

WHAT DOESN'T KILL YOU



*A Life with Chronic Illness —
Lessons from a Body in Revolt*

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Chapter 4

OUR GRIEF

In *The Year of Magical Thinking*, Joan Didion wrote, “Grief turns out to be a place none of us know until we reach it.” Grief is different than any other feeling. Maybe it’s a bunch of feelings jumbled together in a confusing stew. Maybe it isn’t a *feeling* at all, but rather an unfamiliar building that you wandered into and can’t find your way out of. Some of the rooms make you feel afraid, exhausted, hopeless; but every so often, one of them surprises you with a most mysterious joy. By the time you’ve found the building’s exit, you feel a sort of fondness for the time spent inside. Grief is also irrational. When Dad died in 2008, I spent several weeks believing that the only way I’d ever understand him was to quit college, become an alcoholic myself, and drink until I died. I thought that recreating his death would give me closure. I can see, now, why that’s nonsensical—but at the time, it made complete sense. Still, I miss something about those months of wild grief. I was in such a heightened state that some days it felt like I could reach across

the ether and grab Dad's hand. My grief was consuming,
drowning out sounds
and making my world—because I created my own little
spinning planet to
mourn in—seem separate from the greater one. I couldn't
believe I ever existed
in that *normal* world, where everyone was alive. The death of
someone you love
splits your timeline in two—before and after. "I'm afraid I will
go about for the
rest of my life in this one long day, beginning with the day you
died," I wrote in
my journal on February 22, 2009. As months and years went
on and my grief
became less acute, I felt farther and farther away from Dad.
Eventually, I could
go days without thinking of him and I could speak about him
without sobbing. I
was healthily moving on, but it felt like forgetting.
But grieving *yourself* when you're diagnosed with a chronic
illness is different. The emotions might be similar to those felt
when mourning a loved
one—anger, sadness, numbness, disconnection from reality—
but the process of
"moving on" is more complicated. Whereas the loss of a loved
one has a sense
of finality, the loss of self from chronic illness can feel never-
ending. Most
chronic illnesses work in patterns of flare-ups and remissions,
where the disease

has an active period and a less active or dormant period, over and over again for a lifetime. I've reached remission twice since my diagnosis, including my current remission, and there was this feeling like, "This is who I am forever now *la dee da dee da!*" I so desperately wished to feel better, long-term, and forget how bad things were at my sickest, despite knowing the unpredictability of my disease and the cruel fact that remission is fleeting. I wanted to pretend, even for a little while, that I was okay again. Denial was sweet but dangerous.

In a 2019 survey of 1,084 people conducted by WebMD and the National Opinion Research Center at the University of Chicago, [1](#) 24 percent of people who'd experienced serious illness said they were "still intensely grieving" beyond one year when asked how long their most intense grief lasted. (Eighteen percent of people who'd lost a loved one said the same.) In the same survey, people dealing with a serious illness were most likely to indulge in negative behaviors such as abusing drugs or alcohol, eating too much or too little, and maintaining unhealthy relationships. I didn't turn to drugs, alcohol, or food after

my diagnosis (though food became confusing and fear-inducing), but I did fall back into a toxic relationship with a boyfriend named Jimmy. Being with Jimmy tethered me to life pre-diagnosis and let me exist in denial, which for me came with a lot of anger. And when I tried to squash the anger, it led to panic—at its worst, that meant panic attacks that caused me to black out. I didn't recognize then that what I was feeling, among other things, was grief. It should have been familiar to me, as death wiped out an entire side of my family in less than a decade. But mourning Dad and his brother and his parents, all of whom died in a seven-year span, had some sort of order. According to the Way Things Work, they were *supposed* to die before me. Even though I lost them too early, the laws of nature weren't broken, and that allowed me to make some sense of a thing that, at its core, will never make sense. But when I got sick and learned there was no cure for my disease, it was *myself* who'd been lost, despite continuing to wake up each day. I was still here, and yet I wasn't. It took a long time to realize I was in mourning.

