
UNDERSTANDING GRIEF AND LOSS

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UNDERSTANDING GRIEF AND LOSS

The Over-Riding Premise

You can't have grief without loss.

Almost without fail, people do not experience grief without a perceived loss or an anticipated loss. Perception is everything. One person's loss can be another person's gain or challenge. Although most of us agree on what might constitute a loss, the perception of loss and the reaction to it is very unique and individual.

Definition of "Loss"

Loss: "Separation from or detachment from something or someone of value."

Intensity of Loss Reaction

- Magnitude + meaning + suddenness = intensity of loss experience.
 - Magnitude: Social Readjustment Rating Scale (Holmes-Rahe) (see appendix).
 - Meaning: Many meanings can be attached to death or loss. It can be thought of as intentional, unintentional, and subintentional. It can be viewed as a deserved punishment for an "immoral" lifestyle or as a tragic loss of a victimized innocent person and a sad commentary on human beings and life.
 - Suddenness: Timely versus untimely death or loss.
- Impossible to predict how any one person will respond to a particular loss. Rating scales such as Holmes-Rahe are only a rough gauge of potential stress values:
 - Death of Spouse or Child = 100
 - Divorce = 73
 - Death of close family member = 63
 - Fired from work = 47
 - Retirement = 45
 - Son or daughter leaving home = 29

"Loss" -- The Predominant Theme of Aging People's Emotional Lives

Aging folks are frequently challenged by the experiences of multiple losses: deaths of friends, colleagues, relatives, spouses, parents, changes in work status, prestige, and loss of physical abilities and good health.

- A change of circumstance of any kind produces a loss of some kind (the stage changed from) which will produce a grief reaction.
- The intensity of the grief reaction is a function of how the loss is perceived. If the loss is not perceived as significant, the grief reaction will be minimal or barely felt.
- Significant grief responses which go unresolved can lead to mental, physical, and social problems.
- Due to the often unique effects all losses have on older adults, it is important to remember that it may take *longer* than expected for older folks to work through their feelings and so greater sensitivity and support should be shown during times of extreme sadness and loneliness.

The "Ultimate" Opportunity in Growing Older?

Aging may present us with our greatest opportunity to connect with our spiritual dimension, to defy conditions and to *choose* our attitude.

Regardless of the severity of our condition, we have a choice in how to relate to it. Conditions cannot completely condition us. Everything can be taken from us, but the last of human freedoms, to choose one's attitude, can never be taken away. According to Victor Frankl, Erik Erikson, and others, this is the spiritual dimension, and it may just be the ultimate meaning of growing older.

Primary and Secondary Losses in Older Folks

Primary Losses

Distinguishing between the primary and secondary losses that older persons experience is important for several reasons. While our society typically recognizes *primary losses* as universal, personal, and socially significant, we often unfairly associate such losses with the aging process. This can result in underestimating the impact of a loss on an older person due to the belief that aging in some way better prepares a person to cope with such a loss.

- More objective primary losses include:
 - The loss of one's health through illness or injury
 - The loss of one's work role through unemployment or retirement
 - The loss of one's spouse, children or grandchildren
 - The loss of long-time friends or associates
 - The loss of one's own life

Secondary Losses

In contrast, *secondary losses*, while equally troublesome, are less obvious to most persons and sometimes are not considered losses at all.

- More subjective secondary losses may include:
 - The loss of one's independence or ability to care for oneself on a day-to-day basis
 - The loss of one's role as a productive individual in the family or community
 - Loss of one's sexuality or feelings of intimacy
 - Changes in one's appearance
 - Isolation from other persons
 - A decline in income or earning power
 - A decline in self esteem resulting from other secondary losses

Bereavement, Grief and Mourning

The key words used in speaking about the effects of loss are bereavement, grief, and mourning.

