

## **The Experience of Grieving**

Much has been written about grief. Elisabeth Kubler-Ross' well known "five stages" of grief has been a popular model for what a grieving person may experience (denial, anger, bargaining, depression, and acceptance). Other writers have given us variations on this process and models for how to cope. J. William Worden focuses on common tasks, movements, or pathways for processing our grief in a healthy way.<sup>1</sup> George Bonanno reminds us that we are often more resilient than we think and no one grieves the same. Portions of this material may or may not feel applicable for you. Don't unfairly compare your grieving to another's and how well they seem to be doing.

### **Accept the Reality of the Loss**

Some experience a sense that the death of their loved one has not really happened. Denial is the opposite of accepting and it can appear in many forms. You may see the deceased in a crowd or you may hold onto the belief that they will return in some way. Worden says that until you can realize that they are gone and that there is no hope for reunion in this life, you will never be able to move out of the acute grief that you may feel. This task happens naturally and does not need to be rushed in most cases but staying in a state of not accepting could lead to complex grieving.

### **Process the Pain of Grief**

Sometimes our grief feels manageable and/or for others it may feel like intense emotional pain. Sometimes, the way the person died, when it occurred, or other factors such as age, stressors of chronic illness, cognitive impairments, unresolved or complex relational issues can add to the challenges of grieving. Sometimes we may have so many mixed feelings of grief with such force that we may feel overwhelmed. No matter how composed we look to others and even to ourselves, the feelings are there. Sometimes, we may suppress feelings because we or others are not comfortable with the expression of sadness and vulnerability. Sometimes physical complaints such as backaches, stomach aches, chest pain, and so on may be caused by pressurized emotions. Even if you do not experience physical symptoms, sometimes unexpressed emotional pain may still come back time and time again, until you can satisfactorily work through it and learn to manage your grief.

Psychiatrist Carl Jung said, "Embrace your grief, for there your soul will grow." Give yourself permission to grieve. Scream, cry, sob, laugh, tell someone how you feel, and let yourself feel every bit of the grief. Important to emphasize again, everyone grieves differently. Sometimes you may want to express and talk about your emotions and other times you may want to be alone. It's important to

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<sup>1</sup> Worden, William, J. Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner. (New York, NY: Springer Publishing Company), 1991.

give yourself and others who are grieving enough emotional space in their personal expression and process of grief. To process our grief, we must be in touch with our feelings, admit that something has happened and is happening to us.

### **Adjust to a World without the Deceased**

Sometimes it's helpful to recognize all that we have lost beyond simply the presence of our loved one. We have lost the future and the present with them. In a sense, we may experience a lost part of ourselves that we shared with them. We have, however, gained that part of them that they shared with us. We have memories, lessons, and all the intangible gifts that one person shares with another. With this in mind, we can build upon the past and develop a different understanding of ourselves. We can choose to grow from our loss and make more of our lives from having known the deceased. Ety Hillesum captures this thought well, "And on the whole, gratitude that he was part of my life will always be greater than my grief at his no longer being here, physically here."<sup>23</sup>

### **Develop an Enduring Connection and Engage Life**

This is often a misunderstood concept. The goal here is neither to forget the deceased nor to dishonor them in any way. One never loses memories of a significant relationship. Rather, this task challenges us to remember that we are social beings and that we have an innate need for contact, support, and love with others. The goal is not to reach a point in life where we feel like we are "over it" or finished with our grief for we may never forget. Rather, we learn to regulate our emotions to move forward in life. Worden states that the task becomes not to give up your relationship with the deceased, but to continue to love who they were and find "...an appropriate place for the dead in your emotional life – a place that will enable you to go on living effectively in the world." Some have talked about acceptance and moving forward with life as having an awareness of having grieved, having an ability to talk about the deceased and recall memories without intense pain, being able to adapt to new roles, being able to experience gratification again, discovering new relationships, returning to social functioning and well-being.<sup>4</sup>

Moving through and back and forth along these sign posts will not come about in an ordered and methodical manner. We cannot sit down and decide to complete any task on any given day. We move through them by reaching out to others who will listen and empathize with our pain. It's typically not helpful to deny, withhold, or distract ourselves from our grief; rather, we process these movements in our lives through remembering, sharing, and expressing.

