

The Reactions to Grief

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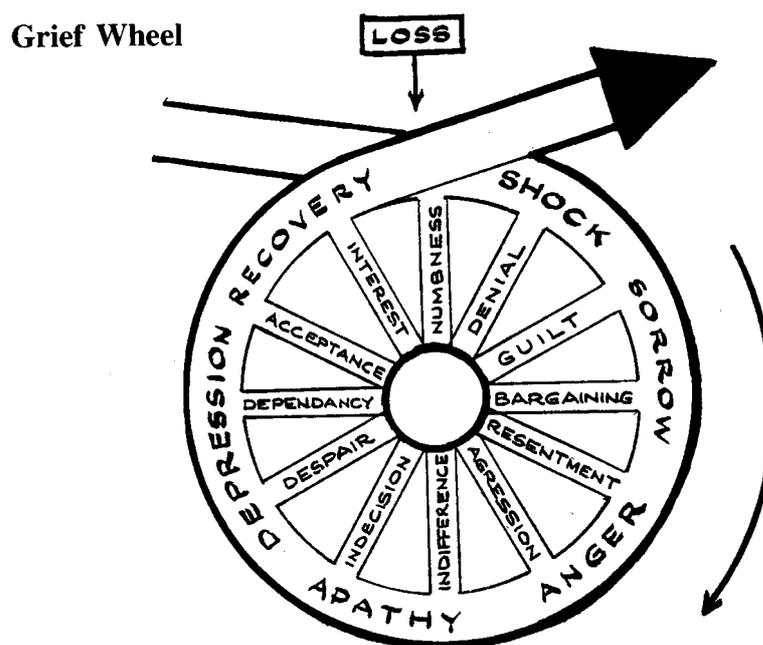
Our society is gradually getting used to the rate at which change occurs. Most people are conservative (with a small 'c') by nature, and 'Things aren't what they used to be' is a frequently voiced complaint. Whether we like it or not, change there is, and this change has radically affected our social attitude to death and bereavement. The family doctor, who used to call in for a chat as well as a diagnosis is replaced by a radio controlled call-out service, and the vicar, who once knew almost everyone in his parish, now often struggles to support crumbling buildings as part of a diminished team ministry. The great majority of people wouldn't dream of going near one of his churches anyway! Consequently, when death occurs, it is often the case that neither doctor nor priest will be available to offer counsel or comfort. In most cases, there will be a funeral director involved; some people want to arrange their own family funerals, but mostly the funeral director will find himself facing confused and distressed people who have just lost someone they loved, and have had no one to talk to about it. While increasingly funeral directors are gaining experience in bereavement care, there is a great need for concerned lay people to be on the spot to care for the bereaved before and after the involvement of the funeral director. To offer effective help it is necessary to understand something of the basic elements of the grief process and bereavement care.

Bereavement is a very complex issue, and the way in which people experience grief is also enormously varied. Nevertheless, the considerable amount of study that has taken place in the last twenty years has revealed a process of experience which is common to the great majority of people. This process can be described as 'normal' in both the medical and statistical sense, and most people will make a 'normal' recovery from grief, without much assistance, in ways which are remarkably similar. Some, however, do not react in 'normal' ways, while others sometimes get stuck in one part of the 'normal' process. These need treatment as well as care, and are in the domain of the experienced grief counsellor. But, for the moment, our concern is not with these, but with the 'normal' people, the ones who, in their experience of bereavement are dazed and confused, and desperately in need of someone to talk to. And herein lies a large part of the problem: we don't know what to say, and consequently make the terrible mistake of saying nothing, leaving them to their pain with the excuse that grief is a very private thing, anyway.

The processes of normal grief are described in varying ways by those professionals who have spent considerable time studying them. This is because of the different groups of people studied, where those studied live, the particular interest of the researcher, and a host of other factors. Much of the work done by such people as Colin Murray Parkes, Elizabeth Kubler Ross, J. W. Worden and others is primarily intended for those versed to some degree in medical or sociological terminology. But when presented in everyday language, the research that has taken place into the grief process affords many simple but valuable insights. Perhaps the best place to start is with the effects that grief is likely to have on the bereaved.

The Initial Effects of Grief

When death invades a family, the course of daily life of those who have been bereaved is altered. The change may be small, or immense, but change there is. Loss has occurred, and the fairly straight course their life was taking previously has been diverted. They must now travel a path in which various experiences will affect them until they can arrive back on course. There is general agreement among the experts on the route the bereaved must take in order to arrive at a place where the grief process is more or less complete, and where normal functioning in life can once again take place. This can be illustrated in the 'Grief Wheel', or loop (see diagram). At the point of loss, life is diverted into the circuit of a loop where certain psychological effects and the responses to them bring the bereaved ultimately to complete the loop and resume normal living. Colin Murray Parkes in the 'London Project' found that only 14% of those he studied completed the circuit in one year: two years was a much more common experience.



