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UNDERSTANDING GRIEF



"Living without my son has meant adding another room onto the house in my mind; not so I can shut the door on his death, but so I can move in and out of the experience of my loss."

- A bereaved father quoted in The Last Dance by DeSpelder & Strickland, 2020

Experiencing grief is an alienating, yet universal human experience that happens as we navigate life after loss. Job loss, divorce, separation, breakup, transitions from neighborhoods or schools, and disability are examples of what some might consider "little deaths." They vary in intensity, but all involve grief. This publication and associated series focuses on loss due to death, one of the greatest sorrows of human experience. But the recommendations for living with loss, for surviving, can apply to other losses in your life.

BEREAVEMENT, GRIEF, AND MOURNING

To understand living with loss, it is important to learn the definitions of bereavement, grief, and mourning.

Bereavement

Bereavement is the period in which a person is in a state of loss that occurs after someone has died, according to Psychology Today. The authors of The last dance: Encountering death & dying say the word bereavement stems from a root word meaning "shorn off or torn up," suggesting that something has been taken from you against your will. As disruptive as loss can be, it is also important to recognize that loss is a normal human experience. Loss affects everyone.

Grief

Grief is the complex reaction to loss, which can be intense and overwhelming. It is often associated with pain. While grief is universal, it is also a highly personal experience. Grief affects your thoughts and feelings and can impact your physical, behavioral, and spiritual sides. Grief can occur right away when the loss occurs, can be delayed, or even seem absent.

Cognitively, it is common for people who are grieving to experience "disbelief, confusion, anxiety, tension, pain disorganization, and depression," say DeSpelder and Strickland.

Some people may not accept the loss as real.

Some might become preoccupied with images of the deceased loved one, experience them in dreams, or sense their presence. Others may have heightened emotional sensitivity to people and events or demonstrate periods of euphoria. Although symptoms of grief can often mimic depression, feelings such as sadness, loneliness, anguish, sorrow, guilt,



anger, relief, self-pity, loss of pleasure, sorrow, lack of interest, problems with sleeping and eating, or trouble with self-care should become less intense over time. To help with coping and healing, it is important to recognize that grief can involve this wide range of feelings and experiences, even ones that conflict. If intense grief continues over months and years or it affects one's sense of self-worth, it is important that you seek help and support.

According to the Mayo Clinic, the nature of the loss can influence grief. Feelings of guilt and confusion over the loss also can influence grief. For example, if the relationship was difficult or you have unresolved regrets.

Mourning

Mourning is the process — the showing and doing — you go through to integrate the loss into your life. It is not the internal reaction (grief). According to DeSpelder and Strickland, social and cultural norms highly influence the mourning process. You might cry, write thank you notes for casseroles you received, wear black to a funeral and afterward, or fly a flag at half-staff. Mourning rituals are important because they help you move toward hope and healing.

TYPES, STAGES, AND TASKS OF GRIEF

Grief is complex and varies from person to person. For the purposes of this publication, grief will be summarized into three types (acute, integrated, and complicated) and five stages (denial, anger, bargaining, depression, and acceptance).

TYPES OF GRIEF

Acute grief

Acute grief is the period of time right after a person experiences a loved one's death. It usually involves increased stress from pain and shock from the separation. It can last from weeks to months. It is common for acute grief to involve negative emotional experiences such as depression and anxiety. This typical reaction to grief is often associated with a change or confusion of one's identity or purpose as well as difficulty doing daily activities.

As a person works through the acute grief period, the emotions experienced tend to become less severe or simply change over time. This does not mean the person will "get over" the loss or completely move on. Many people will struggle with the sadness for a lifetime. Grief can come back in heavy waves during specific times, such as holidays, birthdays, and anniversaries. As the acute grief period passes, many people are able to resume normal routines and responsibilities. They then move into a permanent experience of *integrated grief*, which is the adaptation to life after loss.

Integrated grief

Integrated grief means that the acute grief period has passed and you can continue with normal activities and routines. As with acute grief, this does not mean in any way that an individual will forget about their loved one or never feel sadness, anger, or heartache about the loss. It means that they are able to have a sense of connection to their loved one without the intensity of the grief constantly affecting or negatively interrupting their ability to navigate everyday life. If a person feels intensely distressed to the point of having difficulty resuming normal activities after six months, they may not yet be moving into integrated grief. Instead, they may be experiencing complicated grief.

Complicated grief

Sometimes the intense impact of a loved one's death is so painful that it affects your ability to move forward with life for an extended period. This is an example of *complicated grief*. Complicated grief is different from acute or integrated grief in that the intensity of the emotions associated with the loss does not lessen over time. Your grief actually continues to be extremely difficult and affects daily functioning. If a person feels continuously distressing emotions to the point that they are unable to resume normal activities after six months, they may be experiencing *prolonged grief disorder*.