See, chronically ill people grieve two versions of ourselves: the people we were before we got sick and the future, healthy versions that don't exist (or, at least, look much different from what we'd imagined). There's no guidebook for this kind of ongoing self-loss. No Hallmark card that says, "Sorry you'll never be yourself again." When I found out Dad died my junior year of college, the day before winter break, I spent the next month on Mom's couch wondering if I should go back to Northwestern or just kill myself. But when I got sick, I wasn't overcome with sadness. I was enraged—at everything. I was angry to be stuck in a malfunctioning body, that I had to adjust my life around this *thing* I never asked for while my career suffered because of it, and I was pissed at an unpredictable future without anyone who could understand me. I was so mad all the time that I had to consciously squash the hot, rising ball of rage that lived somewhere between my stomach and my throat just to get through regular human interactions. I thought my pain was more valid than anyone else's because it was *mine*. And getting angry felt *good*, even for a few seconds, until eventually it didn't anymore.

Prior to my diagnosis, I didn't know how to deal with anger. It was an emotion that frightened me. Dad's cause of death was liver failure due to alcohol abuse, but I think a lifetime of toxic anger exacerbated his demise. He was scary because he was angry, and so when grief-laden rage bubbled up inside me, it made me afraid. I didn't know where to put it or how to direct it, so I did what I always did when facing something uncomfortable: I squashed it. I thought about feeling like I thought about hunger: If you ignore it long enough, it'll fade away. But, similar to hunger, if you ignore feeling for too long, it'll kill you. Panic attacks were a furious physical reaction to what I was trying hard to stuff away. The grief was forcing its way out, as much as I tried to fight it, through my trembling hands and pounding heart. Here's what I wish I had known then:

Control is an illusion.

Paul Chafetz, PhD, is a veteran Dallas-based clinical psychologist who specializes in helping adults through life's most difficult transitions, which includes long-term illness. I've interviewed Dr. Chafetz before for my work at the *New York Times* and *New York Magazine* and found him to be warm, honest,

and infectiously optimistic. He told me that letting go of the idea of control is vital to the grieving process—easier said than done for most humans, who are built to relish order and sense rather than chaos. “We go through life with an illusion of safety, guaranteed health, even immortality,” he said. “Acquiring a chronic illness pierces this illusion, and this is a loss. Grieving this loss is an integral part of adjusting to the illness. But where is it written that we’re guaranteed good health? Assuming that this was promised was an illusion all along. Realism hurts, but it’s the more mature choice.” Dr. Chafetz was spot-on. I held on to anger, even when it burned me up inside, because I’d lost control of my body and because I’d assumed good health was my right. This wasn’t entirely my fault. There’s very little public dialogue about chronic illness—we’re brought up to believe sickness either goes away or kills you. But what about that space in between, where it does neither? Six in ten Americans exist within that space, living with at least one chronic condition, yet it’s rarely talked about outside of doctor’s offices or *hush-hush* support groups.

Kathleen Gilbert, PhD, is professor emerita at Indiana University and a veteran

grief researcher. She's spent the better part of forty years studying different kinds of loss and has published several papers, books, and studies on everything from husbands who've been widowed to how grieving morphed in the age of the internet. "I once interviewed a rabbi whose son had progeria [a rare genetic condition that speeds up the aging process in children]," Dr. Gilbert said on the phone. "He spoke a lot about grief. Eventually he came to the point of: 'Why *not* me?'" There's this myth that young people don't get seriously ill, but as I mentioned before, the age of diagnosis for autoimmune diseases like mine tends to be under thirty-five, and 80 percent of Americans who live with an autoimmune disease are women. Had I known any of this before I got sick at twenty-three, maybe it would have been easier to cope—or at least get to that point of "why *not* me?" Letting go of control allowed me to release the undirected rage I was carrying around. I'm still angry—have you seen the world?—but not at myself, nor at passing strangers whose lives I silently judge as better or easier than mine. I'm not even mad that I'm sick. Rather, the powerful, vibrating fury in my belly

is directed at the politicians who are itching to take away chronically ill folks' already paltry health care. Insurance CEOs getting rich off our suffering.

