

Grief: What You Need to Know

Most people will experience loss at some point in their lives. Grief is a reaction to any form of loss. Bereavement is a type of grief involving the death of a loved one. Bereavement and grief encompass a range of feelings from deep sadness to anger. The process of adapting to a significant loss can vary dramatically from one person to another. It often depends on a person's background, beliefs, and relationship to what was lost.

Grieving Thoughts and Behaviors

Grief is a reaction to loss that can encompass a range of feelings, thoughts, and behaviors, and is experienced differently by each person according to his or her culture, background, gender, beliefs, personality, and relationship to the deceased or loss. Feelings common to grief are sadness and yearning. Guilt, regret, anger, and a sense of meaninglessness can also be present. Some may also feel a sense of relief and liberation. Emotions can be surprising in their strength or mildness, contrary to the expectations of the griever; they can also be confusing, such as missing a painful relationship.

Grief is not limited to feelings of sadness. It can also involve guilt, yearning, anger, and regret. Emotions are often surprising in their strength or mildness. They can also be confusing. One person may find himself/herself grieving a painful relationship. Another may mourn a loved one who died from cancer and yet feel relief that the person is no longer suffering.

Psychologist William Worden gives this list for grief...

Normal emotions:

- Sadness
- Anger
- guilt and self-reproach anxiety
- loneliness
- fatigue
- helplessness
- shock
- yearning ("pining") emancipation
- relief
- numbness

Physical sensations

- hollowness in the stomach
- tightness in the chest
- tightness in the throat

- oversensitivity to noise
- depersonalization ("I walk down the street and nothing seems real, including myself.")
- feeling short of breath weakness in the muscles lack of energy
- dry mouth
- Cognitions

Disbelief

- Confusion
- Preoccupation
- sense of presence of the deceased hallucinations

Behaviors

- sleep disturbances
- appetite disturbances absent-minded behavior
- social withdrawal
- dreams of the deceased
- avoiding reminders of the deceased searching and calling out sighing
- restless overactivity
- crying
- visiting places of carrying objects that remind the survivor of the deceased treasuring objects that belonged to the deceased

Thoughts during grief can vary from "there's nothing I can do about it" to "it's my fault, I could have done more" to "he had a good life" or "it wasn't her time." They can be troubling or soothing, and people in grief can bounce between different thoughts as they make sense of their loss. Grieving behaviors run from crying to laughter, sharing feelings to engaging silently in activities like cleaning, fixing, or exercising. They can involve being with others or by oneself. People may assign themselves varying levels of responsibility, from "There was nothing I could have done," to "It's all my fault."

How Long Does it Take to Grieve?

It is helpful to know that grief is natural and time limited. It can continue anywhere from two weeks to almost two years, and is usually different for each relationship or event. It is also quite normal to be able to experience joy, contentment, and humor even amidst the worst loss. Factors contributing to soothing grief include strong social support, optimism, and physical exercise. Most people recover from grief and can continue with their usual activities, while still feeling moments of sadness, within six months. Some people feel better after about a year to a year and a half. For others, their grief may be longer lasting, continuing for years without seeming to improve or with any break, and this may be due to factors before the loss such as pre-existing depression or high dependency on the departed.

Everyone grieves in his/her own way and in his/her own time. Some people are more emotional and dive into their feelings while others are stoic and may seek distraction from dwelling on an unchangeable fact of living. Neither is better than the other, but if at any point one is concerned about whether one's grief-related feelings, thoughts, and behaviors are "normal" and "healthy," a consultation with a qualified mental health professional may be advised.

Models of Grief: Kubler-Ross, Stroebe and Schut, and Worden

Although people may be familiar with the five stages of grief described by Elizabeth Kubler-Ross in 1969 (denial, anger, bargaining, depression, and acceptance), research has shown that we cope with grief not in linear or cyclical stages, but in a dual process described by Stroebe and Schut that goes back and forth between the experience of loss (sadness, anger, yearning, crying) and the experience of restoration (feeling "normal," joy, contentment, laughing), which gives the bereaved respite from attending to their grief.

Dual Process Model

As an alternative to the linear stage-based model, Margaret Stroebe and Hank Schut developed a dual process model of bereavement. They identified two processes associated with bereavement:

Loss-oriented activities and stressors are those directly related to the death. These include:

- Crying
- Yearning
- Experiencing sadness, denial, or anger
- Dwelling on the circumstances of the death
- Avoiding restoration activities

Restoration-oriented activities and stressors are associated with secondary losses. They may involve lifestyle, routine, and relationships. Restoration-oriented processes include:

- Adapting to a new role
- Managing changes in routine
- Developing new ways of connecting with family and friends
- Cultivating a new way of life.