- **Bereavement** is the state of deprivation resulting from the loss. Traditionally, bereavement means the fact of loss through death, but theoretically, one can be deprived of many things and therefore bereavement about a loss can be bereavement related to losses other than through death.
- **Grief** is each of our highly personal responses to loss. Grief reactions are specific feelings, states of mind and behaviors -- shock, crying, anger, etc. However, the term "grief" tends to imply "pain" and not all loss reactions are painful, so the term has some limitations.

- **Mourning** is traditionally thought of as the public aspect of grieving (funerals, rituals, etc.) but much of mourning is private. Currently, "mourning" stands for the whole process of working through grief and coming to a resolution. Mourning more or less ends when grief is mostly resolved.

The Nature of Grief -- What is the Loss Reaction?

It is difficult to talk about grief and grieving without looking at what it is.

In fact, that is the premise of John Archer's book *The Nature of Grief*. Rather than presenting the conventional, clinical emphasis on depression and bereavement, Archer's book looks at the biology, psychology and evolutionary aspects of the loss reaction.

Archer argues that grief is a universal experience in the human species, derived from simpler forms in the animal world. In its simplest form, the experience involves two processes: one of active distress, search and anger, and a second one characterized by an inactive, depressed state. In human grief a complex set of reactions is added, involving a change in the personal identity of the afflicted.

It has always proved difficult to offer a theory of grief according to the old Darwinian paradigm of evolution. How could grief be considered the product of evolution when it seemed so maladaptive for survival and procreation?

The works of Colin Murray Parkes, Archer says, offer a new evolutionary approach that can solve the apparent contradiction. Parkes looks at the "trade-off" between costs and benefits. There are huge benefits to human social bonds that have multiple advantages and great adaptive value. But what happens if the person to which we are bound suddenly dies? There is a cost to pay for the advantages generated by that bond. In Parkes' words, grief is "the cost of commitment." It could also be said the grief is the cost of group efforts.

The Nature of Grief is refreshing in that it questions a number of largely untested assumptions shared both by the layman and mental health professionals. Archer notes that Freud's *Mourning and Melancholia* has greatly influenced the conception of grief, generating a number of widely accepted but largely untested hypotheses.

The first one is the conception of grief as an active process, involving the struggle to give up the emotional and internal attachment to a love object. The second one is the "grief work" idea that a loss has to be confronted in thought and expression in order to overcome the initial denial of reality. Should this not happen, then pathological grief is to be expected. The third assumption is that every person will show depression or distress and that recovery always comes with time. The last assumption is that of the existence of stages of grief.

Freud's influence also overshadowed the contributions of other authors. Archer holds that *Foundations of Character*, the book written in the early twentieth century by British psychologist A. F. Shand, would have provided a much better basis for empirical research on grief than Freud's *Mourning and Melancholia*. In fact, Shand anticipated many of the conclusions achieved by contemporary research on grief. Archer presents a persuasive comparison of Shand's main ideas on grief and current research data.

Archer challenges the "stage hypothesis." Individual timelines of grief reactions differ considerably. The lack of an adequate description of grief is partly blamed for this problem.

Archer analyzes behavioral and psychoanalytical models of grief resolution and concludes that they both emphasize confrontation with the loss as the essential process. But the mixed findings yielded by the research of the grief-work hypothesis suggest that there are alternative routes to the resolution of grief.

Archer believes that Stroebe and Schut's Dual-Process Model is more congruent with research findings. This model predicts that confrontation of the loss and engagement in something sufficiently powerful to *replace* the memory of the lost love can be alternative paths to the resolution of grief. Oscillation between the two strategies can be an adaptive alternative.

Recent research findings have shown that subjects who *confronted* a loss fared no better than those who were *absorbed by an activity* that distracted them from their grief. These results certainly favor the Dual-Process Model.

Hopefully, Archer's book will inspire new approaches in clinical research aimed at improving our armamentarium, thus enhancing our effectiveness in helping grieving clients.

Stroke Theory (Attention Theory) and Loss Reactions

In the 1940s, researchers such as Rene Spitz proved that physical touch was required for human infant survival. It was also discovered that as we get older, we can get the same "stroking" from verbal feedback. In other words, among other things, our physical health depends upon attention from another. If that attention from another disappears, we suffer.