Prolonged grief disorder refers to an experience of intense emotions following the death of a loved one that continues for an extended period. Specifically, individuals dealing with prolonged grief disorder may experience constant thoughts of their loved one. They might also experience severe emotions, including sadness, anger, denial, guilt, difficulty with acceptance, lost sense of self, and a lack of experience of positive emotions. This is a problem if these emotions are causing issues with personal matters, family and social relationships, as well as work or school functioning. Those who are experiencing symptoms of prolonged grief disorder may benefit from seeking counseling with a professional. A professional can assist with navigating the intensity of the complicated grief. Prolonged and untreated grief can lead to isolation and chronic loneliness.



FIVE STAGES OF GRIEF

Elisabeth Kübler-Ross originally proposed the five-stage model of grief in 1969. She published it in 1972. After many years of working with and adapting it, Kübler-Ross and David Kessler reintroduced the grief model in their 2005 book, On Grief and Grieving. The revised five-stage model can be helpful for understanding the experiences of those who are living with the loss of a loved one. Grieving people commonly experience five stages of grief that include but are not limited to denial, anger, bargaining, depression, and acceptance. It is important to note that not all who grieve will experience all five stages. They also might not experience the stages in that order. The way you experience grief is highly individualized. However, understanding the five stages can provide helpful information about common experiences that grieving people often face.

Denial

After a loved one's death, people commonly experience an extreme sense of shock. People become overwhelmed and even confused about whether they will ever move through the heartbreak. Specifically, many people feel numb or hopeless. This can lead to difficulty with accepting their loved one's death. Such denial does not mean that they are denying that the death happened necessarily. Rather, they are in denial of the ways in which life will be different moving forward. Feeling denial is a normal response to grief. The changes in life after a loved one's death and creating a new normal will take some getting used to.

Anger

Feeling angry at a loved one's passing is a very common experience. The extreme pain and sorrow that occur because of the death often lead to feeling and expressing anger. Anger can be a response to feeling abandoned by a loved one. The more we allow ourselves to feel angry, the less intense the anger may become. Anger demonstrates the intensity of the love and care you have for the person who passed.

Bargaining

Loss often leaves us consumed with "what if" thoughts. Many people start continuously thinking about what they could have done or said differently, or what could have been changed. We often want to bargain with the pain, anger, and sorrow to make it stop, to make things better, or like they used to be. It is very common to move between anger and bargaining and the intense feelings that are associated with experiencing these two stages.

Depression

Grief and depression can look similar, but the intensity of grief should lessen over time. This includes your sense of hopelessness and purpose in life without your loved one. When you begin to experience depression, however, the intense sadness and prolonged pain will begin interfering with daily activities and relationships. It could also negatively affect your self-worth. If you are feeling depressed, it is important that you reach out for support



from family, friends, neighbors, or health professionals.

Acceptance

Being in a state of acceptance over a loved one's passing does not mean that we have forgotten them or that we are completely "OK" with their death. In fact, many people will never feel "OK" about a loved one's passing. That is completely normal. The acceptance stage of grief refers to the ability to live with the pain of the loss and to create a new normal routine. Our lives may look very different without our loved one. This means that we must alter our lives to be able to move forward and cope with the loss. The acceptance stage of grief can often reflect *integrated grief*.

TASKS OF GRIEF

Regardless of the type of grief or stage of grieving, healthy grief starts with recognizing the reality of the loss. It also includes adjusting to a world in which you will live without — but don't forget — your loved one. It includes discovering ways to begin a new normal. Although there is no easy way to deal with grief, several bereavement models can help you cope.

Clinical psychologist Dr. J. William Worden developed an influential bereavement task model that includes the following four steps:

- 1. "Accept the reality of the loss." Sometimes death seems unreal, especially a death that happens suddenly, unexpectedly, or untimely. An example of accepting loss includes a change in grammatical tenses. Instead of staying, "Charlie is," a person who has accepted the loss will say, "Charlie was," when talking about their loved one.
- 2. "Process the pain of grief." Everyone experiences some degree of pain when they lose a loved one to whom they were attached. It is important to feel and embrace the physical, emotional, and behavioral pain of loss. There are many ways to express and work through complex feelings and pain including talking with friends and family, participating in support groups, finding creative outlets (art, music, writing), and exercise or nature.
- 3. "Adjust to the world without your loved one." For those in long relationships and/or for those who experienced exceptional closeness, adjusting to the world without your loved one can be challenging. The full impact of the loss may become increasingly apparent over time as daily events take place or stop taking place. The types of adjustments you have to make will depend on the relationship. A widowed spouse, for example, will likely take on extra responsibilities around the house and with financial management. These adjustments are not easy, and they will take time. But accepting the change will help you

- better understand your new role as well as the impact your loved one had on you and the world.
- 4. "Find an enduring connection with the deceased in the midst of embarking on a new journey." It is important to remember that the living keep on living. You will return to work, you will find something to laugh about again, and you may even fall in love. Living does not mean that your relationship with your loved one ended upon their death. Instead, you work to keep them alive in your heart, and you find a healthy new relationship with the deceased. Perhaps you keep a physical memorial to stay connected, such as a scrapbook, memorial jewelry, or some other keepsake. Other people create traditions or rituals such as cakes on birthdays, hosting a memorial dinner in their honor, starting a foundation, or visiting a gravesite.