Another model that helps people get a handle on their grief was developed by psychologist J. W. Worden, who noted four Tasks of Grief:

1. To accept the reality of the loss
2. To work through to the pain of grief
3. To adjust to an environment in which the deceased is missing
4. To emotionally relocate the deceased and move on with life

Diagnostic and Statistical Manual of Mental Disorders (DSM) and Grief

The Diagnostic and Statistical Manual (DSM) does not define bereavement as a disorder, but pre-existing conditions such as major depressive disorder, or trauma surrounding a death which can cause acute stress or posttraumatic stress, can complicate bereavement. What distinguishes grief from depression is that grief is specifically related to the loss or death, and depression is characterized by a general sense of worthlessness, guilt, and lack of joy.

Recovering from Grief

Most people accept that someone has died, but accepting the reality of the loss involves waiting for the numbness, shock, and sense of unreality to subside. To work through the pain of grief is to think one's thoughts, feel one's emotions, and to do what our bodies need to do about the grief we experience. This may be memories of the deceased, pangs of guilt or longing, and crying or being with other people. Uncomplicated, normal grief typically improves around six months after the loss or death. Complicated grieving is suspected when two years or more pass without a significant resolution of inappropriate behaviors or feelings.

Adjusting to an environment where the deceased is missing is a further step in acceptance, where the bereaved begin to rebuild their world, picture of the future, and sense of meaning in the absence of the deceased. People can establish new routines or adapt previous ones. To emotionally relocate the deceased acknowledges that our relationships are not severed by death. The physical presence of the departed may be missing, but we can continue to relate to them through our memories, feelings, and rituals.

COMPLICATED GRIEF

The experience of grief is not something a person ever recovers from completely. However, time typically tempers its intensity. Yet an estimated 15% of people who have lost a loved one will experience "complicated grief." This term refers to a persistent form of bereavement, lasting for one year or more.

Again, the length of time it takes for a person to grieve is highly variable and dependent on context. But when symptoms persist without improvement for an extended period, they may qualify as complicated grief. In addition, the symptoms of complicated grief to be more severe. Complicated grief often dominates a person's life, interfering with their daily functioning.

Prolonged symptoms may include:

- Intense sadness and emotional pain
- Feelings of emptiness and hopelessness
- Yearning to be reunited with the deceased
- Preoccupation with the deceased or with the circumstances of the death
- Difficulty engaging in happy memories of the lost person
- Avoidance of reminders of the deceased
- A reduced sense of identity
- Detachment and isolation from surviving friends and family
- Lack of desire to pursue personal interests or plans

BROKEN HEART SYNDROME

Generally speaking, grief cannot kill a person. That said, there are cases in which severe stress could harm an otherwise healthy person's heart.

When a person experiences a shocking event, their body fills with stress hormones. These hormones can cause part of a person's heart to briefly swell and stop pumping. The rest of the heart continues beating, causing blood to flow unevenly. A person may feel intense chest pain, similar to a heart attack (but unlike a heart attack, the arteries are not blocked). This temporary malfunction is called "broken heart syndrome."

As the name suggests, the broken heart syndrome often follows news of loss, such as a divorce or death of a loved one. Yet symptoms can also appear after a good shock, such as winning the lottery. Women are more likely than men to develop the condition.

Most people who experience broken heart syndrome recover within weeks. Deaths from the condition are rare. Since the syndrome is prompted by a shocking event, people have a low risk of experiencing it twice.

DEPRESSION AND GRIEF

The DSM-5 does not define bereavement as a disorder. Yet typical signs of grief, such as social withdrawal, can mimic those of depression.

So how can one tell the difference between grief and depression?

- Grief is typically preceded by loss. Depression can develop at any time.
- The sadness present in grief is typically related to the loss or death. Depression is characterized by a general sense of worthlessness, despair, and lack of joy.
- Symptoms of grief may improve on their own with time. Someone with depression often needs treatment to recover.

Despite their differences, depression and grief are not mutually exclusive. If someone is vulnerable to depression, grief has the potential to trigger a depressive

episode. If someone already has depression, their condition may prolong or worsen the grieving process. A therapist can help a person in mourning recognize and manage any depressive symptoms.

BEREAVEMENT AND CULTURE

Certain aspects of grief are virtually universal. Most cultures have rituals of mourning after a death. Crying is common, regardless of a person's origins. However, the bereavement process can vary dramatically depending on one's culture. Cultural values may affect a person's:

- Attitude toward death: Many Western cultures display death-denying traits. Death is often depicted as something to fight or resist. Eastern cultures, meanwhile, tend to characterize death to be a part of life. Death is often considered more of a transition than an end. Research suggests people in death-denying cultures tend to have more anxiety around death than people in death-accepting cultures.
- Remembrance of the deceased: Some cultures, such as the Hopi or Achuar peoples, grieve by attempting to forget as much of the deceased as possible. It may be taboo for loved ones to say the person's name or to touch their belongings. Rituals are done to sever connections with the dead. Other cultures mourn by sharing memories of the deceased. People in the Akan region of Ghana often hold elaborate funerals which may cost a full year's income. The deceased are typically placed in "fantasy coffins" personalized with symbols of their life.
- Emotional Displays: Social norms can differ regarding how much emotion is "appropriate" to show. A 1990 study compared bereavement norms in two Muslim societies. Mourners in Egypt may be encouraged to grieve for an extended period of time. A person might display their love for the deceased through displays of unrestrained emotion. Meanwhile, Balinese culture tends to pathologize overt sorrow. People are encouraged to put on a happy face in front of others and to cut ties with the deceased.