Attachment Theory and Loss Reactions

Sigmund Freud and other early psychoanalytic writers called the painful relinquishing of ties to the deceased the work of grief. Thus, grief was viewed as a restorative reaction to separation. Loss resolution is completed when the bereaved is free to invest emotional energy in new directions.

Attachment theory suggests a human instinct to form strong, persistent affectional bonds. A natural response to the loss of an attachment bond is separation anxiety, which generates intense but predictable behavior geared to recoup or revive the lost relationship. Thus, the crying of a baby when its mother or father leaves is viewed as an attempt to retrieve the lost parent.

In bereavement, these attempts *fail* to achieve their goal and attachment bonds must ultimately be realigned. The first response to loss, protest, is followed by a longer period of searching behavior. As hope to reestablish the attachment bond diminishes, searching behaviors give way to despair and detachment before bereaved persons eventually reorganize themselves around the recognition that the lost person will not return. While the bereaved ultimately learn to accept the reality of the death, they also find psychological and symbolic ways of keeping the memory of the deceased person very much alive.

Grief work generally allows survivors to redefine their relationship to the deceased and to form new ties. Typical phases and experiences related to the death of a friend or relative are:

- Shock (minutes, days, weeks)
- Disbelief and numbness
- Searching behaviors: pining, yearning, protest
- Acute anguish (weeks, months)
- Waves of somatic distress
- Withdrawal
- Preoccupation
- Anger
- Guilt
- Lost patterns of conduct
- Restless and agitated
- Aimless and amotivational
- Resolution (months, years)
- Resume old roles
- Acquire new roles
- Reexperience pleasure
- Seek companionship and love of others

Older Grieving Theories

Elisabeth Kubler-Ross talked about the five stages of grief in her book "On Death and Dying" in 1969.

- Shock and Denial (Disbelief)

- Anger
- Bargaining
- Depression
- Acceptance

In actuality, these stages are what a person goes through who has just received catastrophic news, such as just learning they have a terminal illness.

Kubler-Ross Theories Inappropriately Cloned?

Over the years, the KR five stages got somewhat inappropriately applied to the grieving process. Bereavement and the grieving process it invokes is a complicated, multi-dimensional and very individual process that cannot be generalized about that easily.

Loss Reactions

Any change in circumstances can cause us to go through Kubler-Ross' reactions, even a dead battery in a car.

- Denial/Disbelief (we try to start it again)
- Anger (we hit the steering wheel, say "dammit")
- Bargaining (we beg the car to start)
- Depression (we say "crap, I am going to be late to work")
- Acceptance (we think "okay, it's dead, call AAA").

That describes the five typical reactions to a change or a loss in one's life, however, "acceptance" is the actual beginning of the "grief resolution process," sometimes called "grief work."

First Stage of Loss Resolution is Last Stage of Kubler-Ross

The first stage of grief resolution is the last stage of Kubler-Ross' grief reactions -- Acceptance.

Loss Resolution (Grieving)

Despite individual variations in the grief resolution process, there is widespread agreement on at least three partially overlapping phases: (1) initial shock, disbelief, and denial; (2) an intermediate period of acute discomfort and social withdrawal; and (3) a culminating period of restitution and reorganization. A very famous grief resolution expert, J. William Worden outlined the "Four Tasks of Mourning" in his book *Grief Counseling and Grief Therapy* and he used the acronym "TEAR." I prefer to use the acronym "HEAL."

