NIH News in Health

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Coping With Grief

Life After Loss

Losing someone vou love can change your world. You miss the person who has died and want them back. You may feel sad, alone, or even angry. You might have trouble concentrating or sleeping. If you were a busy caregiver, you might feel lost when you're suddenly faced with lots of unscheduled time. These feelings are normal. There's no right or wrong way to mourn. Scientists have been studying how we process grief and are learning more about healthy ways to cope with loss.

The death of a loved one can affect how you feel, how you act, and what you think.

Together, these reactions are called grief. It's a natural response to loss. Grieving doesn't mean that you have to feel certain emotions. People can grieve in very different ways.

Cultural beliefs and traditions can influence how someone expresses grief and mourns. For example, in some cultures, grief is expressed quietly and privately. In others, it can be loud and out in the open. Culture also shapes how long family members are expected to grieve.

"People often believe they should feel a certain way," says Dr. Wendy Lichtenthal, a psychologist at Memorial Sloan-Kettering Cancer Center. "But such 'shoulds' can lead to feeling badly about feeling badly. It's hugely important to give yourself permission to grieve and allow yourself to feel whatever you are



feeling. People can be quite hard on themselves and critical of what they are feeling. Be compassionate and kind to yourself."

Adapting to Loss • Experts say you should let yourself grieve in your own way and time. People have unique ways of expressing emotions. For example, some might express their feelings by doing things rather than talking about them. They may feel better going on a walk or swimming, or by doing something creative like writing or painting. For others, it may be more helpful to talk with family and friends about the person who's gone, or with a counselor.

"Though people don't often associate them with grief, laughing and smiling are also healthy responses to loss and can be protective," explains Dr. George Bonanno, who studies how people cope with loss and trauma at Columbia University. He has found that people who express flexibility in their emotions often cope well with loss and are healthier over time.

"It's not about whether you should express or suppress emotion, but that you can do this when the situation calls for it," he says. For instance, a person with emotional flexibility can show positive feelings, like joy, when sharing a happy memory of the person they lost and then switch to expressing

sadness or anger when recalling more negative memories, like an argument with that person.

Grief is a process of letting go and learning to accept and live with loss. The amount of time it takes to do this varies with each person. "Usually people experience a strong acute grief reaction when someone dies and at the same time they begin the gradual process of adapting to the loss," explains psychiatrist Dr. M. Katherine Shear at Columbia

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University. "To adapt to a loss, a person needs to accept its finality and understand what it means to them. They also have to find a way to re-envision their life with possibilities for happiness and for honoring their enduring connection to the person who died."

Researchers like Lichtenthal have found that finding meaning in life after loss can help you adapt. Connecting to those things that are most important, including the relationship with the person who died, can help you co-exist with the pain of grief.

Types of Grief • About 10% of bereaved people experience complicated grief, a condition that makes it harder for some people to adapt to the loss of a loved one. People with this prolonged, intense grief tend to get caught up in certain kinds of thinking, says Shear, who studies complicated grief. They may think the death did not have to happen or happen in the way that it did. They also might judge their grief—questioning if it's too little

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Office of Communications & Public Liaison Building 31, Room 5B52 Bethesda, MD 20892-2094 email: nihnewsinhealth@od.nih.gov phone: 301-451-8224 or too much—and focus on avoiding reminders of the loss.

"It can be very discouraging to experience complicated grief, but it's important not to be judgmental about your grief and not to let other people judge you," Shear explains.

Shear and her research team created and tested a specialized therapy for complicated grief in three NIH-funded studies. The therapy aimed to help people identify the thoughts, feelings, and actions that can get in the way of adapting to loss. They also focused on strengthening one's natural process of adapting to loss. The studies showed that 70% of people taking part in the therapy reported improved symptoms. In comparison, only 30% of people who received the standard treatment for depression had improved symptoms.