(a) Shock: the primary experience

Bereavement of a close relative produces shock. There is a numbness in which the rest of the world seems to recede, leaving the bereaved in a mental limbo; they observe what is taking place around them, but do not feel part of it. This almost immediately leads into denial, 'This can't be true! She can't be dead! This can't be happening to me!' This begins at the moment of loss, and has its major impact for 2-3 days. In this stage, many people are very susceptible. There is often the feeling that whatever decisions are made don't matter - nothing matters. Arrangements for funerals are often made during this stage, and decisions made about the funeral service which are later regretted. While dates and times often have to be decided on quickly, the bereaved should be encouraged to take their time about making decisions relating to the funeral service, and the tendency to 'Get it over with as soon as possible' discouraged. But the place of the funeral service in helping the bereaved is a subject in itself, and must be the subject of a different article.

(b) Sorrow: the underlying experience

Overlapping the shock is the 'sorrow' phase. The terrible sadness grows and blossoms with the developing awareness that an irreversible loss has occurred. This is often accompanied by an unreasonable guilt. 'If only I'd done more, listened to what he said, called the doctor sooner...'. This needs considerable reassurance. Of course, occasionally the guilt is justified: sometimes there has been neglect, and the bereaved will need help to receive forgiveness and to forgive themselves. This is sometimes accompanied by the bargaining phase. The refusal to accept the reality of death is combined with an attitude which tries to strike a bargain - sometimes with God, sometimes with life in general - 'If I promise to be very, very good I shall wake up tomorrow and find this was all a bad dream...' This phase can only be helped by rooting the bereaved firmly in the world of reality. Viewing the body of the deceased can help greatly here: the bereaved can see and talk to the body of the one they have lost, and make their peace. The gradual acceptance of the reality of the situation is greatly helped. The acute stage of this phase usually lasts a couple of weeks, although the guilt (real or imaginary) may well persist for a long, long time.

(c) Anger: the developing experience

Many people get very angry when they are bereaved: they are angry with God, for letting it happen, with their friends and family, with themselves, with the deceased. Elizabeth Kubler Ross found that the anger often preceded the guilt. Many people experience a violent and irrational resentment, and show a great deal of aggression in dealing with other people. A great deal of patience is needed here. Let the steam blow off, listen to the anger without being defensive or argumentative. Stay calm and be matter-of-fact in offering whatever action is needed. You may never get an apology, but the violence of the eruption will die down after a while. This part of the process can last from 3 days to 3 months, and may simmer on in the background for a very long time. Try to remember that the anger is not primarily directed at you, you just happen to be in the way of its outflow!

(d) The rest of the wheel: apathy, depression and recovery

When the anger calms down, there is often a state of apathy: the bereaved displays indifference to what is going on around them, and doesn't want to make decisions. A great deal of encouragement is needed at this stage - and lots of patience to go with it. Sometimes feelings of depression can degenerate into acute depression, and assistance beyond that of caring friends is needed. However, most of the bereaved work through a normal experience of depression in which feelings of despair can all too easily turn into an unhealthy dependency on those who are trying to help. Here it is important again to give encouragement, but by doing things with the bereaved rather than for them. The object of our care is to encourage a return to normal, healthy living as soon as possible. And gradually a sense of acceptance grows, and the bereaved begin once again to take an interest in the details of life, making plans for the future and finding pleasure in everyday experiences. Recovery is basically complete. Life will never be the same again, but life is being lived in a normal healthy manner, and the circuit of the loop has been completed.

In practice, of course, it is seldom as simple as that. Some people don't appear to go through some of the phases at all, while others go through them in different orders. In many cases, people oscillate between two distinct phases, going back to a previous phase for a while, then on to the next, only to go back again a few weeks later. Any attempt to describe grief reactions in a short article is bound to be oversimplified, and this must be understood. However, the phases as indicated do represent the experiences of the majority of people. Just remember that the 'average man' does not really exist!

How Can We Help?

Here are a few basic pointers.

- 1.** Be available. Don't wait for people to come to you - go to them. Be prepared to talk to them, give practical assistance, be generally available. Be sensitive, learn to discern the difference between what people say and what they mean. Be prepared to take the initiative without being pushy.
- 2.** Be patient. People will need to work through their experiences of grief, and that means going over some things again and again. Be reasonable, but understand that most people will need time to work through each particular phase of their grief.
- 3.** Encourage the bereaved to talk. Don't try to distract them from talking about the deceased. This is a vital part of the recovery process. It may well be painful, and there may well be very tearful experiences - this is very normal. Don't try to inhibit emotional responses, let people cry if they need to, and don't try to stop them.
- 4.** Understand the basic grief process. The pain of grief has to be faced and worked through. This may well involve great distress, mental and emotional pain, and some sleepless nights. Tranquilizers and sleeping pills should be avoided wherever possible, they merely inhibit the healing processes of the normal grief reaction, and postpone the necessary grief work until a later time - and the longer it is put off, the harder it becomes to work through it.

The fact that grief hurts cannot be avoided, and must be faced with resolution. This means accepting the trauma and being prepared to go through it. Well-meaning friends may well try distracting tactics, with such comments as 'Don't think about it'; or 'Put it out of your mind.' Time alone is not enough. The pain must be faced and worked through before healing can be achieved. There is much more that may be said about the basics of bereavement care, but these basic principles will, if applied carefully and prayerfully, enable a great deal of effective assistance to be offered at the time of one of the greatest traumas that people can experience.