Employers who won't hire us. Employers who fire us.

Infrastructures that aren't designed with us in mind. Doctors who don't believe us. An economic system that sees no value in sick or disabled bodies. When it has a purpose, anger can be righteous. Anger can be fuel.

You are *not* doing it wrong.

You've surely heard this before, but I'll write it here anyway: There's no right or wrong way to grieve. No two people do it the same way. The stages of grief—denial, anger, bargaining, depression, and acceptance—popularized by the psychiatrist and end-of-life researcher Elisabeth Kübler-Ross in the late 1960s, aren't law—and over time, they've fallen out of favor for a more fluid grief model. (One mental health professional I interviewed even said, "No research has ever documented that the [five stages] exist.") My point is:

Whatever you feel while grieving is valid, in whatever order, at whatever time.

"The Kübler-Ross model articulates a meaningful description of various elements of grief, but many times the stages don't happen in order," Matt

Lundquist, LCSW, MEd, a New York–based therapist and the founder of Tribeca Therapy, said via email. I’ve interviewed Lundquist twice before about chronic illness and mental health, as well as news cycle–related PTSD; his nondiagnostic, creativity-focused approach to therapy is highly suited for the times we live in. “Some stages are more meaningful than others, harder than others, and some less of a challenge for certain folks. I’ve also found that the idea of stages of grief connotes a picture that’s more peaceful than reality, which often involves a fair amount of yelling and screaming and agony,” he said. “I used to lecture about the grief process of those who’d lost their ability to communicate—in some instances, permanently,” Dr. Gilbert said. “A teenager with brain trauma was experiencing aphasia [loss of speech], and being an adolescent and all, he didn’t want to be ‘weird.’ His speech pathologist could tell him that he was making progress and that all his feelings were normal, but what really helped him was hearing from *other patients* that his feelings were normal.” Grief makes you feel utterly alone, but it also presents an opportunity

to connect with other chronically ill people in meaningful ways through in person and online support meetings, fundraising events, volunteering, or however else you can (and that you're comfortable with). When you share stories with each other, you'll come to realize that there's no proper way to process the tremendous loss that comes with chronic illness. It's a great relief to recognize you aren't "doing it wrong," even if your feelings are not represented in the popular culture grief model. Acceptance in particular is misleading as a "final" stage because it indicates some sort of conclusion—but for chronically ill folks, that may never exist. (Keep in mind that the stages of grief are based on *terminal* illness.) Karen Conlon, LCSW, the founder of New York's Cohesive Therapy, a cognitive behavioral therapist who began her therapy career working with IBD patients at Mount Sinai and a specialist in the psychological impact of gut disease, told me this: "Acceptance comes in stages and tiers. You don't go from not accepting to accepting every aspect of living with your disease, and you may not have the same level of acceptance forever." What's more important than total acceptance

is *flexibility*, and a willingness to adapt to the needs your illness requires. “I ask patients to think about what they love to do,” Conlon said. “Can you accommodate some of that with the changes to your body? Will this be an opportunity to discover a new skill or a new chapter of your life? New likes?”

Conlon is right: According to the Anxiety and Depression Association of America, acceptance for people with chronic illness comes from a combination of three things: “Recognizing that something cannot be changed, consciously working to adjust expectations, and actively seeking more satisfaction and meaning in the things you can do.” ²

Rather than searching for big, sweeping acceptance, then feeling like a failure when it doesn’t come, chronically ill folks can enact small, empowering steps, such as taking our required medications, learning everything we can about how our diseases work, seeing doctors regularly and being prepared for appointments with a list of questions, advocating for our needs and wants, figuring out which foods make us feel good, and going to therapy and/or connecting with a support group. “Acceptance doesn’t mean that you get over it,

or that you're even okay with the loss that comes with becoming chronically ill,"

Claire Bidwell Smith, LCPC, a writer and grief counselor, said on the phone from her home in South Carolina. "It simply means you're learning to live with the idea and knowledge of it, while holding space to grieve." Though there's no wrong way to grieve, you should still keep an eye out for signs that indicate you need extra help navigating the loss that comes with chronic illness. I think everyone can use professional help while they're grieving, even if they're handling it "well." Mental health care shouldn't be reserved for crises only. But below are the telltale indicators that you need help putting the train back on its tracks.

