Mary-Frances O'Connor Interview

Karen Wyatt: [00:00:00]

Today I'm very happy to welcome back my special guest to the podcast, Dr. Mary-Frances O'Connor. Mary-Frances is a professor of psychology at the University of Arizona, where she directs the Grief, Loss, and Social Stress, or GLASS Lab, investigating the effects of grief on the brain and the body. Her book, The Grieving Brain, was included on Oprah's list of best books to comfort a grieving friend, and, Mary-Frances was on the podcast a few years ago to talk about that book.

She holds a PhD in clinical psychology from the University of Arizona, and completed a postdoctoral fellowship in psychoneuroimmunology at the UCLA Semel Institute for Neuroscience and Human Behavior. Her work has been published in the American [00:02:00] Journals of Psychiatry, Biological Psychiatry, and Psychological Science, and featured in Newsweek, The New York Times, and The Washington Post.

As mentioned before, she's the author of The Grieving Brain: The Surprising Science of How We Learn from Love and Loss, and her most recent book that we're talking about today, The Grieving Body: How the Stress of Loss Can Be an Opportunity for Healing. And you can go to her website to learn more, maryfrancesoconnor.org.

So Mary-Frances, welcome back. It's so good to have a chance to talk with you again.

Mary-Frances O'Connor: Oh, thanks for having me, Karen. It's good to be back with you as well.

Karen Wyatt: I was actually really excited when I saw that you had written another book, because this actually feels like it helps complete the picture that you started by describing the effects of grief on the brain.

And of course, it makes sense that those effects are occurring in the entire body. And, I was really interested to read the book, really enjoyed it, and found [00:03:00] it illuminating. but before we start talking about the book, I was hoping, you would just tell our listeners a little bit about your own life experience that brought you to want to study grief and its effects.

Mary-Frances O'Connor: I think it's, useful to know that this isn't just an academic subject for me. I think that helps people to connect with the sort of things that I'm saying, and I wrote about this in The Grieving Brain, but I write more about it in The Grieving Body, that my mother was diagnosed with stage four breast cancer when I was 13 years old, and, that was a, difficult process largely because being with someone who is confronting their own mortality, their own grief, was a lot as a young person.

And [00:04:00] I fortunately took a lot from that experience, and I think it really, enabled me then as I was studying to become a psychologist and a researcher to ask different questions maybe, or just listen to the answers more closely from people, bereaved people who were participating in the study. But, specifically because of us talking about The Grieving Body right now, another experience that I had was that after my mother died, about a year later I started having these seemingly really random neurological symptoms, and I was later diagnosed with having multiple sclerosis in my mid-20s.

And I just, to be really, clear, my mother's death did not cause my multiple sclerosis. It runs in my family, and there were many other factors involved. But I [00:05:00] think it, as I studied psychoneuroimmunology and I came to understand this sort of mind-body connection better, I think it is no longer a surprise to me that this is the moment when my MS would emerge.

Whether it would have done so earlier or later, in a different life we'll never know. But importantly, I had to learn that my way of being in my grieving body was not working, and I had to find new ways to interact with my body, use my body, appreciate my body in order to continue to develop a meaningful life for myself

Karen Wyatt: And that, that makes so much sense to me.

And I, feel like we have become such a, a cerebral society in a way. we process everything through the mind and talk about it, think about it, read about it. And many of us [00:06:00] actually feel somewhat cut off from our bodies, and I think grief pushes us even further in that direction. in all of the changes that are happening within us, everything we're dealing with, we sometimes forget the body or just ignore even the signals that it's sending us.

Mary-Frances O'Connor: Yeah. And I think that, it, I write this in the book, but it is not, uh, it's not an overstatement to feel, to say that, I really thought my, my body was just there to move my brain around, for decades. And the awareness that how we live in our body and the thoughts that we have affecting

our body are all, part of the same system took a very long time for me to understand and, and then figure out how to use that knowledge

Karen Wyatt: Yeah, that, that feels very profound for me, because, [00:07:00] many years ago my father died by suicide, so I've spent most of my adult years carrying that grief, but not in an embodied way, and not experiencing it in my body until two years ago, I developed some heart issues, which actually for the first time caused me to say, "Wait, what's- what's going on inside of me?"

And now it's been many, years, but I realize those issues developed over a long time, and there were lots of signs and lo- lots of symptoms that I ignored along the way. And so your book came along at a perfect time to really help me understand the physiology of all of that, but also to want to become a champion of helping people talk more about the physical body and what is happening when they grieve and why they need to pay attention to it and tune in.

