Learning to Live Through Loss: Grief and the Mourning Process

Carolyn S. Wilken

"I'd read about how people feel when someone they love dies. I knew about grief and the physical reactions that may occur, but when I got into the car the night my father died, and my feet and legs were so numb that I couldn't feel the brakes, I knew then that I was experiencing real and total grief. Over the next several years I simultaneously felt and studied my own grief. And nothing was ever the same."

-A Daughter

Grief is the pain, mourning is the process. Grief is the physical pain, emotional upset and social loss we feel after the death of a loved one. Mourning is the outward expression of our grief. It is our conscious and unconscious efforts to adapt to the loss of someone we love.

Grief

Grief is a natural response to all losses in life, but the grief we feel when a loved one dies evokes the deepest and most painful feelings. In fact, the depth and intensity of our grief may even be frightening. While understanding grief doesn't make the pain go away, it may help to know that deep and sometimes frightening reactions are not unusual for someone in grief. As difficult as it may seem, we need to grieve. It is important to experience the pain of our loss and to express out emotions after a loss. Grief helps us recognize the importance of our loss, and mourning helps us find ways to continue our lives. Not to grieve – to deny or avoid the pain of grief – leaves us vulnerable to physical ills and emotional distress from unresolved grief.

How Grief is Felt

Grief is felt physically, emotionally, and socially. In her book, Grieving: How to Go on Living When Someone You Love Dies, Therese Rando describes the physical pain of grief and the emotional response and social losses experienced during the mourning process.

Grief is hard work. It is physically exhausting and emotionally draining. Almost any type of physical reaction can occur during grief. Immediate physical responses to the news of a death include numbness, heart palpitations, tearfulness, crying, an
inability to eat and other stomach problems. Some mourners report feeling a shortness of breath, sighing, a lump in the throat that won't go away or even a choking sensation. Mothers of dead infants report empty, aching arms.

Fear and anxiety, anger, guilt, depression and confusion are emotional responses we may have to news of a death. We search our minds to find some meaning to this tragedy. We long to see our loved one, or to hear that familiar voice. Many people find themselves searching for their loved ones in crowds, or hearing their voices or even seeing them or feeling their presence.

Our preoccupation with grief may interfere with our social functioning. Others may attempt to include us, but as Rando points out the only social gathering we want is a reunion with our loved one. We may be too physically exhausted from the work of grief to socialize, yet social activities are part of grief work. They help us realize that we must begin to function differently, in a changed world – without our loved one.

It is important that we accept some invitations, but it is equally important to give ourselves permission to withdraw if we get somewhere and do not feel that we can handle it. Some mourners use activity as an escape, staying busy so they don't think about what has happened. Each person needs to find a balance between withdrawal and overextension.

A Response to All Kinds of Loss

"Hopefully, the amputation will prevent the cancer from spreading"... "Your father and I are getting a divorce"... "There she goes; our youngest is off to college"... "We have no other choice; Mother needs nursing home care"... "You're retiring? How exciting!"

Disbelief: A First Response

"No! It can't be true. It isn't true! He just left to go to the store; he'll be right back. You've made a terrible mistake! This must be a terrible nightmare. I'll wake up and everything will be fine."

Disbelief, shock, and numbness protect us from feeling the pain of grief all at once.

Disbelief is often our first reaction when we receive news that someone we care about has died or is going to die. When we anticipate a death we may get beyond the phase of shock and disbelief before the person's death. But when death is unexpected, disbelief and numbness protect us from the full reality of such great pain.
When we're far away from the death scene, we may not believe death has occurred until we are faced with the reality of the loss. In such cases travel to the funeral or memorial service is important to prove to ourselves that the death is real and to provide a way to start the work of grief and mourning. In time we come to believe the death is real. The process of mourning helps us face and understand the importance of our loss, the depth of our pain, and the pathway to adaptation.

**Facing the Reality**

"I'm not going to the funeral. I know he's dead. I don't have to go look. Funerals are barbaric. I don't think we should take great-grandma to dad's funeral. It would just be too hard on her."

Immediately after and for months to come we are repeatedly faced with the fact that our loved one is dead, and we must react. In our society, the rituals of mourning are often accomplished through funeral or memorial services. The "viewing ritual," whether it is a visitation, wake, or other ritualized service, confronts us with the reality of the death. If the death was sudden we may find ourselves returning to the casket to convince ourselves it really happened. Each trip to the casket with a friend or loved one is a ritual that forces us to come face to face with death while standing close or holding onto someone that cares about our pain.

The funeral also gives us a safe place to express our pain and outrage at the loss we have experienced. The notion that children or the elderly should be kept from funeral rituals only denies them the opportunity to express and share their own grief with supportive family and friends. The funeral is a time to share our pain, a time to cry and support one another, and a time to offer hope for the future.

After the funeral we continue to be faced with the death. We must face our loss on the first night after our family and friends have gone home, when we first realize that our card club is meeting and we don't have a partner anymore, when we go to church alone the first time, or drive by our husband's office and realize he isn't there anymore. We're faced with the extent of our loss when we must manage the house and finances alone.

Early on, we receive constant support from family and friends. They come to the house and to the funeral. Mourning becomes more difficult in the days and months that follow, when people seem to forget our pain or seem impatient to have us acting "normally" again.

**Adapting: A Long Process**

"Sometimes I feel guilty because I don't think of him every minute of the day like I used to. It's not that I've forgotten him, it's just that my life has to go on and there are parts of my life that are very good. I think of him often, but now I can think of myself too."

Adapting to the death does not mean "getting over it." It is not simply a matter of time. The process of mourning helps us reenter the world alone. Each time we find a way to accomplish a task or go someplace without our loved one we are successfully functioning in our new world – in spite of our loss. But the process takes time.