- H** = Honor the reality of the loss (accept and respect it, it *is* important -- don't minimize)
- E** = Experience the pain and other emotions of the loss (listen to yourself, feel, and express emotions -- take your time)
- A** = Adjust to the new environment without the lost object (don't build shrines)
- L** = Love the new reality (embrace, nurture, reinvolve and reinvest)

General Guidelines About Grief Resolution

No hard and fast rules can be given when discussing a person's reaction to loss. However, the following points are important to remember:

- Each individual's reaction to loss is *unique*
- Most primary losses cause major adjustments in the lives of older adults
- Primary losses are most *always* recognized as real by family, friends, and the community
- Secondary losses are *seldom* recognized as real by others as these are often more subjective and less tangible than primary losses
- The reactions to and the effects of secondary losses depend on the individual and the resources and coping skills he or she has learned from their family system and upbringing
- Loss can result in a wide range of physical, emotional, intellectual, social, familial, economic and spiritual manifestations.
- All human beings experience loss and the profound feelings that accompany it. Losses come in many shapes and sizes and can include:
 - Death of a person or a pet
 - Separation, divorce, relationship breakdown
 - Trauma
 - Sexual assault
 - Loss of the family unit

- Unemployment, retirement
- Loss of health, amputation, organ removal, chronic illness
- Loss of homeland and culture
- Loss of possessions, burglary, fire
- Disability
- Loss of youth, body image
- Infertility
- Miscarriage, abortion
- Missing person
- Loss of dreams, hopes or expectations
- Moving
- Aging
- Loss of freedom

Three Major Myths About Grieving

Myth #1: There is a predictable, orderly stage to mourning.

- People adopt a rigid system of beliefs about grief that doesn't allow for the natural unfolding of personal experiences. People mourn in different ways, and with different sets of feelings. There is a huge range of what is "normal" in the grief process.

Myth #2: It's best to move away from grief rather than toward it.

- Unfortunately, many mourners don't give themselves permission, or receive permission from others, to express their anguish. Society is impatient with grief and expects survivors to quickly return to normal. If your grieving lasts more than several months, you may think you are abnormal or somehow to blame for your suffering, but, you are not. In some societies you would be expected to wear mourning clothing for a year.

Myth #3: Following the death of your loved one, the goal is to "get over" your loss.

- This belief suggests a total return to a previous vision of normality. However, everyone is transformed by grief. To assume that life will be exactly as it was is unrealistic and potentially damaging. Instead of "total recovery," think of integrating the loss and moving forward in steps, without the physical presence of your loved one. Acceptance leads to

rebirth, allowing you to become reinvolved in life in new ways and at your own pace.

How to Be a Friend to Someone Who is Faced With a Loss

The awkward feeling of not knowing what to say or to do prevents many of us from providing support to a friend who has suffered a loss. The most important thing to remember, is that you do not have to do or to say a thing. By simply sitting down and being there, you show support for your friend. If you feel like it, simply admit that you do not know what to say, but that you care. In the end, that is what matters.

The way in which we grieve is related to the circumstances surrounding the loss, our personality, availability of support, and cultural background. Once the shock of the loss has passed, your friend may feel the need to review the events that lead to the death or to the loss. This is usually an indication that they are trying to face the loss, to make it real.

As a friend of someone experiencing grief, there are things you can do to help with the mourning:

- Allow and encourage survivors to talk about their loss
- Help them identify and accept the many feelings that they are feeling
- Allow the person to grieve in their own way
- Be available to the person over time
- Reinforce that grief affects health and encourage self care activities, good nutrition and moderate exercise

The loss of health, or the loss of a limb, or the loss of a loved one, changes the way we see ourselves, and the way we see our world. We need to give ourselves and our friends the space and the support needed to understand what the loss means to our lives and to express feelings about the loss. One of the most important gifts you can give a mourning friend is the continuity of your relationship, the acceptance of their feelings, and a sense of hope that time, thinking and talking will allow them to heal.

Support Needed

Support for people experiencing loss is critical to their healing process. According to statistics, more than 14% of Americans - or about 36 million - experience the death of a parent, spouse, sibling or child each year. Studies show that such losses disrupt a person's life for up to three years. However, society pressures for a much quicker recovery - three days - that's what 90% of American companies allow for bereavement leave.

It's interesting to note that in 1927 Emily Post reported that a widow's formal mourning period was three years. Yet in 1972 Amy Vanderbilt advised the bereaved to "pursue, or try to pursue, a usual social course within a week or so after a funeral."

