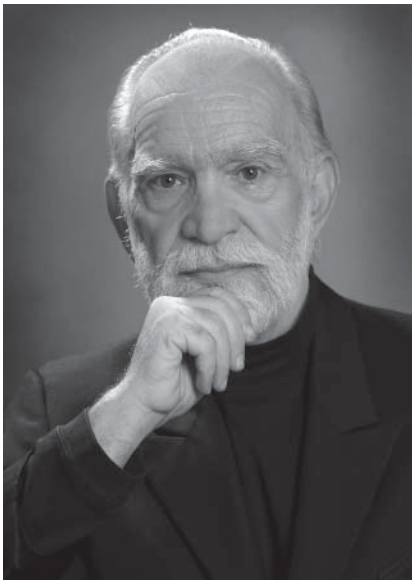


Mental Health Corner

By Nicholas E. Stratas, MD, DLFAPA



GRIEF

I have experienced the death of a son early 2010 followed by the death of my wife of 53 years a month later. My experience with death and grief began decades ago when I was asked to be an advisor to “Compassionate Friends” a developing support group which continues to be active in Raleigh. This is an organization for bereaved parents. I have continued over the years to be involved with this organization, asked frequently to make presentations. Meetings begin with each member of the group introducing themselves with the opportunity to speak or not, many give a small vignette about their own experience of their loss. In the main, I have elected to dedicate a significant portion of each time to informal interaction with the group. As a result of these meetings, I recall vividly my appreciation that at any moment I could receive a telephone call notifying me of the death of a loved one, perhaps desensitizing me.

My findings are not the result of any formal organized study. However I have distinct impressions which have been of immeasurable assistance to me now as well as over the decades with patients I have worked with about the loss of a loved one. Despite what the books describe there is no common path of grief through which everybody can expect to travel. Each journey just as each life is unique. Nor does everyone have to experience every step that has been identified as occurring in grief. Certainly extreme sadness can be present as can anger, sometimes expressed at a variety of events or people surrounding the child’s death. Of course feelings are not “at” anything or anyone. They are a dimension of our human experience. Fur-

thermore there is no graduation from grief. The continuation and where necessary the reorganization of one’s life following a loved one’s death can fill one’s life. Unfortunately, perhaps due to the fragmented nature of the American culture, grief counseling has become a commodity commercialized and spawning so-called grief counselors, grief training and grief workshops. Certainly “Compassionate Friends” through the shared experiences of members is helping grieving parents deal with bereavement, helping them find their way through the feelings some do not even have words for.

There is nothing wrong with grief. It doesn’t automatically require counseling or therapy. In frequent instances one parent elects to come to “Compassionate Friends” while the other does not. It is important not to pathologize it however one chooses to grieve. Grief is a wholly appropriate response to loss and so is the celebration of the life of the loved one. One doesn’t ask for it. Of course; it is

incredibly painful at times. It doesn’t automatically evaporate in some fixed amount of time; it can take far more than a year to reorganize one’s life so that the darkness of death does not exert excessive gravitational pull. In the large scheme of things, grief, like other forms of adversity, can be an opportunity for growth, for gaining understanding and depth. It can contribute powerfully to life. It is clear that those persons who have come to peace with themselves about life and who seize the opportunity of the loss to continue with their own life in a productive way do better. Moreover, those with the belief that life goes on, that our physical self is simply the manifestation of life on this earth, do better than those who see the loss as the end of life. Those who continue to include their loved one in the process of their life continue to experience the gratitude for having the loved one in their life. They report the experience of continuation of life, of loving, of presence of the loved ones. It is not [Continued on page 32]



GRIEF *continued from page 12*

uncommon to hear that they converse with their loved one. Those who stay primarily in the present do better than those who dwell in the past of what was or consort with the future of what might have been. It is clear that in most the experience of grief is intermittent and continual rather than continuous. Those who learn to go with the flow, just as surfers or beachcombers learn to go with the waves, do best. Those who resist the flow, those who resist the waves get knocked over.