You may begin to feel the loss of your loved one even before their death. This is called anticipatory grief. It's common among people who are long-term caregivers. You might feel sad about the changes you are going through and the losses you are going to have. Some studies have found that when patients, doctors, and family members directly address the prospect of death before the loss happens, it helps survivors cope after the death.

Life Beyond Loss • NIH-funded scientists continue to study different aspects of the grieving process. They hope their findings will suggest new ways to help people cope with the loss of a loved one.

Although the death of a loved one can feel overwhelming, many people make it through the grieving process with the support of family and friends. Take care of yourself, accept



Wise Choices Coping With Loss

- Take care of yourself. Try to exercise regularly, eat healthy food, and get enough sleep. Avoid habits that can put your health at risk, like drinking too much alcohol or smoking.
- Talk with caring friends. Let others know if you need to talk.
- Try not to make any major changes right away. It's a good idea to wait for a while before making big decisions, like moving or changing jobs.
- Join a grief support group in person or online. It might help to talk with others who are also grieving. Check with your local hospice, hospitals, religious communities, and government agencies to find a group in your area.
- Consider professional support.
 Sometimes talking to a counselor about your grief can help.
- Talk to your doctor. Be sure to let your healthcare provider know if you're having trouble with everyday activities, like getting dressed, sleeping, or fixing meals.
- Be patient with yourself. Mourning takes time. It's common to feel a mix of emotions for a while.

offers of help from those around you, and be sure to get counseling if you need it.

"We believe grief is a form of love and it needs to find a place in your life after you lose someone close," Shear says. "If you are having trouble moving forward in your own life, you may need professional help. Please don't lose hope. We have some good ways to help you."



For more about coping with loss, see "Links" in the online article: newsinhealth.nih.gov/2017/10/coping-grief

Spotlight on Brain Tumors

Do You Know the Symptoms?

A tumor in the brain isn't like tumors in other parts of your body. It has limited room for growth because of the skull. This means that a growing tumor can squeeze vital parts of the brain and lead to serious health problems. Learning about the possible symptoms of brain tumors can help you know when to tell a doctor about them.

A tumor is an abnormal mass of cells. When most normal cells grow old or get damaged, they die, and new cells take their place. Sometimes, this process goes wrong. New cells form when the body doesn't need them, and old or damaged cells don't die as they should. The extra cells can form a tumor.

A tumor that starts in the brain is called a primary brain tumor. People of all ages can develop this type of tumor, even children. And there are many different ways they can form.



Wise Choices

Possible Symptoms of a Brain Tumor

The symptoms of a brain tumor depend on its size, type, and location. The most common ones are listed below. These do not mean you have a brain tumor. But talk with your doctor if you experience any of the following:

- Severe headaches
- Muscle jerking or twitching (seizures or convulsions)
- Nausea and vomiting
- Changes in speech, vision, or hearing
- Problems balancing or walking
- Changes in your mood, personality, or ability to concentrate
- Problems with memory
- Numbness, tingling, or weakness in the arms or legs

"There are over 130 different types of primary brain tumors," says Dr. Mark R. Gilbert, an NIH brain tumor expert. About 80,000 people in the U.S. are diagnosed with a primary brain tumor each year.

Cancer that has spread to the brain from another part of the body is called a metastatic brain tumor. Metastatic brain tumors are far more common than primary tumors.

Both primary and metastatic brain tumors can cause similar symptoms. Symptoms depend mainly on where the tumor is in the brain.

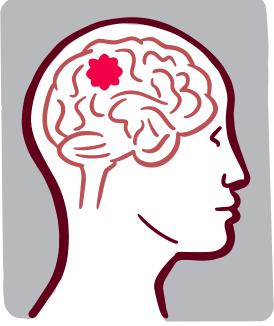
"The symptoms of brain tumors can be either dramatic or subtle," Gilbert says. A seizure is an example of a dramatic symptom. About 3 of every 10 patients with a brain tumor are diagnosed after having a seizure, he explains.

Other symptoms are less obvious. For example, you might notice memory problems or weakness on one side of your body. Until symptoms develop, you may not know you have a brain tumor. For a list of common symptoms of brain tumors, see the Wise Choices box.