Not long ago, it was believed that recovery from a significant loss could be accomplished in a year, following all the important anniversaries. But we now know that mourning never ends completely because our lives are so changed by our loss that we are never the same. The feelings of grief diminish over time. We can become happy again. But we never forget.

In time the constant hurting is replaced by memories of the past relationship. When we can remember our loved one without always feeling sad, when we can remember weaknesses as well as strengths, we are learning to adapt to our changed world.

Once in a while though, even years later, we may feel a spasm of grief; grief as sharp as if it were new. These grief spasms may occur on the happiest of occasions, such as the marriage of a granddaughter, or simply hearing a favorite song the two of you shared. These feelings catch us so unaware we may not realize that our vague sadness is truly grief. Rando suggests that these grief spasms may leave us feeling as if we are grieving all over again.

Through the pain of grief and the process of mourning, we learn to adapt to the world without our...
loved one. Having a chance to say good-bye helps. Family and friends help. Experience and strong coping skills help, but as Sigmund Freud wrote to a friend after the death of his young son, "No matter what may fill the gap, ev'n if it be filled completely, it nonetheless remains something else."

**Circumstances of the Death**

No death is ideal, but the circumstances surrounding some deaths are easier to cope with than others.

**Sudden Death**

"Did you expect the death? Did you have an opportunity to talk with your loved one before he died? Did she talk to you?" Anticipatory grief, or the opportunity to prepare for grief, protects the mourner from the shock of sudden death. Sudden death is the strongest predictor of complicated mourning.

**Social Recognition of the Loss**

Some deaths are viewed as more worthy of grief than others in our society. Mourners whose loved one died of AIDS, were criminals or were simply "old" receive less support and sympathy from family and friends than mourners whose child or young spouse has died.

**Traumatic, Violent, Disfiguring Death**

Mourners find it much more difficult to understand and face senseless kinds of deaths, particularly those that are the result of violence. It is especially painful to acknowledge that a disfigured or mutilated body could be that of your loved one.

**Multiple Deaths or Injury to the Mourner**

Mourners who must cope with multiple deaths or their own injuries find themselves overwhelmed by loss and may have difficulty finding the physical and emotional strength to mourn. Grieving multiple losses not only takes more emotional and physical energy, it takes more time.

**Death of a Child**

The death of a child contradicts everything we believe to be right in the world. We want to believe that childhood is a safe and happy time. Contrary to popular belief, strong marriages do survive the death of a child. Parents who divorce following the death of a child were often unhappy in the marriage before the child's death.

**How to Help**

Although each person experiences grief uniquely, most follow a pattern of mourning. Understanding that the mourner will likely go through the phases of denial, reaction, and adaptation will help you understand how to respond as a caring person.

The following suggestions are only guidelines for responding to someone in mourning. Nothing is better than personal experience, honesty, and open communication.

**During Disbelief, Shock, and Numbness**

As a caring person, you can help by recognizing that the mourner is not immediately able to absorb the full extent of the loss. You might help by saying something like "I know it seems unbelievable, doesn't it?" or "It just doesn't seem fair, does it?" Statements like these give the mourner time to comprehend the situation without pushing the person to face the full meaning of the loss or without giving hope that the news may not be true.

**As the Mourner Reacts**

The caring person can be very helpful as the mourner is continuously faced with the death. The mourner may be concerned about the welfare of others, yet simply cannot manage routine tasks. You can help with details such as meals, child care and house-sitting.

At the visitation and funeral services, the best rule is often "less is more." Your silent support helps the mourner in two ways: she does not have to collect her thoughts and energy to respond to your questions or comments, and if she wants, she can re-tell the
circumstances of the death or share her grief with you.

Most mourners think about how nice it would be not to hurt anymore. Sometimes they, or people who want to help them, turn to medications or alcohol to deaden the pain of grief. Medication is an ally when it brings a mourner up to a level of functioning where he or she can do the grief work. It becomes a problem when it masks and delays grief by blotting out feelings. Mourners may also make statements like "I really don't care what happens to me" or "I wish I could join him."

These are normal feelings. But if a mourner begins to actively plan or fantasize about ending his or her life, immediate professional help is needed.

In the weeks and months that follow, stay in close contact with your friend in mourning. Try to anticipate difficult times and situations. Think of all the "firsts" the person is going through and offer to help. Rather than telling the mourner to "call whenever you need something," make your offers concrete. For example, to a woman who doesn't drive, you might say, "I'm going for groceries and to the drug store on Friday morning; would you like to come along?" or "I've been through sorting out the insurance forms and bills. Can I help you get started?"

During Adaptation

Because mourners move toward adaptation at different rates and in different ways, it could be hard to know how or when to offer help. At this point in the mourning process the person may be ready to talk about the loved one. Unfortunately, people are often hesitant to talk about the deceased. They may be afraid they will upset the mourner or are simply uncomfortable talking about someone who has died. The mourner sometimes feels that others have forgotten about the loved one. Caring people are good listeners who can encourage the mourner to share memories of the past and can encourage plans for the future.

Remember:

• You cannot take away the pain.

• You must reach out to the mourner, even though you cannot provide the solution they really want.

• You need patience; the mourner may be angry and lash out at you.

• The "gift of presence" may mean more than the gift of words or deeds.

• Each mourner is unique.

(Rando, 1984)

References


With appreciation to David E. Balk, Ph.D., associate professor in human development and family studies, Kansas State University, and Kim Logan, M.A., bereavement counselor and community educator, Kansas City Hospice, for their thoughtful reviews of this publication.