GRIEF COUNSELING

Regardless of the type or stage of grief being experienced, not everyone is good at tackling the tasks of moving through their pain. In such cases, counseling may be a helpful resource. Grief counseling has been shown to have many benefits, including feelings of relief, comfort, connection, hope, and empowerment. It is also important to understand that uncomfortable emotions and feelings may arise in counseling, such as feeling sad, vulnerable, empty, hurt, and selfish for seeking help. Working through grief in counseling can be a painful experience, but working through the pain with a professional can be helpful for living life after losing a loved one.



Grief counseling can provide a safe space to allow yourself to express the full extent of the heartache of loss. Some people prefer to seek individual counseling while working through grief. Others prefer to have the support of their family present through the counseling process. The decision of how you would like to work through your grief is up to you. If you do not want to go to counseling, there are online and in-person bereavement groups.

How to find a grief counselor

Many different types of professional counselors provide grief counseling, such as psychologists, professional clinical counselors, clinical social workers, and marriage and family therapists. If you want to find a local counselor for in-person counseling, you can search online for "grief counseling" or "bereavement counseling." You can also call a local counseling agency. If you would be more comfortable with online counseling or there are no available grief counselors in your area, there are resources available to help you connect with someone who provides grief counseling via the internet. For example, several websites can connect you with a licensed professional who can provide you with counseling support from the comfort of your own home.

CONCLUSION

People often ask, "What is normal grief?" "How long should a person grieve?" and "At what point should you be 'over' a loss?" But there are really no correct answers to these questions as grief is a unique reaction and process that is often influenced by the circumstances surrounding the loss and a person's relationship with the deceased. The different stages of grief can overlap and even be unpredictable. They can appear and disappear at random. Over time, however, the process of healing continues and new relationships with the deceased and with life gradually emerge. The process can be lonely, because you need to sort out some of the emotional work on your own. Also, other people who were supportive and present during the funeral and first weeks and months after a death have to go back to their own lives. The last stage of integrated grief is marked by a sense of "resolution, recovery, reintegration, and transformation as the bereaved person moves forward with a life that is irrevocably changed but worth living," according to DeSpelder and Strickland.

REFERENCES

- Aoyama, M., Sakaguchi, Y., Morita, T., Ogawa, A., Fujisawa, D., Kizawa, Y., ... Miyashita, M. (2018). Factors associated with possible complicated grief and major depressive disorders. *Psycho-Oncology*, 27, 915–921.
- Breen, L. J. (2010). Professionals' experiences of grief counseling: Implications for bridging the gap between research and practice. *Journal of Death and Dying*, 62, 285–303.
- Breen, L. J., Croucamp, C. J., & Rees, C. S. (2018). What do people really think about grief counseling? Examining community attitudes. *Death Studies*, 43, 611–618.
- DeSpelder, L.A., & Strickland, A. L. (2020). Survivors: Understanding the experience of loss. (Eds). The last dance: Encountering death & dying (pp. 335-377). McGraw Hill.
- Kübler-Ross, E. (1972). On death and dying. JAMA: The Journal of the American Medical Association, 221(2), pp. 174-179.
- Kübler-Ross, E., & Kessler, D. (2005). On grief and grieving: Finding the meaning of grief through the five stages of loss. Scribner.
- Li, J., Tendeiro, J. N., & Stroebe, M. (2018). Guilt in bereavement: Its relationship with complicated grief and depression. *International Journal of Psychology*, 54, 454–461.
- Mayo Clinic. (2020). What is grief? Retrieved from https://www.mayoclinic.org/patient-visitor-guide/support-groups/what-is-grief
- Peterson, N. L., & Goldberg, R. M. (2016). Creating relationship trees with grieving clients: An experiential approach to grief counseling. *Journal of Creativity in Mental Health*, 11, 198–212.
- Psychology Today. (2019). *Bereavement*. Retrieved from https://www.psychologytoday.com/us/conditions/bereavement
- Psychology Today. (2020). What is grief? Retrieved from https://www.psychologytoday.com/us/basics/grief Rando, T. A. (1993). The increasing prevalence of complicated mourning: The onslaught is just beginning. *Omega*, 26, p. 43–59.
- Shear, M. K. (2015). Complicated grief. The New England Journal of Medicine, 372, 153-160.
- Shear, M. K., Ghesquiere, A., & Glickman, K. (2013). Bereavement and complicated grief. *Current Psychiatry Reports*, 15, 406.
- Shear, M. K., & Skritskaya, N. A. (2012). Bereavement and anxiety. Current Psychiatry Reports, 14, 169 –175.
- The Loss Foundation (n.d.). *Coping with grief*. Retrieved from https://www.thelossfoundation.org/phases-of-grief/Walsh, K. (2012). Grief and Loss, 2nd ed. Pearson.

Worden, J. W. (2009). Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner, 4th ed. Springer.

World Health Organization (2018). 6B42 Prolonged grief disorder. International classification of diseases for mortality and morbidity statistics (11th Revision). Retrieved from https://icd.who.int/dev11/l-m/en#/http%3a%2f%2fid.who.int%2ficd%2fentity%2f11838323

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