If you have symptoms that suggest a brain tumor, tell your doctor. Your doctor will give you a physical exam and ask about your personal and family health history. You may need to have additional tests. Tumors can be detected by imaging methods such as MRI or CT scans.

"Brain imaging technology has really changed the way we are able to visualize abnormalities," Gilbert explains. It allows brain surgeons to learn as much as possible about the tumor and remove it more safely.

NIH researchers are continuing



to look for ways to better detect and treat brain tumors. Treatments differ depending on the type and location of the tumor. Treatment can involve surgery, radiation (beams of high energy rays aimed at the tumor), or drugs that kill or block the growth of cancer cells.

Usually, brain tumor treatment requires a team of health care professionals. This may include surgeons, cancer specialists, nutritionists, nurses, and mental health providers. The team does more than treat the tumor. They also try to minimize its impact on a patient's quality of life.

"There is a definite advantage to being cared for by people who do this on a routine basis," Gilbert says. A person who has been diagnosed with a brain tumor may want to seek treatment at a nearby cancer center, if possible. To look for a cancer center near you, visit www.cancer. gov/research/nci-role/cancer-centers.



For more about brain tumors, see "Links" in the online article: newsinhealth.nih.gov/2017/10/spotlight-brain-tumors



For links to more information, please visit our website and see these stories online.

Robotic Device Helps Kids With Cerebral Palsy

NIH researchers have been developing a robotic device to help improve the way children with cerebral palsy walk.

Cerebral palsy is a brain disorder that affects muscle movement. Children with cerebral palsy have trouble walking, balancing, and standing up straight. One of the most common signs of cerebral palsy is crouch gait, an excessive bending of the knees while walking.

Leg braces, muscle injections, physical therapy, and leg surgery can

help children with cerebral palsy improve their walking ability, but long-term problems often remain.

Dr. Thomas Bulea and his team of researchers at the NIH Clinical Center created a wearable robotic device, called an exoskeleton, to help kids straighten their legs as they walk.

Seven children, ages 5 to 19 years old, helped test the device. Each was able to walk at least 30 feet without a walking aid. After putting on the device, six of the seven

children were better able to extend their knees.

The children used their own muscles while walking with the device. They weren't letting the exoskeleton do all the work to straighten their legs.

"The improvements in their walking, along with their preserved muscle activity, make us optimistic that our approach could train a new walking pattern in these children if deployed over an extended time," Bulea says.

Prevent Your Teen From Distracted Driving

Unexpected things can happen when you're driving. Another car cuts you off. A rock hits your windshield. You might not have much time to react.

That's why it's risky to take your eyes off the road while you're driving. Distracted driving is the number one cause of car crashes.

Teens aren't experienced drivers. They're still developing good judgment behind the wheel. For teens, car crashes are the leading cause of death. How can parents keep a teen driver safe?

First, be a good example. Be your teen's role model for good driving. Don't send texts or take pictures while you're driving.

As a parent, it's your role to set the rules for your teen driver. Don't allow your teen to use a cell phone while driving.

Ride along with your teen when you can. You may also want to limit

their driving with other teens. Having other passengers, especially teens, in the car can be dangerously distracting.

You can learn more about how to help your teen develop good driving habits. See NIH's infographic for parents at www.nichd.nih.gov/news/resources/links/infographics/Pages/DistractedDriving.aspx. ■

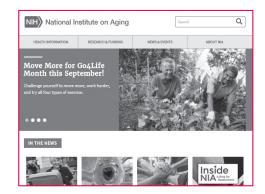


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Looking for advice about healthy aging? You can find what you need on the recently redesigned website from NIH's National Institute on Aging (NIA).

Get information on more than 100 healthy aging topics with your

phone, tablet, or desktop computer. You can search for what you're looking for or browse a list of health topics at www.nia.nih.gov/health. You can also order print publications about aging at order.nia.nih.gov.



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