pressed, emerges in the form of guilt. Under normal conditions, the anger and guilt feelings are resolved, the depression lifts, and the bereaved completes his grief work as he goes on to reconstruction—that of gradually accepting the loss and seeking new relationships or objects to replace the old. If, on the other hand, one becomes fixated at any one of these stages, or skips one or more of them without proper resolution, he is in trouble. He becomes the victim of abnormal grief, which may take the form of alcoholism. In this case, the most effective modality for treatment may be to assign the alcoholic patient to a special group where he can engage in the constructive work of mourning.

RESPONSE TO LOSS

How does one do grief work? First, let us consider typical responses to loss. It is quite natural to experience varying degrees of shock, depending upon the severity of the loss. Of course, the need for weeping is most frequently present. It is not uncommon to experience tightness of the throat, choking, and shortness of breath. There is often an emptiness in the pit of the stomach, a feeling of lack of power in one's muscles, with sensations of weakness or tiredness. Chills, tremors, and tension may be present, with a great deal of mental pain and loneliness. Complaints that saliva won't flow and that food tastes like sand are often reported. Events seem unreal. One's responses may be disorganized or undependable, with a loss of capacity to initiate action. The whole experience may be mingled with emotions of irritability and anger. There is usually a great desire to talk about the deceased, either in good or bad terms.

All of these reactions are normal and should not cause alarm to a therapist or counselor. In fact, the bereaved should be encouraged to experience them to the fullest, with no attempt to repress any one of them, for once they are fully experienced they usually subside. If they are repressed, they may manifest themselves in many different forms of behavior which are symptomatic of abnormal grief. This tendency to repress feelings may have its roots in another natural symptom—denial. It is a very common response to death, and is revealed in such statements as "It isn't really him," or "He isn't really dead!" These are not in fact statements made as a result of deep trust in God and belief in immortality, but a denial of the loss. This denial is worthy of watching, for it may cause the bereaved to deny also the depression, anger, and guilt which are connected with the loss, and thus to block the grief work cycle.

DEPRESSION

For example, persistent severe depression is one danger signal. Many times the depression may not have external manifestations. In a group therapy setting it may be brought out into the open through