When analyzing grieving behaviors, context matters as much as the symptoms themselves. Bereavement trends which are typical in one culture may be stigmatized in another. When working with individuals in grief, therapists may need to keep cultural influences in mind.

DISENFRANCHISED GRIEF

Disenfranchised grief occurs when a person's mourning is restricted in some way. Society may stigmatize a person's mourning process or refuse to acknowledge their loss. Grief may be disenfranchised for several reasons:

- Society devalues the loss. The loss of a pet often garners less sympathy than the loss of a human relative. Others may say “it was just an animal” and accuse the person of being too emotional. Yet research shows the mourning period for a pet is about the same length as for a human family member.
- The loss is ambiguous. An adopted child may grieve the loss of their birth parents, even if said adults are alive. If a loved one has late-stage dementia, family members may feel as if the person they knew is gone.
- Society stigmatizes the circumstances of the loss. Pregnancy-related loss is often considered taboo. Women who undergo a miscarriage may feel guilt and shame. They may avoid telling others about the loss to avoid being blamed.
- Society doesn’t recognize the person’s relationship to the deceased. A co-worker or friend may mourn a person, but they will likely receive less support than a family member. The same is true for ex-spouses, even though they used to be family.
- Others do not consider the person capable of grief. When young children experience loss, adults may misinterpret signs of bereavement. They may believe the child is not capable of understanding the loss or have prolonged feelings about it. People who have cognitive impairments or intellectual disabilities may also have disenfranchised grief.

Disenfranchised grief can interfere with the bereavement process. If society does not recognize a loss, the person may have trouble accepting it themselves. They may try to repress or deny their emotions. Shame and secrecy can make the symptoms of grief more severe.

Social support is often vital to recovery. A community can provide emotional and financial aid when people are vulnerable. Mourning rituals can offer closure. If a person is forced to grieve alone, they may have a delayed recovery.

If you have lost someone or something precious, you may wish to find a therapist. Therapy can help with any sort of loss, whether society validates the grief or not. Therapy is an opportunity to explore your feelings and memories without judgment. No loss is too big or too small to warrant support. You do not have to endure your grief alone.

SELF-CARE FOR GRIEF

Bereavement can involve a lot of vulnerability and pain. Like a physical injury, the emotional wounds of loss often take time to recover. If you are grieving, it is vital that you take care of yourself.

Self-care can take different forms. During the grieving process, there are five aspects of yourself that may need healing.

1. The Physical Aspect

Stress from grief can cause changes in your body. You may feel unexplained aches, sleep issues, or changes in appetite. Fatigue is especially common. Don't be surprised if you need more rest than usual.

During this time, routine can provide a sense of stability. A nutritious diet can reduce stress, so try to eat three meals a day, even if you are not hungry. A set sleep schedule can help stabilize energy levels as well. That said, be gentle with yourself. A nap or a snack can go a long way to providing comfort.

2. The Cognitive Aspect

Your mental state may be compromised during bereavement. You may have trouble focusing or making decisions. Like the rest of your body, your brain may need a bit of a break. You may wish to restrict or avoid alcohol use during this time. Although alcohol may make you feel temporarily better, it is not a long-term solution to grief.

3. The Emotional Aspect

You may be overwhelmed with emotion, or you may feel completely numb. There are no "bad" feelings during grief. Remember to be patient and have self-compassion.

During this time, you may need to be proactive about pursuing happiness. If you know you have an activity to look forward to, you may find it easier to get out of bed in the morning. That activity could be eating lunch with friends, watching a favorite show, or relaxing in a warm bath.

Many mourners find comfort in listening to music. Happy music may cheer a person up. Sad music can be cathartic. You may prefer different music at different stages of the grieving process. A song tied to the deceased may be too painful to listen to at first but grow nostalgic as time passes.

4. The Spiritual Aspect

When a loved one dies, it often sparks questions about death and life. People who have strong spiritual beliefs may find comfort in talking to their religious leaders. Rituals of mourning can provide validation.

Some people have no defined belief system, yet they may still seek to clarify their relationship with death and find meaning in life. Some may join a support group for people with existential questions. Others may find their own answers through meditation. Nurturing one's spiritual self can be as vital as self-care in any other realm.

5. The Social Aspect

Grief is a difficult process to go through alone. Social support can make recovery easier. Friends and family can help you with daily responsibilities as you recover. They can also offer emotional support.

When a person dies, the dynamics between their loved ones may change. You may find yourself growing closer to some people and further from others. Different people can fill distinct needs. One friend may offer a shoulder to cry on. Another may be more suited for days when you need cheering up. Being honest about your needs can help prevent misunderstandings.

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