manage. Our unconscious mind is often programmed to stand guard against our conscious awareness of serious threats, particularly when the threats are repeated or chronic, and when they are of major consequences. So our unconscious may resort to varieties of maneuvers to protect us against going into overwhelm.

When we, as individuals, experience or witness acute psychological trauma, such as physical injury, rape or life-threatening experiences, our emotional reactions may be intense. One of the ways our unconscious mind can protect us from being overwhelmed is to shut down our emotions at the time of the trauma or following it. This prevents our emotional responses from incapacitating us, thereby lessening the likelihood we will be frozen into inactivity by our anxieties and fears. This explains why some soldiers, emergency service personnel, and ordinary citizens who encounter disasters are able to respond with a calmness that appears unnatural.

Alarm bells of anxiety may ring out – in our conscious awareness. We may feel any or all of the first two stages of grief, including

- Stage 1: shock, denial and/or bargaining.
- Stage 2: depression, anger and/or guilt.

At modest intensities, these are normal responses to major changes in our lives, especially when the source of the grief is unexpected, or we haven't been aware of the likelihood of the loss.

At levels our inner awarenesses experience as overwhelm, these aspects of grief may be incapacitating. We may be unable to absorb the immensity of the changes in our lives that the experienced or anticipated losses entail. Our unconscious mind may protect us from such overwhelps by burying the various aspects of stages 1 and 2 from our conscious awareness.

'Dora' literally lost her 12 year old Jody, when Jody failed to return from school one day. Jody was her only child, to whom she had devoted the better part of her life following her divorce when Jody was still an infant. Dora was overwhelmed at first by anxieties and fears. After several weeks, when family, neighbors, friends, and the police could find no clues of her whereabouts, Dora became oddly calm, though distinctly distant in her relationships with family and friends – who perceived her as cold and unfeeling.

What happened was that Dora didn't allow herself to grieve, because she felt that that would be like being unfaithful and giving up on any chance of a hope that Jody would ever be found alive. It took many years of psychotherapy for Dora to move past the stage of denial and finally start to grieve the loss of her daughter. It was at this point that Dora discovered Emotional Freedom Techniques (EFT), the most widely used of the tapping therapies. Within just a few weeks, she was able to tap away much of her unresolved grief.

In cases of such overwhelps over losses of people dear to us, our unconscious mind may lead us to avoid or shut down our conscious awareness of our grief.

'Joe,' who had been an assembly line worker for 37 years in a small city, was laid off when his factory closed down. He had taken great pride over the years in being a steady wage earner and in providing decent support for his family. He was unable to find another place of employment, despite his persistent best efforts to do so over the better part of two years. He sank into a deep depression, ending up hospitalized after a suicide attempt, overdosing on his antidepressants.

Joe was fortunate to have a very loyal wife and two children, who had done their best to be supportive, but were utterly frustrated in their efforts to help him out of his depression. Again, EP tapping therapy in the form of TWR/ WHEE was enormously helpful in releasing Joe from his depression. Within just a few weeks, Joe was able to release his pent up frustrations, angers and grief over losing his job and finding himself unemployable. He was similarly able to use these methods to install and strengthen positive thoughts and feelings about his life.

Having moved into a better space, Joe was then able to accept a volunteer job at a hospital, which eventually turned into a salaried job.

In our collective struggles with environmental issues, I believe there are serious overwhelms when people think about the enormity of the destructiveness of humankind on our planet. I believe that the various approaches detailed above for dealing with elements of grief reactions in individuals can equally help each of us deal better with our collective grief over our collective negative behaviors.

In summary

No one knows how climate changes, their planetary effects, and human responses to all of these challenges will unfold. While the ways we deal with the many layers of issues that grief can present may be experienced as a heavy and challenging burden, the grieving process is also an opportunity to connect with, to explore and to benefit from varieties of resources for healing ourselves and others – to the extent that we are able under very difficult circumstances. These are also challenges and opportunities for our personal and collective emotional and spiritual growth.

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