Mary-Frances O'Connor: Yeah. the grieving body is a, real thing. And, I [00:08:00] think, we're so afraid of grief sort of to begin with as individuals, as a culture, and then, that sort of one step further of also caring for a grieving body feels like something we really need to develop, as, again, individuals and as a culture.

Karen Wyatt: Yes. Yes. And I know one thing that you write about the importance of maintaining social connections while we're grieving, and, I totally believe that, but then I also have the experience of feeling so isolated in grief. Yeah. I guess because we're grief avoidant, we don't talk about it. We're not even aware how many people around us are also grieving, but it causes us to almost close ourselves off and not seek out the very connection that would help us.

But tell us more about that connectedness and why it's so important.

Mary-Frances O'Connor: I think that it's hard to [00:09:00] underestimate how much we aren't only in relationships through our mind, but we are in relationships through our bodies. We think of, our body as ending at the edge of our skin, but actually that's not at all how it works.

And so what that means is that when I feel safe or at ease with people around me, it means my blood pressure drops. It means my heart rate drops. It means my cortisol drops. And those things enable me to allow thoughts and emotions that might otherwise terrify me to emerge. So sitting with someone who f-

seems safe, who feels like your rock or your North Star, sitting with them- Is a form of regulation for your own body, an external sort of [00:10:00] regulator.

So if they are a person who can breathe and listen and not interrupt or interrupt with really, relevant questions because they know you so well, or, help correct the way you're, you know, feeling ... when you're feeling guilty about something you had done, with this person who had-- who died, being able to correct you and say, let's look at the bigger picture.

My, my knowledge of you is that you're kind and warm and caring. And yes, maybe you had this one moment, where you yelled or whatever it was, but that's such a narrow slice." so when we're with people who are, with us, that has a big impact both on us being able to breathe and regulate our own stress level, but also then allows us to have [00:11:00] some of these strong emotions that are very painful and difficult.

So I think some people will find that somewhere in their community there is someone who is also grieving, as you said. It's your mother, your grandmother, your pastor, your, yoga teacher. But some of us will need to seek out grief support, so that you might go to an online grief support group, or you might read a book, or whatever it takes to connect with someone else where you can hear a part of your story in what they're saying.

Not all of your story, obviously, but enough of it that you feel like this is understandable. What I'm going through is understandable, is, a human experience

Karen Wyatt: And, that underscores for me, for any of us who want [00:12:00] to be a support person for someone who's grieving, to recognize they may not reach out to us even though they need us because they m- they might not be aware.

They might not know that's the thing they need, and that if we can focus on h- how can we, how can I help this person feel safe- Yes ... in this moment? Yes. That might be one of the most important things we could do. Can I show up and make sure that right now, for a while at least, they get to feel safe in my presence?

Exactly,

Mary-Frances O'Connor: yes. And I'll, I'll give you an example, because it, it doesn't always look like you think it's supposed to look, we have a small group

of friends. We do a lot of things together. And, one of our friends, a man younger than myself, his mother had died of cancer, and he was a caregiver for her while she was ill.

And this had happened maybe three months prior. And we [00:13:00] a bunch of us had been out golfing, and we were standing around in the, parking lot, and he said something. He just got really angry, and he said something really mean to, one of the group and stormed off. And we all were baffled, by what had just happened.

And so I texted him later and I said, "Hey, I just wanted to check in and see what's going on." And, he said, it's so hard for me when we're all together and you're all having fun, and I don't feel that, and I don't know how to be with you." And I texted our friends and I said, we forget that it's only been three months, and we need to remember that this is part of what grief looks like, too."

And I think it was such a good experience for feeling like I could reach out to him, even though he was clearly [00:14:00] prickly, and also that doing that had an impact on our relationship, but then also on the relationship of us as a group, as a community. Because of course, no one else had thought of that either.

And so we don't know what's going on in people's minds unless we ask and offer, to be a sounding board.

Karen Wyatt: And you pointed out that, bereavement should really be a public health issue, which I see as well. And I, looking at, again, our society in general, but most people have very few days of bereavement leave for work.

They end up having to go back to work when their bodies and their brains are not really ready to take on the work. Sometimes I think it could be, a nice distraction in a sense to have a routine and something to do, but it feels like we need so much more understanding of the, the situation a grieving person is in when they [00:15:00] are at work, and we need to be able to lessen the load on them and offer them probably a lot more support than they receive right now.