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<sup>2</sup> Bonanno, George. *The Other Side of Sadness: What the New Science of Bereavement Tells Us about Life after Loss*.

<sup>3</sup> Hillesum, Ety. *Ety: The Letters and Diaries of Ety Hillesum, 1941-1943*, Klass A.D. Smelik, Editor. (Grand Rapids, MI: Eerdmans Publishing Co), 2002, p.567

<sup>4</sup> Burnell, G.M. and Burnell, A.L. *Clinical Management of Bereavement*. (New York, NY: Human Sciences Press), 1989.

## Information for patients and families

### Types of Grief<sup>5</sup>

Grief is the normal, proper emotional response to loss. It is unique to the person feeling it and there is no timetable for completing it. It is a process, not an event.

#### **Anticipatory Grief:**

The grief that comes before the potential death or loss. Reactions can be similar to those who have experienced death.

#### **Expected Grief:**

Loss is expected. People have a chance to get ready for it and make efforts at healing.

#### **Unexpected or Acute Grief:**

Loss is unexpected, perhaps sudden. Assault is felt. There is trauma, shock or horror. Without having had time to get ready for it, denial may protect people longer.

#### **Ambiguous Grief:**

A type of grief where an individual remains physically present and cognitively absent as with Alzheimer's.

#### **Shadow or Anniversary Grief:**

Often catches the griever unaware. Grief reactions prompted by:

- holiday
- anniversary of death
- other dates, times and days

#### **Grief over Secondary Losses:**

Grief over losses or changes that come from the primary death or loss. This may include:

- financial loss
- moves
- loss of identity
- loss of freedom
- an increase in responsibilities

#### **Complicated Grief:**

Grief which doesn't follow the "normal" or expected pattern due to complicating factors which may include:

- lack of support
- isolation trauma
- multiple losses
- loss of long-term relationship
- loss of an infant or child

The griever may need outside help or intervention.

#### **Disenfranchised Grief:**

A form of complicated grief occurring when the loss is not or cannot be recognized, validated, openly acknowledged, publically mourned, or socially supported.

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<sup>5</sup> Worden, William J. Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner. (New York, NY: Springer Publishing Company), 1991.

## Information for patients and families

### Determinants of Grief<sup>6</sup>

#### Who the Person was:

- relationship to the deceased

#### Nature of the Attachment:

- strength and security of the attachment
- how stable was the relationship

#### Mode of Death: circumstances surrounding the death such as:

- when
- how
- where
- prolonged or sudden death
- chronic stressors with particularities of neurological illness (loss of communication, awareness, losses to independence, mobility, vitality, function)

#### Historical Antecedents:

- previous losses or history
- other crisis at the same time or close in time

#### Personality Variables:

- age
- gender
- expressiveness
- coping patterns

#### Social Variables:

- geographical
- ethnic culture and religious heritage
- support system available

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<sup>6</sup> Ibid.

