



THE EXPERIENCE OF GRIEF AND LOSS

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Defining Grief and Mourning

- George Engel (a psychiatrist who specialized in working with grief) argued that the loss of a loved one is psychologically traumatic to the same extent that a severe wound is traumatic. He equated mourning to healing (in the physical sense). Just as the terms “healthy” and “pathological” can be used to describe a physiological conditions course of healing, the same can be said for the psychological process of grief.
- Some people adapt to loss more easily than others.
- Grief- experience of a person who has lost a loved one due to death.
- Mourning-the process that one goes through in adapting to the loss.

Normal Grief

- Also referred to as “uncomplicated” grief includes a broad range of common feelings and behaviors.
- Normal grieving behaviors can be placed into 4 categories: feelings, physical sensations, cognitions and behaviors.
- It’s just as important for us to know what is normal.. Mental health professions tend to focus a great deal on pathology and diagnoses when dealing with emotional issues, however most grieving people are experiencing loss normally (even when their behaviors might seem a little strange).

Normal Grief Response: Feelings

- **Sadness:** Many people are afraid of sadness and its intensity (“I lost it”)
- **Anger:** People can be angry at the person who has died. If this isn’t adequately acknowledged it can lead to more complications. Anger comes from frustration (that you couldn’t prevent the death) and from a regressive experience that happens when we lose someone close to us. We feel helpless, unable to exist without the person, etc. Remember a time when your parent/caregiver left you as a child? You panicked and then when she/he returned what did you do? Often this anger isn’t dealt with appropriately and gets displaced. (Blaming someone else for the death..who gets blamed?)
- **Guilt:** Something that happened or was neglected around the time of the death.. “I could’ve or should’ve done...”

Normal Grief Response: Feelings

- Anxiety: Can range from small insecurities to full blown panic attacks. Fear of not being able to survive without the loved one, awareness of your own mortality, etc.
- Loneliness: “I feel alone even when I am around other people” Sometimes people have a strong need to be touched- that is indicative of loneliness.
- Fatigue: Apathy, listlessness
- Helplessness
- Shock
- Yearning
- Emancipation: A positive feeling of freedom at the death of a loved one who has been oppressive
- Relief: Person is no longer suffering. (This is often correlated with guilt.. “I shouldn’t feel this way”)
- Numbness: often a protective response immediately after the person dies. There is no evidence that this is unhealthy.

Normal Grief : Physical Sensations

- Hollowness in stomach
- Tightness in chest
- Tightness in throat
- Overly sensitive to noise
- A sense of depersonalization (nothing seems real)
- Breathlessness (short of breath)
- Weakness in the Muscles
- Lack of Energy
- Dry Mouth

Cognitions

- Disbelief- “It didn’t happen, there must be some mistake”, “I keep waiting to wake up”
- Confusion
- Preoccupation- Obsessive thoughts about the person who has died, Intrusive thoughts and images, Rumination
- Sense of Presence- goes along with yearning. Many children report a sense of being “watched” by a deceased parent. Some find it comforting while others find it scary.
- Hallucinations: visual and auditory

Behaviors

- Sleep Disturbances- trouble going to sleep, waking up early. With normal grief this usually corrects itself. (Waking with intense sadness)
- Appetite Disturbances- Overeating and Under eating
- Absentmindedness
- Social Withdrawal- (short lived) “I need to be alone” How many times can you hear “I’m sorry” before wanting to hide?
- Dreams of the Deceased- Nightmares and Pleasant dreams
- Avoiding reminders of the grief (hiding things that belong to the person)
- Searching and Calling out for the person
- Sighing (breathlessness... When respiration has been tested in bereaved patients the oxygen levels are very similar to those that are depressed).
- Restless Hyperactivity- Can’t sit still. Can’t stand to be at home
- Crying- Tears Relieve Emotional Stress...
- Visiting Places or Carrying Objects that Remind you of the Deceased
- Treasuring Objects that belonged to the person

Grief and Depression

Though grief and depression share similar symptoms they are different conditions. Depression overlaps with bereavement but isn't the same thing.

Depressed people tend to have negative evaluations of themselves, the world and the future. Although this can happen with grieving people it tends to be more transient.

There are some bereaved people who develop major depressive episodes following a loss. If that happens it is categorized as complicated mourning (also referred to as exaggerated grief).

Mourning as a Process

- Different Theorists have tried to quantify mourning in stages, phases and tasks.
- Elizabeth Kubler-Ross's stages of dying have been widely discussed. Even then, we know that people skip stages, etc. Movement is not fluid.
- I like William Worden's model that looks as "tasks" because there are things that need to be accomplished- and this model offers hope to those trying to get through the grieving.
- All development can be seen as being influenced by various tasks (physical social and emotional, etc)

Tasks of Mourning

- Task I : To accept the reality of the loss. To come to terms with the fact that the person is gone and will not return. Part of the acceptance here is to come to terms with the fact that reunion is impossible (at least in this life). Early on, people may find themselves seeing someone who looks like the person or hearing the phone ring and thinking that the person is calling and then having to remind themselves that it isn't the deceased loved one.
- Denying the loss can vary from a slight distortion to a full blown delusion. (lying out the person's clothing for them each day, etc).
- Rituals, such as funerals help with the accomplishment of this task. If the person doesn't see the body of the deceased this can be more difficult.