Complicating the grieving process is the fact that many losses are not recognized as losses requiring even a week. For example, only the death of immediate family members (parent, sibling, child or spouse) are recognized by society as a significant loss. The death of friends, co-workers, indeed, other relatives and almost all losses outside of death, are not recognized at all. This can compound grief and indeed prolong its effects.

Normal Grief Depression

In bereavement following major losses such as the death of a parent, spouse, or child, people experience sadness, pining, and yearning, but do not ordinarily have the feelings of guilt, unworthiness, and self-reproach that characterize depressive disorders. Feelings of helplessness and hopelessness may be temporarily present in bereavement, but they ordinarily pass with time. In uncomplicated cases, the process of bereavement takes 3 to 6 months in the acute phase, and often longer than a year for complete resolution. Bereaved persons are more likely to feel physically ill and seek general health care than at other times, and older widowers are more liable to die than age-matched nonbereaved controls.

Grief reactions that don't resolve well after many months and that interfere with functioning or start to take on the characteristics of a major depressive disorder, may be seen when the surviving person was excessively dependent on the deceased and is unable to obtain emotional and practical support elsewhere, or when the survivor is unable to grieve fully because of very ambivalent feelings towards the deceased. The inadequate expression of grief because of conflicted bereavement can give rise to moderate dysfunction and comprise a psychiatric disorders.

Bereaved persons exhibit many depressive symptoms during the first 1 to 2 years after their loss, so how can the five percent of grieving persons who progress to a depressive disorder be identified?

Unlike a significantly depressed person, a grieving person reacts to the environment and shows a range of moods including positive moods. Marked psychomotor slowing is not observed in normal grief. Active suicidal ideation is rare in grief but common in major depressive disorder. Mummification (i.e., keeping the belongings of the deceased person exactly as they were before his or her death) indicates significant dysfunction.

Clinically Significant Depression

Depression which may be medically significant includes *five* or more of the following symptoms which have persisted on an almost *daily* basis for *two months*:

- depressed mood most of the day
- irritable most of the day
- markedly diminished interest in usual activities
- insomnia, severely fragmented sleep, or significant oversleeping
- agitated, significantly restless, or very slowed down
- fatigue, loss of energy
- feelings of worthlessness, guilt
- cognitive impairment, confused, can't concentrate
- suicidal ideation
- appetite loss, significant weight loss or weight gain

Rituals Related to Losses

Rituals for mourning include methods for disposing of the body, for invocation of religious ceremonies, and for periodic official remembrances. The funeral is the prevailing public display of bereavement in contemporary North America. The funeral and burial service acknowledge the real and final nature of the death, countering denial; they also garner support for the bereaved, encourage tributes to the dead, unite families, and facilitate community expressions of sorrow. Several cultural and religious rituals provide purpose and meaning, protect the survivors from isolation and vulnerability, and set limits on grieving. Subsequent holidays, birthdays, and anniversaries serve to remind the living of the dead, and may elicit grief as real and fresh as the original experience; over time, these anniversary grievings become attenuated, but often remain in some form.

The Resiliency Factor

The study of resiliency and emotional thriving, like the study of death, dying and grieving, are relatively new areas of focus in psychology. How we react to unexpected difficulties is the subject matter of resiliency. Factors that contribute to resiliency are flexibility, creativity, optimism, sociability, ability to redefine loss or failure in terms that allow for continued learning ("you can't learn without making mistakes"), openness to learning, low need to always be right, solid self-esteem.

Resiliency refers to the ability to return to a prior condition post-challenge or after an adverse experience. Thriving refers to the ability to return to a "better-off" condition after the adversity. Trauma and loss can give rise to personal transformations and growth. The Chinese writing symbol for "crisis" is identical to the symbol for "opportunity."

The Spirituality Factor

Growing older is a reality we all have to face and, as Art Linkletter said, "old age is not for sissies!" Maybe for the luckier folks among us, older age might be a little more comfortable than for those who are struggling financially or physically. But, eventually, we all have to deal with failing health, physical limitations, and the prospect of dying. Pretty dismal stuff, unless life has some greater meaning.

