Grief and Loss  Part I

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What is grief? What is mourning? What is normal? Am I normal? I didn’t experience a death-loss, but I seem to be grieving. Is there something wrong with me? What can I do for myself? When will this pain stop? Do I have depression or is this still “grieving?” What can I do to help someone else?

The most common reason for a person to grieve would likely be his/her experience with the death of a significant other (spouse, sibling, parent, child, classmate, partner, co-worker, friend, relative, instructor).

Grieving, however, is not exclusive to those who have experienced a death-loss. Indeed, the grief process is often equally intense for those experiencing other types of losses: relationship terminations; loss of employment and/or financial standing; separation from family, friends and community; losses associated with specific issues like incest, sexual assault, addictions, eating disorders; and losses associated with many life-changing transitions. So, no matter what loss you are experiencing, could you be grieving? Possibly.

Part I of the Grief and Loss essay will help to answer questions like these: What exactly is grief? What is mourning? What are “normal” grief responses? How do people avoid their grief? Part II of the Grief and Loss essay will answer the following questions: What are the firmly held myths about grieving? What is the difference between grief and depression? What can you do to help yourself through this? Where can those who are grieving and/or their care givers find additional help?

DEFINITIONS

GRIEF The thoughts and feelings we experience inside ourselves upon the loss of someone or something. It is the INTERNAL meaning we put to our loss.

mourning Taking the internal experience of grief and expressing it outside. Mourning is also described as culturally defined acts performed after a significant loss.

GRIEF WORK The process of grieving as a person adapts to a loss. The loss can be any significant loss...not just a death.

COMPLICATED GRIEF One’s grief situation is being complicated by extenuating circumstances - beyond “normative.” (e.g. suicide, sudden death, unable to grieve when wanted, etc.)

DISENFRANCHISED GRIEF The lost relationship is not recognized by society, the loss itself may not be recognized, and/or the griever is not recognized. Common disenfranchised grief/grievers include loss of adolescent relationships, those suffering from post traumatic stress disorder, grieving someone who died before the griever was born, loss of a pet, abortion (we often fail to see grief reactions when people “choose” things), infertility, miscarriage, and grief in children (we often fail to realize that children are NOT too young to grieve). Lack of recognition compounds the grieving and complicated grief ensues.
PHASES OF GRIEVING

Most mental-health professionals agree that there are general phases people move through during their grieving process. There are no absolute, carved-in-stone stages, however. How the griever moves through the grief process and what he or she will experience depends on many factors (e.g.: the circumstances surrounding the loss; in the case of death-loss, the nature of the relationship the griever had with the deceased; the griever’s support system; the griever's unique personality; previous experiences with loss). One cannot and should not try to make grieving into a “step one, step two, step three” process. Although phases of grief are listed below in a particular order, please remember, GRIEVING IS A VERY PERSONAL EXPERIENCE and the griever may or may not move in and out of these phases during their grieving process.

SHOCK (we see this most often when the loss is attributed to death)
- Disbelief, confusion, alarm
- Egocentric phenomenon (focus on self)
- "Mourning in doses" (numbness followed by dosing of grief: crying for a period, stopping, crying some more, etc.)
- Retelling the story of the death/loss over and over
- Preoccupation with thoughts of the deceased or the loss

AWARENESS OF LOSS
- Separation anxiety. How do I separate from this person/event/thing?
- Prolonged stress. A person’s meaning in life is lost or at least severely disrupted
- Feeling less safe, out-of-control, chaotic, cannot depend on the world
- What will life be like now?
- Where will I go?
- For women especially, fight or flight state of mind

CONSERVATION (the most complicated, longest and traumatic)
- Withdrawal from others
- Despair, sorrowing, helplessness
- Memories and reminders are often very painful
- Person is exhausted emotionally—may sleep a lot
- Immune system weakens—fatigue, increase in physical symptoms
- Obsessive review of life – Should I, did I, could I?
- A lot of sorting things out—What does it all mean?
- Periods of feeling “back to normal,” followed by periods of intense grief

