

The Grief Experience

One of the important aspects of grieving that has been largely overlooked is the relational aspect. Each person's grief is unique because he or she:

- Had a unique relationship with the deceased (loving, ambivalent, challenging)
- Brings a unique personality and coping mechanism to the situation
- Has a particular world view which will impact how he or she enters the process
- Has ongoing relationships which may or may not be helpful
- Has a unique relationship with death
- Came to this particular loss with a unique history of dealing with earlier losses
- Has particular expectations about what dealing with the loss means and wonders how dealing with the loss "should" proceed

The grieving process can occur in many types of losses; although we focus on loss by death, the concepts presented can be applied to other losses. See page 10 for a partial listing of other losses.

We view the grieving experience as a long, winding path that curves back on itself, traverses hills and valleys, and has many obstacles. It is a path that is challenging to negotiate, time-consuming to travel along and may provide opportunities for personal and spiritual growth. Grieving is a part of the human experience. A person attached to someone will mourn the loss of that relationship and miss that person's physical presence. We understand this as a simple truth. Remembering this truth does help some people cope with the loss because they are able to be somewhat philosophical.

The process may be more complicated when the relationship with the deceased was either ambivalent or challenging. The reality, for most people, is that relationships are not easy to put into these categories. Most long-standing relationships are at times loving, at times ambivalent, and at times challenging. The degree of challenge will likely add to the complex feelings that the person who is grieving will experience. Along with the death of the person, the bereaved may also grieve the reality of unmet needs represented by the relational difficulties.

The death of a loved one is a major life event. When assessing the progress of a grieving client, the facilitator must be aware of that person's level of functioning in all domains prior to the loss.

Definitions

BEREAVEMENT refers to the experience of the loss of someone through death.

GRIEF is the reaction to bereavement. It is a universal response to any loss.

MOURNING refers to the expression of grief in culturally specific ways.

LOSS refers to no longer having somebody or something.

Kinds of Losses

Loss is a part of everyone's life at some point. Each person reacts to a loss in a personal way. As well as the emotional response, loss also has physical, intellectual, behavioral, social and philosophical dimensions. Response to loss is varied and is influenced by beliefs and practices.

People's losses, no matter what, are important and often devastating to them. They represent the disappearance of something or someone cherished.

Some examples of loss:

- Addiction
- Death
- Divorce
- Failed business venture
- Faith
- Financial security
- Home
- Independence
- Mental ability
- Pet
- Physical health
- Plans, hopes and dreams
- Relationships
- Role in life
- Sense of safety/security
- Status
- Treasured possessions

Many of the handouts in this book will apply to some of the losses and to most people. Carefully choose the handouts given to each person. If handouts are being distributed to everyone in a group, instruct participants to complete only the parts applicable to them.

Disenfranchised Grief

Disenfranchised grief refers to grief experiences not openly acknowledged, socially accepted or publicly mourned.

Several circumstances may contribute to this phenomenon:

- The relationship is not recognized or validated (friend, co-worker, former spouse, same-sex partner, lover, aged parent, beloved pet, etc.)
- The person grieving is not recognized (young children, people with developmental disabilities, elderly with dementia, etc.)
- Unusual circumstances of a death (suicide, violence, accidents, etc.)
- The stigma of mental illness, suicide, AIDS, alcoholism or drug addiction
- Pregnancy loss

Below is brief information regarding three of these issues:

SUICIDE

Suicide cuts across all sex, age and economic barriers. People of all ages complete suicide, men and women as well as young children, the rich as well as the poor. No one is immune to this tragedy.

Why would anyone willingly hasten or cause his or her own death? This is a haunting question. People who took their own lives often felt trapped by what they saw as a hopeless situation. Whatever the reality, whatever the emotional support provided, they felt isolated and cut off from life, relationships and a meaningful life existence. Even if no physical illness was present, suicide victims felt intense pain, anguish and hopelessness. They probably were not choosing death as much as choosing to end unbearable pain.

When the death is a suicide, grief becomes intensified and complicated due to added layers of complex emotions related to guilt, blame, shame, etc.

— *Excerpts from The Buddha Dharma Education Association (see Reference Suggestions)*

AIDS

The early 1980's witnessed the emergence of a new disease, Acquired Immunodeficiency Syndrome (AIDS). The first reports of this new disease, characterized by profound suppression of the immune system and a very high mortality rate, were among young, previously healthy gay men in large urban

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Disenfranchised Grief *(Continued)*

centers in the United States. AIDS soon developed into a pandemic whose impact on the world is unparalleled in modern times. It is estimated that 25 million people have died from AIDS complications worldwide since 1981.

New treatments for AIDS have dramatically decreased the mortality rate in the United States, but as of the printing of this book, there is still no cure for the disease. People still die due to complications of AIDS. The grief of friends and family who survive an AIDS related death is often complicated by stigma related to an AIDS diagnosis, fear of contagion from usually supportive friends, issues related to disclosure of the of HIV/AIDS status or sexual orientation to the community at large, fear of discrimination in the workplace and surviving multiple losses over a period of time.

— *David Feldt, RN, ACRN*

PREGNANCY LOSS

Grief related to pregnancy loss knows no bounds. It happens to women of all races, religions and social groups. It happens to our mothers, grandmothers, aunts, sisters and daughters. It is devastating and heartbreaking to hear that you will not be able to meet the baby you were anticipating and looking forward to holding in your arms. It is a loss of innocence and a loss of a dream.

A great deal of silence surrounds pregnancy loss, whether the loss occurred in the early weeks or in the last trimester. Women and their partners often feel that they have to move on and 'get over' their loss, which unfortunately, doesn't happen as easily as it sounds. Support is available for all types of pregnancy loss, whether it is for a miscarriage (a loss that occurs up until the twentieth week of pregnancy), an ectopic pregnancy or a stillbirth. Talking to others who have experienced and who understand the heartbreak of pregnancy loss, is crucial to the healing process.

Grieving a pregnancy loss takes time and though people can move forward with their life, they never forget what they have lost and they will never be 'over' their loss.

— *Hannah Stone, author (see Reference Suggestions)*