You're having trouble doing daily tasks, like bathing and feeding yourself and/or your children.

You're skipping work often.

You're sleeping too much or not enough.

You're eating too much or not enough.

You're using alcohol or drugs in an attempt to numb your feelings.

You're isolating.

You're falling into destructive behaviors.

You're having thoughts of self-harm or suicide.

If any of these statements ring true, it's time to reach out for help from a

mental health professional. There is *no shame* in this. (If you're not sure where to begin, flip to Appendix II, "How to Find a Good Therapist," in the back of the book, as well as Appendix III, "Mental Health Resources.")

Anxiety is part of grief.

If you think about anxiety as your brain trying to distract you from trauma, it makes sense that it would pop up in the wake of chronic illness. After all, being diagnosed with a chronic illness is trauma. Experiencing the symptoms, *the physical pain*, that come along with chronic illness is trauma. Being hospitalized and subjected to invasive procedures is trauma. Not being believed about your illness is trauma. Losing work and any sort of financial anchor due to illness is trauma. Relationships falling out because of your illness is trauma. Losing autonomy or the ability to do things you love is trauma. Your brain doesn't want to unpack all of these traumatic realities because *it hurts*. Anxious thoughts and behaviors serve as a distraction, a protective mechanism of sorts. Worrying or feeling afraid, occasionally or even often, is pretty normal. After all, these feelings are important protective mechanisms and do serve a purpose to alert us

to and keep us from harm. “Humans are hardwired to be vigilant for danger—always looking forward and anticipating,” Dr. Chafetz said. “‘Anxiety’—a word people often use for when they’re feeling fear—is anticipating a future event and feeling a strong need to prepare.” But anxiety becomes disordered when you worry excessively for months on end, and that worrying impacts your life, work, and relationships. ³ (For more about anxiety, flip to Appendix IV, “Chronic Illness and Anxiety.”) Don’t dismiss changes in mind or body as par for the course or a “normal” part of chronic illness—talk to your health-care providers. Whatever’s going on, you deserve to feel better. “Your brain is a unique organ, just like your stomach or your heart,” Conlon said. “If you’re willing to take care of those organs, then why not treat your brain? Our daily function relies on it.” I’d battled anxiety for most of my life—and continue to—but after my diagnosis and first hospitalization it made itself undeniable through panicattacks. Turns out, I learned through therapy and chronic illness support groups, that a lot of other people experience anxiety as they grieve. Claire Bidwell Smith wrote an entire book about it called *Anxiety: The Missing Stage of Grief*.

“There’s a multitude of emotions that come with grief. They can come up quickly and that can be scary,” she said. “People often tamp those feelings down and that’s one of many reasons anxiety pops up.” The solution? Allow yourself to *feel*. Sounds easy, doesn’t it? Well, if you’re like me, it isn’t. Vulnerability wasn’t rewarded as I grew up and feelings were not spoken aloud. Dad’s emotions were all over the place—more so when he was drunk, which was, eventually, all the time. Sometimes he’d be screaming about the world wronging him, and other times he’d be sobbing over cheese fries about “the light” going out in a hunted deer’s eyes (which happened at a Steak ‘n Shake when I was fourteen). Turbulent feelings scared me, and I came to think of *all* emotions as unsafe. I put off going to therapy for so long partly because I was afraid to cry during a session. (I did cry. My psychiatrist handed me a box of tissues. The world kept turning.) Allowing myself time and space to *feel*, even for an hour-long therapy session, seemed indulgent at first. But those thoughts subsided as I began to unpack why I felt that way, and as I started to see and feel real progress from therapy and medication.