Our culture often has us programmed to focus only on physical and material things. As long as our self-worth and the meaning of our lives and deaths is related to our careers, jobs, possessions and the condition of our physical bodies, we will feel great loss in older age. Someone said, "we worry too much about something to live on, and too little about something to live for." Spirituality, or a reasonable facsimile thereof, is the discovery that we are more than our careers, bodies, possessions, friends, relatives, or spouses.

Viktor Frankl, a psychiatrist and Holocaust survivor, developed a theory in the 1930s about understanding human psychology that was based on the "desire for meaning," not, as in Freudian theory, the "desire for pleasure." He called the desire for meaning the spiritual dimension of living. His belief system was put to a severe test in a very personal way when he was imprisoned for three years in a Nazi concentration camp.

Frankl wrote extensively about the "defiant power of the human spirit" which is its capacity to tap into the spiritual and rise above the negative influences of situations, illnesses or mistakes. The fundamental difference between pain and suffering is that although pain is a given, our suffering or *not* suffering is how we choose to react to the pain. Regardless of the severity of our condition, we have a choice in how to relate to it. Conditions cannot completely condition us. Everything can be taken from us, but the last of human freedoms, to choose one's attitude, can never be taken away. This is the spiritual dimension.

Aging may present us with our greatest opportunity to connect with our spiritual dimension, to defy conditions and to choose our attitude. That may just be the ultimate meaning of growing older.

The Social Factor

Giving to others has been linked to longer life by at recent University of Michigan study. A recent Harvard study found that social activity was as important to survival as regular exercise.

In acute bereavement, up to 50 percent of grieving spouses have reported hallucinating the voice or presence of the deceased. These observations suggest a supersensitivity deprivation hypothesis, that when deprived of important and anticipated

perceptual stimuli, the mental apparatus may overinterpret any sensory stimulation as evidence of the presence of the needed objects.

Conjugal bereavement is one of the most stressful of commonly occurring life events, and has been associated with increased medical morbidity and mortality.

Resources

Books

- *The Nature of Grief: The Evolution and Psychology of Reactions to Loss* by John Archer (1999)
- *Life After Loss: A Personal Guide Dealing with Death, Divorce, Job Change and Relocation* by Bob Diets
- *The Healing Journey Through Grief: Your Journal for Reflection and Recovery* by Phil Rich
- *The Resilience Factor: 7 Essential Skills for Overcoming Life's Inevitable Obstacles* by Andrew Shatte and Karen Reivich
- *The Life Cycle Completed* by Erik H. Erikson with new chapters on the Ninth Stage of Development by his wife, Joan M. Erikson, after his death.
- *On Death and Dying* by Elisabeth Kubler-Ross.
- *Life Lessons* by Elisabeth Kubler-Ross and David Kessler

Web Sites

- Attachment Theory
 - The most comprehensive online article I am aware of is at FindArticles.com. Be prepared for a major amount of psychological language. Go to FindArticle.com and type into the search box "attachment detachment nonattachment achieving synthesis." From Journal of Heart Centered Therapies, March 22, 2002 by Diane Zimmeroff, David Hartman (73 pages).
- Grief
 - centerforloss.com/

- home.inreach.com/overbeck/grfbrf01.htm through [/grfbrf28.htm](http://home.inreach.com/overbeck/grfbrf28.htm)
- ahealthyme.com/topic/srloss
- Resilience
 - Helping.apa.org/resilience
 - Findarticles.com and search "*Thriving: Broadening the Paradigm Beyond Illness to Health*" from Journal of Social Issues, June 22 1998, by Charles S. Carver)

Mainstream Movies

- About Schmidt (late 2002)
- Moonlight Mile (9/2002)
- Last Orders (3/2002)

Educational Movies

- Do a search at Amazon.com using "grief." You will find several VHS format educational movies, such as:
 - Grief and Older People -- Speaking from experience, personal perspectives on medical and social issues (Release date?)