We Americans have this peculiar idea that happiness is what you get when you remove all difficulty or suffering (or experience), that the good life is one simple unbroken line of bliss. And so we live in a culture where people are starving for authentic experience. A steady dose of pleasure without difficulty or challenge is actually lethal to the human spirit and it is a kind of death to the nervous system. We require challenges to be happy. There is no growth possible without challenge and uncertainty. Grief and joy can coexist. The feelings of loss and longing that make up grief do not wipe out the capacity for laughter. They are two interconnected

components of our feelings. In fact, loss can sharpen one's appreciation of life. Sorrow is fertile soil from which love and hope can spring anew. I have also come to accept that the feeling of gratitude for everything we have and have had in life is important towards acceptance of one's own life and experiences.

Over the years, I have also come to accept bitter sweetness, sad/happy, as my favorite flavor of feeling. It heightens one's appreciation for the fragility of life, the brevity of it, and the need to love deeply and fully and to speak one's love (which also means ironing out differences and such). I don't know of another feeling that reaches so deeply into the soul. It is not a taste that one enjoys in acquiring. Yet the reward is great; it can make the heart grow bigger and wiser. If we give grief breathing room, if we don't rush to extinguish grief, it can enhance the richness of life.

With gratitude to Hara Marano, Editor, Psychology today whose words I have integrated here.

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PREFERRED DRUG LIST *continued from page 1*

dma/2008report/2008tables.pdf
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PLACEBOS *continued from page 13*

major limitations comparison studies is data averaging. Averaging data eliminates outliers at either end of the placebo-active drug spectrum. Unfortunately many researchers are trained to explain away outliers rather than exploring their significance. Clinicians on the other hand often depend on single case designs in which outliers provide very useful insights into phenomena. Most journals eschew this approach and as a result, publish many studies that run the risk of being statistically significant but clinically irrelevant.

Many treatment studies compare clinical improvement on drug A with placebo response. Of course a 50% improvement reduction in symptom severity means that many patients experience considerable residual morbidity and distress. Upgrading the response criteria to remission or recovery alters the ratio of responders to nonresponders. This strategy also changes the placebo/active drug ratios as well. By shifting from improved, to syndromal remission or recovery/cure parameters we minimize or perhaps eliminate contamination by placebo re-

sponders. But is the goal of good science to eliminate placebo response? I suspect this view has to do with our negative bias and uneasiness with the world of placebo responses and responders.

What exactly are placebos, placebo response and placebo responders? Placebo as a noun is synonymous with an inactive ingredient or sugar pill in the vernacular. It can also be an adjective as in placebo effects and imply that improvement results from suggestion or other non-pharmacological factors. Placebo responders define a specific group of individuals who respond to placebos. To some, these individuals are unduly naïve, psychologically challenged or overly sensitive to the power of suggestion. Overzealous researchers may use these terms in a derogatory manner rarely considering these folks as unsuitable subjects.

So new have four obvious questions to consider:

1. Is a placebo truly inactive?
2. Is placebo response akin to faith healing, magic or illusion?
3. Are placebo responders more gullible to suggestion or overly trusting individuals who want to please the

researcher?

4. What do high rates of placebo response tell us about our understanding of illness?

In future articles we will address these questions beginning with well-known mechanisms observed in behavioral therapies. Placebos and placebo responses are manifestations of previous associative and instrumental conditioning experiences. In overly simplistic terms a pill is linked to previous pleasurable experiences or relief from pain such that the idea of a pill comes to reproduce that pleasure or sense of relief. In modern social neuroscience, this conditioned stimulus-response is intertwined with the success of attachment behaviors, functional integrity of pleasure and reward pathways, neuropeptides and neurotransmitter actions. Thus we observe an initial connection with pills and doctor visits with these psychobiological traits. We can expand placebo response/responders among individuals to include context cues and attachment to abstract cultural concepts such as healing.

Next we will look in more detail at the neurobiology of placebo response. §