HEALING (occurs over time)
- Energy increases—immune system starts to restore
- Memories are not so wrenching
- Sleep regulates
- Restored sense of self-esteem
- Coming to terms with the loss and finding understanding

RENEWAL
- New self-awareness. This is me now. This is my life now.
- More investment in being "ME"
- "Memory Embraces" continue to occur, but not with such wrenching pain
NORMATIVE REACTIONS IN GRIEVING

A person who is grieving can experience a multitude of reactions and symptoms as he/she moves through the grief process. Listed below, you will find several of the most common. This, however, is not an exhaustive list. Remember: Everyone is unique and may or may not experience any of the reactions listed below.

**EMOTIONAL** (often experienced in “chords” not single notes)
Sadness
Anger
  - Being left alone
  - The disease, doctors, survivors, God, self, boss
  - Loss of control
  - Anger must be acknowledged. There is a risk that anger may turn inward-into severe guilt, self-reproach, depression.
Guilt (why didn’t I…If only I…)
Anxiety
Panic attacks
Insecurity
Loneliness
Helplessness
Yearning
Release/thankfulness/freeness/relief

**PHYSICAL**
Hollowness in stomach
Nausea
Dry mouth
Oversensitivity to sound, crowds, and silence
Fatigue

**COGNITIVE**
“Being in a fog,” confusion
May think you’re going crazy
Obsessive thoughts
Visual and auditory hallucinations (or sensing the presence of deceased)
Trouble concentrating
Loss of memory

**BEHAVIORAL**
Sleep disturbances-too much, too little, dreams vivid/unsettling
Appetite disturbance
Getting rid of reminders too quickly
Searching and calling out for deceased
Visiting places associated with the deceased/the loss
Carrying linking object
Withdrawal from friends/family
Staying busy
Staying away from certain places
SPIRITUAL
Questioning meaning of the death
Changed relationship with higher power
Anger with higher power
Focus on powerlessness, lack of control, mortality

AVOIDING GRIEF (even though we shouldn’t)
The grief process is not pleasant. It does not feel good. People generally would rather not feel so rotten and would like to just “get over it.” In fact, society more often than not expects us to “get over it,” “move on,” “keep our chins up.” Moving away instead of moving toward and through our grief is very common. HOWEVER...it is only by moving through our grief and expressing ourselves through mourning can we truly heal. How do people avoid grieving?

We **Postpone** our grief. “My grief will go away if I just wait long enough.”

We **Displace** our grief. Instead of acknowledging the true pain attributed to a loss, the displacer will move his or her grief reaction away from the loss and put the feelings somewhere else.

We **Replace** our grief. The replacer quickly reinvests the emotions that he/she had in the deceased or in the loss into another relationship, event or thing.

We **Minimize** our grief. Although aware of deep feelings of grief and loss, the minimizer attempts to rationalize their feelings away. “I am doing so well” or, “Boy, I am really a strong person.”

We **Somaticize** our grief. Physical problems are the way the somaticizer tries to avoid grief. Being “sick” allows the person to be cared for, without fear people will abandon him or her.

CONCLUSION PART 1
Although there are common symptoms and reactions that many who are grieving experience, it is also important to understand that the grief process is one that is very personal and unique to each person. There is not a correct way to grieve. Rather, there are common experiences, reactions and processes that a person may experience as he/she moves through his/her grief. Exactly what these experiences and reactions will be are determined by many factors. And, because the pains associated with grief and mourning can be rather unpleasant, it is very natural for individuals to attempt to avoid their grief. Part II of the Grief and Loss essay will continue with detailed information about grieving myths, the differences between grief and depression, healing ideas for grieving individuals, and ways that care givers can help those who have experienced a loss. The essay will conclude with a list of resources for further reading.