Mary-Frances O'Connor: And it's interesting, isn't it? Because, I've thought about this issue recently a, a, a fair amount, and I think, in any workplace, there's usually a lot of stress going on in a lot of different ways. And so i- in some ways it's about building healthy workplaces in general, and that those healthy workplaces would also be aware of grief as being one component of what people are coping with.

And, a dear friend, and grief author, Lizzy Pickering, when she works as a grief educator, she talks about when someone has to go back to work, she will sometimes get in touch with the HR person and s- and see if there's someone else in the organization who has been through a similar [00:16:00] bereavement, and try to link these two people up.

Not because that person is necessarily going to have all the answers, but there is something about being at work and just knowing that if you walk into the parking lot or you walk into a bathroom and you just have a moment with another human being where you often don't have to say very much, you don't need much in response, it doesn't even have to take very long, but to just have a moment, as you say, of safety, where you feel like, "I can let down my mask for a moment.

I can show you how painful things are right now. You will understand. You will encourage and support me," and then we go back to whatever we're doing. So it's not that I'm saying we shouldn't have more bereavement leave, but even just the way we are once we're in our workplace, I think can be facilitated if we understand better how to provide support [00:17:00] for each other of, how we learn to advocate for ourselves in those moments.

Karen Wyatt: And it, sounds like you're pointing out that it doesn't take constant connect- connection to someone else, constant support, that really these moments, brief moments of knowing someone else is there, someone understands and gets what I'm going through, that alone can sustain us through, through a whole day.

Mary-Frances O'Connor: I think one of the pieces of grief literacy that would be so useful for people to really understand but then also be able to act on, is that grief comes in waves. That is simply the nature of how grief works in the human body. And what that means is that when a wave comes, you do often need someone to just hold your hand for a second or give you a Kleenex or, whatever it is, to help remind you to breathe, [00:18:00] And to say to you, "You're gonna get through this moment." borrow my hope, as it were. I know that this moment will not last forever, but right now it feels like it's going to last forever. So just hold onto me for a second. Allow yourself to let that grief wave pass through you. And so as you say, that doesn't require, two weeks off.

It actually requires every day of those two weeks having someone who can just lend a hand for a few minutes in order to build that capacity that waves of grief are going to come. What do I do when I'm in the spin cycle, and how do I get

through that? Because, as you say, work for many people is where they find purpose.

It's where they find, regular, supportive schedule and [00:19:00] habit and, that fabric can also be supportive. So I think it really varies, what is needed. But certainly understanding that part of what we have to cope with is the waves of grief then I think helps us to give appropriate responses to people.

Karen Wyatt: And that points out the term that you used, grief literacy, that the other effect of being a grief avoidant society is that most people don't really understand what grief is or what to expect or what it should feel like. Yeah. Then we end up judging ourselves for grieving, or we feel guilt, or we doubt that w- we must not be grieving properly or there's something wrong with us, which only adds to the burden that we're already carrying.

Mary-Frances O'Connor: Absolutely. I think that, if there's something I could say, I was at an event last night, and a woman whose mother died many years ago, so she's been through a lot of grief [00:20:00] already. She's been... She understands what that was, but she knows that her father will die, and she was saying, looking to me like, "Will it be the same?

Will it be different? What, what, what's coming?" And I said to her, the thing is, we don't even know what it will feel like for you, because you will be a different person when it happens even than you are this evening," right? And so I think understanding that the way we respond to loss- is so widely variable, and all of that variability is normal and can be coped with, and we can adapt from whatever various, experiences we have.

We can integrate those with time and effort and attention and support. We can integrate those experiences into our ongoing life. but, that [00:21:00] grief will feel different than you expect it to is a basic, I think, sentence of grief li- literacy.

Karen Wyatt: Yes. Yes. That's such a good point. You can't predict.

You really don't know, and even if it won't be the same as a previous grief experience you had, 'cause it's a different relationship, and as you said, you're a different person.

Mary-Frances O'Connor: Exactly. and I even wanna say a woman contacted me, and, I'm not, in clinical work now, it wasn't, an opportunity for me to provide therapy for her.

But we, she said, "My husband died about a week ago, and I just don't feel him." And we had this interaction, and she saw a neuropsychologist. She was in her 80s, so I wanted to make sure there wasn't something cognitive going on for her. Or, we talked about her sort of attachment styles and, various things in the course of conversation, and we came [00:22:00] to the understanding, the realization that she wasn't grieving.