Chronically ill people spend a lot of time wishing for the past and worrying about the future, but very little brain space is given to the present. “This is part of grief,” Lundquist said. “That you thought your world was going to look a certain way and now you not only have to change how you see your life, but also rethink how you go about constructing hope and finding meaning.” This is where mindfulness comes in. “Mindfulness” is one of those words that’s become so popular in recent years that it’s lost some practical value while simultaneously becoming an extremely profitable industry. But for us chronically ill folks, it simply means to be present and aware of the moment we’re in, be it through meditation or something else. You don’t need to pay for an app or a book or a class unless you want to. “Mindfulness must be tailored to the individual,” Caryl Boehnert, PhD, a longtime clinical psychologist who specializes in chronic illness and chronic pain, told me on the phone from her office in Minnesota. Dr. Boehnert’s postdoctoral fellowship in health psychology set her on the path to focusing on acutely and chronically ill patients, which is what she’s been doing since the

1980s. “[Mindfulness] can be the standard breathing exercises to manage autonomic responses, but it can also be sketching, examining a photograph and staying still in the moment with that image, or listening to music or other beautiful sounds,” she said. I tried the whole eyes-closed-counting-my-breath thing—I even took a class and downloaded several apps—but I never grasped it.

Mindfulness for me comes when I’m writing. Sitting alone searching for the right words, putting thoughts and ideas and memories to a page, hearing the clicks of the keys, feeling the *zap* from my brain to my fingers—that’s when I feel the most *in* my body.

Mindfulness is whatever ritual grounds you in the present. Even if it’s just a moment to take a few deep breaths and thank your chronically ill body for getting you this far, that’s mindfulness. “Working through anxiety requires people to come back to the present,” Conlon said. “Anxiety is fueled by fear of the unknown or fear from the past—like a medication previously failing or having an accident in public. Understand that that might not happen again in the future. You aren’t a fortune teller!” In therapy, you’ll learn and practice many tools to cope with anxiety. Conlon

recommended a simple mindfulness-based one called GLAD that I quite liked when I tried it. You can do this mentally or in a journal. Either way, it only takes a few minutes and is an easy trick to separate your brain from an anxiety spiral and refocus it elsewhere. Here's how it works:

G: Gratitude. Think of one thing, no matter how small, that you're thankful for *today* (keep it focused on today). "I'm thankful that my pain level was a three instead of a five," for example. Spend some time in that feeling.

L: Learning. Name one thing you learned today. Again, it doesn't have to be a giant lightbulb moment. "I learned that eight hours of sleep is the right amount for me," or "I learned that raw vegetables increase my abdominal pain." Appreciate your ability to learn new things every day.

A: Reflect on an accomplishment. One thing you accomplished today, like "I took my medication on time" or "I ate foods that don't cause me any pain" or "I discovered a good anxiety-management exercise."

D: Jot down or think about a delight. One thing that pleased you today, like a cute dog in your neighborhood or a delicious cup of coffee. This can be silly, adorable, funny, whatever! Honor the happiness that brought, no matter how

brief. Re-create that joyful feeling by playing it again in your mind, noticing how cool it is that we have the ability to recall stuff that makes us feel good. **Guilt is a part of grief, too.** I don't know *anyone* with chronic illness who hasn't struggled with guilt. We all think we could have done something—many things—differently to prevent getting sick in the first place, and then we feel guilty about needing to rest, not working longer hours, being a “bad” parent or partner, losing relationships, skipping social events, needing extra support and care, and on and on. Guilt and anxiety are friends. They both let us go down the *would have should have could have* rabbit hole, which is an easy place to get stuck. “Guilt is the appropriate emotion when we believe we’ve done something wrong—violated a rule or commandment or when we believe we’ve been ‘bad,’” Dr. Chafetz said. “Then we’re ashamed to be a bad person. But in the vast majority of cases, that’s just not true. When there’s no direct causation between behavior and chronic illness, then [we shouldn’t feel] guilt—we can feel regret, sure, or understand that it’s just a darn shame.” Dr. Boehnert offered three strategies that chronically ill people can use to