Task II: To Process the Pain of Grief

- If it is necessary to experience and work through the pain then it could be said that anything that allows the person to avoid or suppress the pain can be expected to prolong the course of mourning.
- Not everyone experiences the same intensity or feels it the same way.
- Society gets in the way by saying things like “You’re still young, you can have another child”, “Life is for the living”, “He/She wouldn’t want you to feel this way”, etc.
- By society’s standards, grieving is often stigmatized as unhealthy, morbid and demoralizing.
- Some people physically leave- travel to try to find relief.
- Sooner or later, those who avoid conscious grieving will have to experience it somehow. It can be more painful to return to this later, rather than dealing with it while it is happening.

Task III: Adjusting to a World Without the Deceased

- **External Adjustments:** What is lost? What roles were played by the deceased? (What did your partner mean to you? Sexual partner? Cheerleader? Accountant? Companion? Etc) The survivor may not even be cognizant of all the roles until some time after the loss.
- **Internal Adjustments:** How does the death affect self-definition, self-esteem and self-efficacy? Was your self esteem attached to that person in some way? You will want to address the question of “Who am I now?”
- **Spiritual Adjustments:** Adjusting to your sense of the world- can challenge spiritual beliefs. If you can't find an answer you must learn to live without one.

Task IV: To Find an Enduring Connection with the Deceased While Embarking on a New Life

- How do we remember and honor while moving on? Getting to a place where you can say that there are others to be loved and that it doesn't detract from your love for the deceased is a hard thing to do. Making meaning of the loss is most important at this stage.

Mediators of Mourning: What affects how the person experiences grief?

- Mediator 1: Who was the person who died? Partner/Spouse, Parent, Child, Sibling, Friend, Lover? Allow the person to share with you what the relationship meant. Don't assume. Relationship and Expectation can vary.
- Mediator 2: Nature of the Attachment: How strong was the attachment? How much was this relationship attached to his/her sense of self, self esteem? How much ambivalence was involved? (All relationships have a little). More ambivalence can equal more guilt. Were there conflicts with the deceased? Was the client at all dependent on the deceased?

Mediators of Mourning

- Mediator 3: How the person died. Natural? Accidental? Suicidal? Homicidal? (suicides are unique losses and affect grieving differently for example).
- Proximity? Where did the death happen? Was the death sudden? Expected? Violent? Traumatic?
- Multiple Losses during a tragic event?
- Was the death preventable?
- Ambiguous Loss? – Person is assumed dead but no one is really sure.
- Stigmatized Deaths? AIDS, etc

Mediators of Mourning

- Mediator 4: Historical Antecedents- Has he/she had previous losses? How were they grieved? A mental health history is important here. Unresolved grief can transcend several generations and affect the current mourning process.
- Mediator 5: Personality Variables: Age, Gender, Coping Style, Attachment Style, Cognitive Style, Ego Strength
- Age and Gender: Men and Women are socialized differently

Mediator 5 (contd)

Coping Style

- Problem Solving Coping
- Active Emotional Coping- ability to find something positive in a bad situation, use of humor, venting emotions, ability to accept support
- Avoidant Emotional Coping- LEAST effective... Includes blame of self and others, distraction, denial, social withdrawal, can include substance abuse
- Is the person generally optimistic? Are they prone to rumination?
- Ego Strength: Self Esteem and Self Efficacy: did the person have a strong sense of self prior to loss? How does the loss affect a sense of self?
- Assumptive World: what was the person's general worldview before the loss? How has it now been affected, if at all?

Mediator 6: Social Variables

- Degree of perceived emotional and social support is important. One difficulty here is that people are often very supportive immediately after a loss but not 6 months later when the mourner is realizing all that was lost, etc.
- Is the person satisfied with his/her amount of support?
Does the person have multiple social roles? What are they?
Does the client have religious resources? Cultural/Ethnic Expectations?

Mediator 7: Concurrent Stresses and When is Mourning Finished?

- What other life stressors are playing a part right now?
- When is mourning finished? There really is no right answer. You could say that when the tasks of mourning have been accomplished that mourning is finished. Less than a year is too short... and for many two years isn't too long. One benchmark to think of is when the person is able to think of the deceased without pain.
- A chronic or prolonged grief reaction is one that is excessive in duration and never comes to a satisfactory conclusion. Anniversary reactions are common for 10 years or longer but that doesn't indicate chronic grief.
- If 2-5 years after the death the person is saying "I'm not getting back to living" or "this is not ending" that is an indication of chronic grief.
- A chronic grief reaction requires that a therapist and client assess which of the mourning tasks are not being resolved and which mediators of mourning might be influencing this. Then, intervention is focused on the resolution of these tasks.

Tips for Helping Grieving People

- Use language that actualizes the loss (instead of language like “he passed on” use the word died or a word that really describes what happened)
- Normalize the person’s feelings- grieving people often feel like they are “going crazy” or “losing it”
- Encourage them to connect (social support is so important)- discuss the fact that even people who love them and want to be supportive often don’t know how
- Prepare the person for the fact that that normal grief isn’t even resolved within a year-That doesn’t mean that there won’t be some relief from pain before the year is over but there may be roller coaster feelings, okay one day and very sad the next

References

- Worden, J.W. (2009). *Grief counseling and grief therapy: A handbook for the mental health practitioner (4th Ed.)*. New York: Springer Publishing Co.