She did not feel grief, and that was okay. That was her natural reaction in this particular instance where her husband had died. And she said, "I thought it was okay," as it were, "but I can't tell any of my friends that I'm not feeling grief because I would feel like a monster." And so she made me promise to even tell her story, so to speak, in the sense that we don't know what it's gonna be like, and it could be that we simply absorb the event and continue moving through our meaningful life.

So I think any response is, possible, and what's key is how do we find the support in that moment that we need given whatever it is?

Karen Wyatt: I really like that, and then the need of something else you point out in the book for self-compassion, that we [00:23:00] have to have a lot of compassion for ourselves in- Yes

whatever this process is, however it, whatever it looks like on any given day.

Mary-Frances O'Connor: Yeah. Yes. there's a phrase. When I was going through a divorce, my closest friend, since we were 14, she said to me one day, you're doing really well." And it meant so much to me. you're trying to figure out how to get matching shoes on your feet, That's the level you're operating at. And to have someone who knows you and loves you say, "You're doing really well," in this sort of impossible situation, oh, my goodness, it meant so much. And so I frequently, almost on a daily basis when things are tough for me, I will frequently say to myself, Mary Frances, you're doing really well."

And it just... I, have to just pause and let myself actually [00:24:00] believe and feel that.

Karen Wyatt: Oh, I love that. I like that story. one other thing, one thing that kind of surprised me that you wrote about in the book is the lack of studies on crying and the, effects of crying, the need for crying or benefits.

And I was really surprised by that. I didn't realize that. but then what you pointed out makes sense though. We're not unco- we're not comfortable with

grief. We're also not comfortable when someone is crying and including researchers and scientists who may have decided not to look at it. So te- tell us more about that.

Mary-Frances O'Connor: Isn't that fascinating? we actually have very few studies of crying in general, and we actually at this point, to, to my knowledge, we have zero studies of crying during bereavement, which is just insane, right? Yeah. And, what's... It is so interesting. So crying is clearly an expression, a social expression, and [00:25:00] often engenders a feel of care, from the people around us.

But even, when my graduate students start interviewing bereaved participants and, we talk through what that experience is like for the trainee, and they will say, "They cry a lot." And I'll say, "Yes, they do." And they'll be like, "No, but they really cry a lot." and you can hear in them they're worried.

They think, "This can't be right. This can't be healthy." And yet it just is, right? That they cr- and they become accustomed to it. And I think, as I've thought about it more- Grieving really is a hormonal event, right? Falling in love, having a child, nursing, [00:26:00] all of these things are hormonal events because it is our hormones that are the basis, that are the physiological basis of how we connect with another being.

It's the hormones that, teach our brain to respond to the person who looks like this and smells like this and sounds like this. It's those hormones that will, make us move heaven and earth to get back to see a loved one. And so I think in the same way that falling in love is a hormonal event, and no one would deny the, the fluttering stomach and the racing heart and all the intrusive thoughts about our loved one It is the same thing that grief is also a hormonal event.

And although we don't yet fully understand all of the hormonal changes that are happening, what is clear is that crying is a hormonal behavior as well. And so we know that [00:27:00] there are oxytocin changes, there are prolactin changes during grieving, and these are associated with crying. In fact, tears themselves, the tears that, you get when you cut an onion, what they call irritant tears, do not contain the same hormone profile as emotional tears when you see a sad movie.

This is one of the very few, crying studies that have been done. So to my mind, and this is entirely theoretical, this is entirely conjecture at this point, but we know that oxytocin has what is called a permissive effect on the brain, meaning when your brain is flooded with oxytocin, you can make neural connections that you might not be able to make in other circumstances.

So when you fall in love or you're nursing your baby and your brain is flooded with oxytocin, you're learning, "Oh, this is my one and only," right? I think it's maybe not a big leap to understand that during crying, [00:28:00] your brain is given an opportunity to learn this person is really gone. This person is really not coming back.

And that very difficult shift in your bond is something that your brain has to update, but it may require the body's hormonal production to allow you to encode that new information. What does it mean to me that this person who was meant to be there forever is gone? So I think there's multiple functions for grieving, sorry, for crying.

In addition, of course, we breathe differently, and that can be very soothing. It, as I said before, it's a social expression, so we often receive support if we're crying. So I, suspect there are many, functions for crying. But one of them may be to help us to really learn in this painful reality

Karen Wyatt: that's so interesting. I was remembering back when I was traveling [00:29:00] through Italy, I went to a museum where they, we, saw, old, very ancient tombs that had carvings on them. And one of the carvings was of, w- the wailing women. Yes. And there were people who were brought to funerals- Yes

who had no relationship to the person who died, but were professional mourners who would wail, and cry, and tear their hair, which helped the loved ones cry themselves. Yes. So it seems like there's this ancient recognition that- Absolutely ... it's important to cry, and it's part of our mourning process.