**Information for patients and families**  
**Common Grief Experiences<sup>7</sup>**

**Emotional**

<ul style="list-style-type: none"><li>• Sadness</li></ul>	<ul style="list-style-type: none"><li>• Loneliness</li></ul>	<ul style="list-style-type: none"><li>• Doubts or questions concerning why the death happened</li></ul>
<ul style="list-style-type: none"><li>• Shock and numbness</li></ul>	<ul style="list-style-type: none"><li>• Feeling cheated</li></ul>	<ul style="list-style-type: none"><li>• Anxiety, fear, disorganization</li></ul>
<ul style="list-style-type: none"><li>• Denial or disbelief</li></ul>	<ul style="list-style-type: none"><li>• Hurt, frustration, explosive emotions, hate, resentment</li></ul>	<ul style="list-style-type: none"><li>• Fear of what will happen next</li></ul>
<ul style="list-style-type: none"><li>• May feel a sense of the death being unreal or that it didn't actually happen</li></ul>	<ul style="list-style-type: none"><li>• Unexpected anger towards others, God, or the deceased</li></ul>	<ul style="list-style-type: none"><li>• Relief, freedom</li></ul>
<ul style="list-style-type: none"><li>• Forgetfulness, confusion, preoccupation</li></ul>	<ul style="list-style-type: none"><li>• Guilt, self-reproach, remorse about things that did happen or didn't happen in the relationship with the deceased</li></ul>	<ul style="list-style-type: none"><li>• Reconciliation, re-establishment</li></ul>
<ul style="list-style-type: none"><li>• Emptiness, helplessness, hopelessness</li></ul>	<ul style="list-style-type: none"><li>• Haunted by thoughts "if only" things had happened differently</li></ul>	<ul style="list-style-type: none"><li>• Sense of presence, picture memories, yearning</li></ul>

**Behaviors**

<ul style="list-style-type: none"><li>• May cry easily or unexpectedly</li></ul>	<ul style="list-style-type: none"><li>• May not want to be alone</li></ul>	<ul style="list-style-type: none"><li>• Searching and calling out</li></ul>
<ul style="list-style-type: none"><li>• Mood swings</li></ul>	<ul style="list-style-type: none"><li>• Desire to run away or to become very busy in order to avoid the pain of the loss</li></ul>	<ul style="list-style-type: none"><li>• Visiting places or treasuring objects belonging to the deceased</li></ul>
<ul style="list-style-type: none"><li>• Sighing, restless over-activity</li></ul>	<ul style="list-style-type: none"><li>• Dreams of the deceased</li></ul>	<ul style="list-style-type: none"><li>• May feel like you are going crazy when overwhelmed with intensity of feelings</li></ul>
<ul style="list-style-type: none"><li>• Social withdrawal, may feel uncomfortable around other people</li></ul>	<ul style="list-style-type: none"><li>• Carrying objects which remind the person of the deceased or avoiding reminders of the deceased</li></ul>	<ul style="list-style-type: none"><li>• A sense of depersonalization: "I walk down the street and nothing seems real, including myself"</li></ul>
<ul style="list-style-type: none"><li>• Absent minded behaviors</li></ul>		

<sup>7</sup> Worden, William J. Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner. (New York, NY: Springer Publishing Company), 1991.

## Physical

(Most intense during first 2 weeks after loss)

<ul style="list-style-type: none"><li>• Occasional experiences of visual or auditory hallucinations of the loved one who has died</li></ul>	<ul style="list-style-type: none"><li>• Weakness and/or tightness in the muscles</li></ul>	<ul style="list-style-type: none"><li>• Hollowness in the stomach, intestinal problems</li></ul>
<ul style="list-style-type: none"><li>• Fatigue and lack of energy</li></ul>	<ul style="list-style-type: none"><li>• General nervousness or periods of nervousness, trembling, panic</li></ul>	<ul style="list-style-type: none"><li>• Lack of appetite or excessive appetite</li></ul>
<ul style="list-style-type: none"><li>• Heaviness, pressure, or tightness in the chest</li></ul>	<ul style="list-style-type: none"><li>• Headaches</li></ul>	<ul style="list-style-type: none"><li>• Difficulty or inability to sleep or occasions of prolonged sleep</li></ul>
<ul style="list-style-type: none"><li>• Tightness in the throat, breathlessness, feeling short of breath, dry mouth</li></ul>	<ul style="list-style-type: none"><li>• Inability to concentrate</li></ul>	

## Spiritual

<ul style="list-style-type: none"><li>• Looking for meaning in the loss, why.</li></ul>	<ul style="list-style-type: none"><li>• Reassessing values and beliefs</li></ul>	<ul style="list-style-type: none"><li>• Exploring new dimensions of faith</li></ul>
<ul style="list-style-type: none"><li>• Expressing disappointment or anger with God or a Higher Power</li></ul>	<ul style="list-style-type: none"><li>• Confusion</li></ul>	

