

Some Useful Grief Theory

Grief is our response to Loss.

There are different sorts of Loss:

Having children Loss of security Ageing Miscarriage

Children growing up Loss of faith Marriage Sudden infant death

Children leaving home Loss of innocence Divorce Incontinence

Children getting married Loss of virginity Becoming parents Rape

Having a child with a Loss of face Adoption Unemployment disability

Loss of bodily function Separation Theft, burglary

Loss of hair/appearance Moving house, school, Abortion Retirement

2. "Instrumental"

Loss of limb work Death of a pet Emigration

We grieve very differently

Loss of hearing/eyesight

There are 2 main styles of grieving (and they tend to be blended to a varying extent):

1. "Intuitive"

Managing emotion OR Managing thoughts

Loss of a parent

Emotional, feelings are predominant Cognitive, thoughts are predominant

Emotionally expressive Need to be doing things

Need to share with others Solitary

Stereotypically female Stereotypically male

3. "Dissonant" – hiding the grief (e.g. cry in the shower or in the car, but not at work)

WHICH ONE ARE YOU?



We cope in 2 main ways

Coping with Loss - The Dual Process Model

Bereaved people cope in 2 main ways in their everyday life ... and they alternate between the two:

Loss oriented coping

Dealing with grief symptoms such as the sadness of the loss

Signs of adjusting well:

- Doing grief work, dealing with the experience of the loss
- Allowing grief to intrude, a painful dwelling on the lost loved one
- Relocating bonds or ties

Signs of adjusting less well:

• Denial or avoidance of restoration changes

Restoration oriented coping

Arising from trying to make meaning from the loss and integrating it in to your life.

Signs of adjusting well:

- Attending to life changes, dealing with secondary losses
- New activities, roles, identities and relationships

Signs of adjusting less well:

- Denial or avoidance of grief
- Distraction from grief

What bereaved people need to do

The 4 tasks of mourning (William Worden, 1991)

- 1. Accept the reality of the loss
- 2. Work through the pain of grief
- 3. Adjust to a world without the loved one
- 4. Find an enduring connection with the loved one

For some practical tips on what to do when you're grieving, go to "You're the one grieving?" in the handout "How to be a Compassionate Friend".

The time line – how long does it last?

The idea of a time line is questionable but generally it is found that...

- Child loss is forever. The change is permanent and there's always something missing. Whilst the death is an event,grief is not. Grief is a process.
- No longer do we talk about "letting go". Bereaved people don't "recover". Bereaved people don't "get over it". Instead, bereaved people find new ways to get on with their lives and they are forever different.
- Early on there is shock and mental trauma. At first, bereaved people often feel numbed, surreal and less able to make big decisions. They often feel overwhelmed by the practical things that need to be done amidst the turmoil of extreme emotion.
- Gradually the intense pain subsides and people work out a changed life.
- Worden's 4 tasks do not have a time line.



How severe can it be?

Significant loss tends to cause a strong distress reaction.

"Many reputable researchers and writers suggest that the death of a loved family member may be the most distressing life event possible." ("Beyond the Death of a Child" p 11)

"It's always hard to lose somebody. It leaves a hole in your heart that never grows back." (Kevin Brooks – "Lucas")

Child loss is often **extremely** felt because the parent-child attachment is so strong. There is some evidence to suggest the child loss is more severe than spousal loss. ("Beyond the Death of a Child" p 11)

"Pain. Sheer pain as if my heart had been ripped out". ("Beyond the Death of a Child" p 25)

One father said: "It is like I lost my right arm but I'm learning to live again as a one armed man," Klass 1988, pp 12-13, "For the **amputee**, the raw bleeding stump heals and the physical pain does go away. But he lives with the pain in his heart knowing his limb will never grow back.... We bereaved parents must do the same."

Child loss is different to other loss because of the specific phenomena associated with the parent-child relationship.

- When you lose your parents you lose the past
- When you lose a spouse/partner you lose the present
- When you lose a child you lose the future
 The disturbance of child loss can lead to the need for professional help, for example when there is development of:
- Depression
- Symptoms of post-traumatic stress disorder (PTSD)
- Alcohol or drug abuse

Every person's grief is unique

This is because of the extreme variation in:

- The individual's pre-existing psychological make up
- The bond of an individual to his or her child
- Circumstances of the loss
- Response to the loss (see "Effects of grief")

Cultural differences

Never assume about

- Customs
- Language
- Beliefs
- How the body should be handled
- Tears

Don't assume

Previous Grief Theory

- Need to detach (it's better to find an enduring connection)
- You recover (bereaved people find ways to get on with their lives)
- Grief is time limited (it usually gets easier but it never goes away)
- Extended grief is pathological (grief is forever and that's normal. However, bereaved people sometimes need help, especially when the grief is severe. Secondary effects such as depression may be pathological)
- Grief = depression (Grief is normal and distinctly different to depression, but grief can trigger depression)
- Stages (After the initial period of shock, Worden's 4 tasks work better but are not uniform)

The new approach

- ✓ Grief is normal and often doesn't need professional help
- There is not a straight forward pathway to recovery
- We all grieve differently
- ✓ Grief can be cognitive as well as emotional
- Revision of self we change
- ✓ Post-traumatic growth
- Continuing bonds
- Consideration of families and communities

Age related patterns of grief

- **Young children** reflect reactions of significant adults (usually parents), grieve as intensely but in shorter bursts
- **Adolescents** do much the same but show more active interaction, learning the boundaries of independence
- **Adults** tend to stay with their grief for longer periods than young children or adolescents
- **The aged** have grieving patterns that tend to reflect having lived a long time and getting closer to the inevitability of death

It's easy for grief to be medicalised because:

- Grief causes pain
- Grief disturbs physical and mental functions
- Grief affects concentration and memory
- If the bereaved needs a break from work, they need a medical certificate
- Grief can lead to conditions that require medical treatment
- Doctors naturally tend to see grief from a medical point of view

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