And that maybe we have inhibitions. Maybe in some ways it's challenging for us to cry in public, and even was back then. Yes. But there, there was at least this custom, there were people who could help you cry, and maybe, movies serve that now.

Mary-Frances O'Connor: Yes. I think that they do, sad songs and so forth. and I think you're right.

There is [00:30:00] depending on the individual and depending on the moment, there is also a resistance to crying as well, as you say. There is, I think, a fear if I let myself break down, I will never be able to put myself together again. I think that's certainly one fear, and I can just assure people no one has ever started crying and died of it or, not been able to ever stop, Even though in that moment it really does feel that way, that you will never be able to overcome,

the, the tears. And also that, as you say, there is this social element to it. So I'm also not suggesting that everyone needs to cry. I'm not saying it's the only way to learn that your loved, what your loved one's loss has meant to you.

But, I, talk about in, The Grieving Body, in the book, a group of young people that we bring together, for grief support, and these are, [00:31:00] opportunity youth, meaning they're people who, young people who are disconnected from work or school. Often they've been through the juvenile justice system or the fost- foster care system, or for whatever reason, they're just really disconnected in society, and this can lead to a lot of problems for them and problems for society.

In any case, we bring them together and we, having recognized that grief or bereavement is, often what set them off track in their life, we, try to provide support. And what I talk about in the book is, many of these young people have never described their loss to anyone before. And so even understanding what it is we're trying to do in a group like this feels quite foreign for a while.

But one, one young man, told me that, and he was not alone in this sentiment, that it was the first experience he had- [00:32:00] Where crying was not considered a form of weakness. And a form of weakness in the life of someone where weakness can be, you can be beat up if you're weak, you could be shot if you're weak.

And so in a world where they are having to present strength over and over again, the idea that they could learn in this group of peers that crying is not the same as weakness, and then to watch those relationships where they begin to support each other not just during the group, but outside of that context as well because they get it.

They understand why this young person is reacting as strongly as they are, for example, and they can step in and provide support in the moment when it is needed most.

Karen Wyatt: Wow, that's, fascinating [00:33:00] and also to see what a benefit that was for those- Yeah ... young people who got to be part of the group.

Yeah. And that's really what we're, talking about here is we can make a big difference in one another's lives when we pay attention, when we connect, when we talk, and when we just bring people together and, and- Yeah ... feel that connectedness around grief.

Mary-Frances O'Connor: Yeah. And it's not easy. It is not our...

It is, it's not something we're used to doing, to listening more than talking, to not knowing what the right thing is to say or do, but to s- stand with them anyway. I think it takes, thought on the part of the, the grief adjacent person. It takes thought, and practice, and humility, and just a desire to care,

Karen Wyatt: I, know for me as a, grieving my father's [00:34:00] suicide death, there was so much stigma attached to the- Yeah ... way he died. That made it very difficult for me to reach out to anyone. Yeah. And I was actually really afraid of that other people would judge my dad- Yes ... or judge me or blame me somehow.

Yes. And it felt very risky for me to talk to anyone about it for years and years- Yes ... for that reason. So that's another thing we have to come to terms with in our society is our judgments about death and dying and ty- different types of death and dying.

Mary-Frances O'Connor: Absolutely. It is interesting how, there are so many aspects of our grieving that are inherently social, And judging each other for what is normal and what should be blamed and what we should feel guilty about. These are all judgments that are happening both internally, as I am judging myself internally, and also are [00:35:00] real. They are externally we are being judged, and how to cope with both is something that a grieving person has to learn.

And a grief literate society has to become aware that if you're talking with someone who is bereaved and you don't know the circumstances of the death, you could be talking to someone who's bereaved by suicide. And so being aware of what it is you say, that could encompass that type of death as well.

These are, things that a grief literate society can learn to do, and also we're gonna make mistakes. We're gonna say the wrong thing. And so as I say, it's that desire to care and, really see how is it landing what I'm saying, right? Did they just give me a blank look just then?

Did I say something that [00:36:00] felt awkward? It's okay to say... I will tell you, I say the wrong thing all the time, and I've been doing this a very long time. But hopefully, often, I notice that I've said the wrong thing, and I will say, "Gosh, I think that didn't come out the way I meant it. Tell me more about what you're experiencing," or, "Tell me if, if, you wanna change the subject from the way I said that," or, whatever.