deal with this anxiety-guilt spinout. First, identify cognitive distortions (this is a major part of the work done in cognitive behavioral therapy). “We all have errors in thinking that are left over from childhood,” Dr. Boehnert said. “Bad forecasting. Catastrophizing. Looking at the future with only grimness. Thinking you could have done something better, that you shouldn’t feel tired, that you’ll never get over something, that you’ll die miserably.” Identifying patterns and figuring out why you think about things the way you do can be the first step to changing those thought patterns. To help you organize this process, I recommend buying a CBT workbook and dedicating a bit of time to it every day. (This isn’t a replacement for therapy, but it’s a good place to start.) Next, try an exercise called thought blocking. “This is a technique that people can learn to do once they identify the unhelpful things they’re telling themselves,” Dr. Boehnert said. “For example, most women have told themselves at one point or another that they’re fat, ugly, or stupid. We start with counting how many times per day you’re using those words. Once you’re actively recognizing the word or thought, you can ‘block’ it by substituting in a

healthier, more positive word or thought.” Many chronically ill folks believe they’re a burden on their loved ones, so this exercise could be useful every time that thought pops up. Change “I’m a burden” to “I have value” or “I am loved,” for example. Noticing your internal dialogue *at all* is progress, so give yourself credit for that. Last, schedule a time to worry. It’s unrealistic to tell chronically ill people to stop worrying entirely; after all, a lot of our fears are valid. “If you can’t stop worrying, then schedule a time to worry,” Dr. Boehnert said. “Say, from 7:00 to 7:30 a.m., that’s the *only* time I will allow myself to worry about this thought. A lot of my patients are, despite chronic illness, very high-functioning people who’ve scheduled the rest of their lives, so why not schedule a worry time? Set an alarm. Once the clock rings, you stop until the next scheduled session.” You can incorporate a worry journal into this practice, too, Dr. Boehnert said. Worrying—if done right—can be constructive for chronically ill people. “It’s okay to worry about the future. It’s what human beings do,” Conlon said. “But you have to focus on things you can control. Shift the focus from worrying to

planning.” For example, yes, it’s possible that your medication might fail. You can’t control how your body will react, but you can plan for what you’ll do if it does fail. Talk to your doctor about what happens if you need to switch treatments. Know which medication you’ll try next. Figure out if you need insurance approvals. Be prepared for new side effects. That’s *active* planning, not passive worrying.

“I suggest people shift their word choice to *if-then*, so they can take more practical steps,” Dr. Chafetz told me. “It’s helpful to identify the fearful event and then apply *if-then*.” For example: If my medication stops working, then I’ve discussed the next option with my doctor. If I need surgery, then I’ll research everything I can about it and be sure I choose a skilled, trustworthy surgeon. If I’m treated as a drug seeker, then I can have my doctor put a pain contract in my patient file. A pain contract, also called a pain treatment agreement, lays out why, how often, and at what dosage a patient takes opioids; it can be helpful to have on file if you’re chronically ill and require frequent or occasional pain management via ER.

Don’t try to rush “meaning.”

During an interview on *Ellen* in November 2019, the iconic Julie Andrews said that one of the hardest things she'd ever been through was the loss of her singing voice. She'd tied up her entire identity in that voice and when it was fractured (due to throat surgery gone wrong), she felt an immense amount of grief. Her daughter, a writer with whom Andrews has co-authored several books, finally told her, "Mom, when you write, you're still using your voice. You're just using it in a different way." Andrews said that as soon as she heard that, her grief lifted. She wasn't harnessing her voice in the same way, but she was still using it—and that gave her purpose. She found new meaning. That doesn't mean that she's okay with the loss of her ability to sing or that she doesn't miss doing a thing she loves, but she *can* move forward. Andrews said it took her several years to get to that place, even with the help of therapy. Like acceptance, "meaning" isn't an end zone, and it may change or look differently over time. "You're making meaning throughout the entire grief process," Dr. Gilbert said. "People want it to be meaning with a capital M, but really it's about finding an explanation for what happened that lets you move on

with life. For people who are chronically ill, that has to begin with forgiving themselves for not being able to be the person they imagined themselves as.”