## Information for patients and families

### Signs of Complicated Grief<sup>8</sup>

Complicated grief refers to grief which doesn't follow the range of what might be thought of as "normal" or expected patterns due to complicating factors. When grief is complicated, the person grieving may not heal in a healthy manner without outside support or intervention. The following signs may show that the person grieving needs professional attention:

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| • Chronic or severe physical symptoms (headaches, stomach aches, etc.)          | • Extreme regression (return to bedwetting, clinging, thumb-sucking, etc.)                    | • Social isolation or extreme withdrawal, may not accept support |
| • Pronounced self-blame   | • Intense involvement in dating relationship to the exclusion of other friends or activities. | • Sudden change in friends or peer group                         |
| • Chronic school problems; skipping school                                      | • Excessive hopelessness and chronic emptiness; extreme negativity or gloom                   | • Intense separation anxieties and phobias                       |
| • Nightmares or sleep disturbances  | • Extreme anger, hostility, violence or other extreme acting out or defiance                  | • Apparent absence of grief or unwillingness to discuss the loss |
| • Suicidal thoughts or plans  | • Losing or gaining too much weight   | • Poor self-care   |
| • Intense attraction to the topic of death, or fixation on the subject of death | • Illegal activity or violating the rights of others  | • Substance abuse  |

<sup>8</sup> Worden, William J. Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner. (New York, NY: Springer Publishing Company), 1991.

## Information for patients and families

### What to do for Physical Relief and Emotional Healing

- Take care of yourself physically. May be helpful to consider a check-up with your family doctor.
- Get some exercise, enough rest, follow a routine and consider a peaceful quiet walk.
- In early stages of grief, it's normal to feel a fluctuation in appetite. As your appetite returns, eat a healthy, well balanced diet.
- In the early stages of grief, consider not making any major life decisions or taking on major life projects.
- Consider meditation, mindfulness techniques, deep/slow breathing, progressive muscle relaxation, and deep listening to music. Access videos, podcasts, and/or computer apps on guided meditation for providing structure and motivation.
- Try not to increase caffeine intake (coffee, soda, tea, junk foods, etc.) as a way to relieve nervousness.
- Don't excessively drink alcohol. Some findings show that alcohol interrupts normal sleep patterns.
- Be gentle with yourself and don't have unrealistic expectations. Although you may often feel overwhelmed, remind yourself that what you are going through is normal. Grieving takes time and experiences and emotions can recur. Be patient with yourself.
- Reach out to others. It is important to find family and friends with whom you can talk to. Sharing with someone who's "been there" can be especially helpful.
- As you feel prompted, tell and re-tell what happened. Remembering things about your loved one and the experience of their death. Meaningful memories are important.
- Consider writing daily or occasional gratitude's to help with noticing positive perspectives.
- Remember that people grieve in different ways. Don't measure your progress in handling grief against the way others do it.
- You may or may not cry often or at all, but when you do, realize it's helpful. Don't fight the tears as the author Jean G. Jones says, "Cry when you have to – laugh when you can."
- Other events in your life may also be stressful (trouble with spouse, children, work, or friends). Realize this happens to many grieving people, and these situations can complicate the grieving process.
- Find support from both inside and outside your family. Don't expect your family to meet all your needs. Remember that they, too, are dealing with their own grief.
- We may find it difficult to ask for help, "I'm going to handle this on my own"; yet, we all need support. It may be time to struggle with new life patterns. In the past, you may have handled grief by over-activity. If your previous style of grieving has not been helpful, be willing to try new approaches such as: take a risk to join a support group, seek individual grief counseling, develop and maintain routine telephone calls, read and learn about grief, develop new coping skills, reach out and help others. Asking for help from caring people can make a difference in how you cope with your grief.