It's responding.

Karen Wyatt: Yeah, responding and having the courage to check in again, like you did with your friend- Yeah ... who was upset, to just, ask, "Hey, are you okay? Is something didn't go well there? Let's talk about it." yeah. that's really important, that, that- Yeah ... that follow-up and that we come back again, try to reconnect if something- Yes

doesn't go well.

Mary-Frances O'Connor: Yes. I'll give you one more story about that, because I find it very moving. I teach a psychology of death and loss class, and, these are young [00:37:00] people, undergraduates taking the course, but often they have a lot of life experience already. And a young woman told me that she and her boyfriend live next to an older couple, and they became aware that, the husband had died.

And so around Christmastime, her boyfriend went over to the, widow's house and knocked on the door and said, "Hey, I know that usually you have Christmas lights up. Would you like me to help you put Christmas lights up this year?" And she said, "No," and slammed the door on him. And he thought, "Oh, God, I've totally done the wrong thing.

How could I be so insensitive?" And came back and was just horrified. and 24 hours later, she came over and knocked on the door and said, "I'm so sorry. It just is so hard for me that he can't put the lights up. Of course I would like you to help me, and I can tell you stories about how he used to do it and why and what it was."

But that [00:38:00] willingness to put yourself out there- Knowing that it may go wrong. And also, was it wrong? Maybe it was a good thing that she got an opportunity to express that frustration in that moment, and that he was strong enough to be the person who could, stand there and accept that was what was happening for her.

And then also accept that she might feel differently in 24 hours, and that they could continue forward after that rupture.

Karen Wyatt: That's a beautiful story.

Mary-Frances O'Connor: Yeah.

Karen Wyatt: And just such a good example of that really we're all finding our way through this. We are. And none of us are really experts in the individual process of bereavement- ... and the effects it has. And so don't give up. Keep try- Yeah ... keep trying. Exactly. Exactly.

Mary-Frances O'Connor: Keep caring.

Karen Wyatt: Keep caring. Yeah. that's perfect. one thing I really [00:39:00] appreciated your honesty and vulnerability when you mentioned you're writing a chapter on brain fog- Yes

and you're actually experiencing brain fog yourself that very day as if, your body was cooperating. "Here, experience this so you-" Let me give you some material. Yeah. Yeah. Let's make sure you really write about this authentically. You're going to experience it in the midst of the chapter.

Mary-Frances O'Connor: yes. It is, it, comes with the MS, that I have these episodes of brain fog and, it has... I think one of the reasons that I talk about the MS in, in the book is because Both it is a physiological response that, I certainly had, related to my grieving. But it's also that the grief over the loss of health has many parallels to grief over the loss of a [00:40:00] loved one or a close person. But also I think having learned to cope with this lifelong chronic illness has some parallels for people who have to cope with the death of a child or a spouse for the rest of their lives.

And I don't mean that it's gonna be the same for the rest of their life. It's not gonna feel like acute grief for the rest of your life, but it is gonna be something that is going to affect the rest of your life. And, with you, the death of a parent or, these are events and experiences that we have to learn how to adapt to.

And having learned to adapt to the varieties of experience that come with a chronic illness, I feel like some of the things that I've learned as ways of coping and adapting, are hopefully relevant for people who are coping and [00:41:00] adapting with the loss of a close person.

Karen Wyatt: Yes, and I, wanted to talk about that, 'cause the second half of the book is devoted to this idea that grief can provide us with an opportunity for healing.

And you talk about, managing grief holistically and some strategies and tools that you recommend. So I wondered if you would cover some of those.

Mary-Frances O'Connor: Yeah. It's interesting. We're just starting to really understand research studies of my own, but also much larger research studies in, some of the Scandinavian countries that have millions of participants.

We understand now that there are real health consequences with bereavement. So for example, there's an additional eight deaths per thousand people from cardiovascular events that are bereavement specific, meaning that if these people were not bereaved, you would not have, these eight deaths due [00:42:00] to, cardiovascular, uh, events.

And that's just one example. I could also give you the statistic that, a research study showed on the day that a close person dies- You are 21 times more likely to have a heart attack on that day than any other day of your life.

Karen Wyatt: Wow.

Mary-Frances O'Connor: Which is just a shocking statistic. Now, it doesn't mean everyone's gonna have a heart attack.