You’re (more than likely) going to need professional help.

I’ll repeat this more times than is necessary: Good help exists for folks like

us, and there’s no shame in seeking it. I’d argue that’s it’s not only okay to get

mental health help when you’re chronically ill, it’s *required*.

“Any therapist

worth their salt should be able to help with grief,” Lundquist said. “What is

therapy but the activity of helping people grieve?”

Most therapy is so expensive that it’s reserved for a certain class of people

who can afford it, and it’s going to remain that way until our entire health-care

system gets a necessary overhaul. But we’re also living in a golden age of

mental health access where you can connect with a therapist in more ways than

ever. (Keep in mind, though, that quantity doesn’t mean quality. Just because a

lot of mental health options are available doesn’t mean they’re *good* or the right

fit for you. It can take time and effort to find the right match.)

If you don’t have

the physical or mental energy to research mental health professionals, ask a

trusted friend or family member for help. Reach out to multiple therapists or counselors to find out what their approach toward chronic illness and grief is. Make sure they take your insurance or offer sliding scale payment. Research community-based mental health care through your local hospitals—sometimes it's discounted or free. If you're a student yourself, take advantage of your campus's mental health center; if you aren't a student but live near a campus with a psychology training program, call and ask what reduced-fee services they provide. If you're homebound, some mental health pros will come to you, or you can do video or phone sessions. There are even reasonably priced therapy apps now that connect you with a therapist via text. (Again, you can find more information in Appendices II and III.)

Chronic illness often feels inescapable, and the desire to be free from a body in pain, a body that's lost control, is understandable. I've wished to leave my body many times, even just for a few moments of relief. I get it. If your feelings of loss are overwhelming and you feel suicidal, please don't suffer in silence. Reach out to your therapist, your support group, a friend or family member you

trust, or call the National Suicide Prevention Lifeline. The hotline isn't robust mental health care or a substitute for therapy, of course, but it's open twenty-four hours a day, seven days a week at 1-800-273-8255. I called several years ago and a very kind woman listened to me when I needed someone to *just listen*. No judgment. I felt a lot better after that phone call. There's also an online chat available twenty-four hours a day, seven days a week at suicidepreventionlifeline.org. Now read this sentence (and then read it again if you need to): *My life has meaning and is worth living, even if it looks different than I'd hoped.* There's this grief analogy I think about a lot, which I first read in a tweet by @LaurenHerschel. Grief is like a box with a ball and a "pain button" inside. Every time the ball hits the pain button, it hurts. At first, the ball is so giant that

it hits the button all the time and the pain is inescapable. Over time, the ball shrinks. It connects with the pain button less often. But when the now smaller ball hits the button, it still hurts as much as it ever did. Along those lines, Dr.

Gilbert told me that grief is akin to a river: sometimes turbulent, sometimes calm, even comforting.

Grieving makes you realize that two feelings—and three feelings, and four feelings—can exist at once. “I had a parent who’d lost a twin in utero; the other was born healthy. She became frustrated when people told her she should be

grateful for the living twin,” Dr. Gilbert said. “What they didn’t understand is

that this mother was grateful *and* grieving.” Bidwell Smith said something

similar: “Finding a meaningful life doesn’t mean you have to let go of grief.

People feel like they have to pick sadness or joy. But you can continue to feel

sad and create a meaningful, joyful life again.” Hear that? *You can feel sad and*

create a meaningful, joyful life. You can feel sad and create a meaningful, joyful

life.