There's still very low absolute numbers, but in terms of in the course of your own life, that is a risky moment, and the risk drops off quickly, but still remains elevated for, even, mildly elevated for a year, three years. So I think what is important to know about that is both to just understand that the physiological risk is real, and that we should take [00:43:00] seriously the physical impact that grief is having, so that if you are having a lot of difficulty with digestion, or you notice a lump, or you are feeling fluttering or pain in your heart, that you really do need to reach out to medical care because these can be the signs of a regular but potentially serious medical consequence.

I say it that way because people will say, my blood pressure is high, but I think it's just the grief." you still need to take anti-hypertensive medication, right? If your blood pressure is high. It doesn't matter if it's salt or genetics or bereavement, you still need to treat the hypertension, Yeah. So yeah. So on the one hand, I feel like we need to take seriously that real heartbreak is an [00:44:00] empirical fact. And at the same time, our body is responding to the stress of grief. And, upwards of 90% of bereaved people, for example, have sensations in their chest when they are grieving. Now, those are not all signs of a heart attack.

And so we have to, I, think this is the sentence I've finally come up with to say it succinctly We have to support heartache, which is normal and, difficult, but we have to prevent heartbreak.

So it's, it is appropriate to be checked out medically, and also when you realize this is a, a non-lethal but, still physiological symptom that I'm having, then we have to learn how do I cope with it?

How do I respond to my [00:45:00] body in a way that makes sense? And that simple example for me with brain fog, every time I get brain fog, I think, "Surely I have dementia." 25 years, every time I think, "Surely I have dementia." Oh, no, it's still just the MS, And I say that jokingly, but of course in the moment it feels horrendous.

but more importantly, I have to decide what am I gonna do on a day I have brain fog? I use my brain for, my job, and so I have to figure out how to be kind to myself, how to make priorities of what has to happen and what can be put off till tomorrow. I have to use a calendar and an alarm and all the supports we can use to help, our brain, outsource those.

And there are many other skills we can learn as well. If a person has a lot of fatigue, which can come with a chronic illness, but can come with bereavement [00:46:00] as well, learning how, again, to prioritize and make what I like to call a plan B. So many people when they're grieving don't want to accept social invitations.

They just think, "I don't know that I'm gonna be up for that." And that is a perfectly legitimate response. But another possibility is to say, "Ca- I'm going to say yes, but also can we have a plan B?" So for example, "Yes, I'd love to go to dinner and a concert, but if on that day it doesn't work, could you just come and have a drink before you go to the concert at my house, and we'll just, spend half an hour together before you go to the concert, and I'll decide, if I can go then?"

It means that we can still accept an invitation. People keep inviting us because we don't keep saying no. It also respects that we don't know what that day will be like, [00:47:00] and it allows us to communicate to someone we're close with, who we're, we have an ongoing relationship with, this is where I am right now.

And it might not be how I feel in two weeks or six months, but this is genuinely how I am right now. And I think for people who can understand that grief is quite variable, they will understand that you have to have a plan B, and if they don't understand, you can still have a plan B, whether you tell them about it or not.

And, you learn better who is the right support right now for you.

Karen Wyatt: I love that idea. rather than the default being I'll just turn down every invitation because there's a risk I might not feel like doing it- Yeah. Yeah ... is let the default be okay, but Exactly ... I like

Mary-Frances O'Connor: that. Yes, that's it.

There are many, many [00:48:00] strategies that we can use. Another one is, we talk in the chronic illness community a lot about pacing. For example, I really have to do a cardio workout, because in the long term it's what keeps my body going, but that takes a great deal of effort for me.

So Monday, Wednesday, Friday at 9:00 AM you will find me at the gym for 30 minutes, and it means that the rest of that day I cannot do as much, We're recording this on a Tuesday- for a good reason, right? And so figuring out the pacing of what makes sense, when you can put your energy where, and thinking of it as many in the chronic illness community call it spoons.

I think of it as a sort of pie chart. You don't want to only give your energy to, say, work or chores. You want to reserve a piece of the pie, a slice of the pie [00:49:00] for enjoyable things, entertainment, socializing, and if you have given all of your spoons to work, you're not gonna have a, piece of pie left for spending time with a good friend, even though that may ultimately be energizing and have antidepressant effects for you.

Karen Wyatt: Oh, that's such a wise strategy, and, just knowing that actually it just helps me right now thinking, "Oh, that's so smart. That's how I need to be structuring my days- Yeah ... is just thinking about, the pacing of it." Yeah. And it's interesting how sometimes we just need to give ourselves permission-

Mary-Frances O'Connor: Exactly

Karen Wyatt: have the grace and compassion to say, "It's okay. I can do it this way because this is what's best for my body."

Mary-Frances O'Connor: Exactly. This is what is working, and you know what? You're doing really well.

Karen Wyatt: What a great reminder. Yes, maybe that needs to be on our [00:50:00] bulletin board- a reminder every day.

You're actually, you're here. You're still here. You're getting through this. Exactly. You're doing really well. You're doing really well. I also, appreciated

the part where you wrote about working with, Roshi Joan Halifax. Was it the Upaya Center? The Being With Dying, I think it's called in her course.

And, just learning about the value of stillness. Yeah. And, and that's something also that's missing a lot in our society. Yeah. We don't seem to value that, and it's very hard to find moments of quiet and stillness.

Mary-Frances O'Connor: Yes. and in many ways, I think we have to create those moments. And that is both because we can create them or take them as it were, but it takes, courage and planning to do that because sitting without [00:51:00] distractions is terrifying at first.

but it becomes a resource, and I think of it this way. A wonderful, Buddhist writer said, "Calm is what leads to insight, and insight is what leads to calm." And so allowing some time to sit and be quiet or walk and be quiet. No podcast, no music, no telephone call, no email. Just to be and allow whatever is to be is a practice that helps to calm our nervous system.

It helps to reconnect us with nature, with, things bigger than, us. and that is sometimes when insight arises. and [00:52:00] so if we get more practice at it, even when we're in a kind of crazy environment, we can sometimes find ways to have, a moment of calm or a space of calm. Sometimes it's just going to the bathroom, which is a perfectly socially sanctioned thing to do.

and taking 10 breaths and just being present in those 10 breaths for the inflow and exhale of air. Just giving yourself 10 breaths even though, outside it is pandemonium and school pickup and, all the, the workplace, the emergency department, whatever it is. Even though it's pandemonium outside the cubicle Finding a practice that allows you to take that moment of stillness and calm allows you [00:53:00] to then step back into that world with a little more calm and insight and, a nervous system that's a little, uh, more resourced.

Karen Wyatt: And this, is one of the ways in which really going through a time of grief is an opportunity- Yes ... to learn some new things, to learn- Yes ... s- gather some new tools that will serve you all the rest of your life in other ways. And-

Mary-Frances O'Connor: Yeah. This, uh, this is such an important point that you're making, Karen, because, there's a certain amount of just imperative with grieving.

Your body just is doing things and your mind just is doing things. It's you become this incredible bullshit detector where you're like, "That's bullshit," Like- Yeah ... in a way that you just would not say if you were not in the midst of having just experienced the death of your child or, experienced [00:54:00] the, death of your spouse or, whatever it is.

It, can be this moment in your life where it just cuts through and suddenly you can't ignore your body or you can't ignore your emotions or you can't ignore your relationships or whatever it is. And so it is the opportunity to learn some new skills of how to deal, to cope, to accept these situations.

Karen Wyatt: And that's probably one of the reasons we know a future grief experience won't be the same. We'll have different tools- Yes ... when we get there. And so all of the work that we do and the, the, process that we go through of experiencing the pain and working through it, there will be benefits that will come from having been through it as much as

That probably doesn't sound good or ring true to people in the midst of it [00:55:00] to, say that. Yes. And yet, as you said, looking back on it now, that's something in the long perspective looking backwards that you can, say. Whether that's comforting to people in the midst of grief or not- Yeah ... I don't know, but.

Mary-Frances O'Connor: Yeah. And it's funny. It's almost not... You're right, I think the word benefit is a really tough one to hear. I almost think of it as, in many ways we come into this life with a lot of innocence, and as we have grief experiences, we are more connected with reality, with how things really are, that life is fragile, and that bad things happen, and that, we can't count on some of the things that we innocently assumed that we could.

And yet, there is still a way to live a meaningful [00:56:00] and loving life, given we now know reality better than we did before.

Karen Wyatt: That's so true, and, that brings us to the end of our time for our conversation. but this has really been a wonderful discussion, Mary-Frances, and I highly recommend the book because it's so helpful learning about the research you've done and understanding the physiologic basis for some of the experiences we have during bereavement.

And I'll say the title again, The Grieving Body: How the Stress of Loss Can Be an Opportunity for Healing. And, so I hope people will, get your book and learn from it. And thank you so much for talking with me.

Mary-Frances O'Connor: Thank you, Karen, and thank you for bringing this conversation to people.

Karen Wyatt: You're so welcome.