
Topics in Depth



Research

Pioneers

Let me introduce you to several experts who you have likely never heard of. They are researchers and therapists who have made grief their lives' work. They have moved far beyond the pioneering work of Elisabeth Kubler-Ross, and if their ideas have not worked their way into the public consciousness yet, it may be because they have largely written for each other in academic journals and texts. But they are not cool detached observers. Most of them disclose their own run-ins with grief that led them to this work. Let me share their voices with you in hopes that their ideas can help with your challenges.

Barbara Meyerhoff was an anthropologist who studied a community of elderly Jewish residents of Venice, California. In 1978, she described among other things loss and grief among her subjects. She viewed each person as having a *club of life*, made up of close associates and loved ones. When one of them dies, she observed, conventional wisdom suggests to let go of that relationship and move on. She believed that doing so creates *dis-membering*, or severing a vital connection. She saw her subjects doing the opposite, preserving the connection and memories while adjusting to the physical absence of their loved one. She called this process *re-membering*. Once a member of another's *club of life*, always a member. Her ideas have found traction in recent years among many narrative therapists who also question cutting off relationships as a solution to grief. (Barbara Meyerhoff, *Number Our Days*, Simon and Schuster, 1978)

I was introduced to the ideas of Meyerhoff by teacher and hospice social worker **Lorraine Hedtke**. She promotes the telling of stories to keep connections alive within families and relationships, and relates how she brought forward the memory of her own mother into the life of her daughter, even though her mother died several years before her daughter was born. Hedtke says that selecting stories that are to live on fosters effectiveness and helps create meaning. She says that the predominating ideas about grief dwell so much on pain and suffering at the expense of comfort and connection, that they magnify that pain. (She and colleague John Winslade wrote *Re-membering Lives*, Baywood Publishing, 2004.)

J. William Worden began his exploration of grief in 1968, as a contemporary of Kubler-Ross. In a summary of his work written in 1982 *Grief Counseling and Grief Therapy* (Springer Publishing) for grief counselors, he described a number of stage theories that posited as many as 9 to 12 stages of grief. He noted that as people took the idea of stages literally, they were disappointed and discouraged that their grief could not conform to the stages. He proposed instead four tasks of grieving: accept the *reality of the loss*, experience the *pain*, adjust to the *deceased being missing*, and *withdraw the emotional energy* from that relationship and reinvest it elsewhere. He seemed to know the grief experience inside out – in addition to the typical lists of disturbances that come with grief, he included a sense of presence of the deceased, absent-mindedness, dreaming of the deceased, and the searching and yearning that characterize the experience for many. His approach included an emphasis on *attachment*, the particular quality and nature of the connection with the deceased, these days a popular topic with brain researchers who try to understand how we learn empathy.

In 1988 clinical psychologist **Therese Rando** began her book for the general public *Grieving: How to Go on Living When Someone You Love Dies* (Lexington, 1988) with an account of her parents' sudden deaths when she was a teenager. She described the phases of the grief experience as *avoidance*, *confrontation*, and *re-establishment*. She expanded these into six tasks necessary to move through the grief process, and stressed the importance of learning about grief in order to form realistic expectations for yourself. She later turned her six processes into assessment tools for grief therapists to use in helping clients focus. If conventional wisdom had taken in more of what she had to offer, in place of continued reliance on Kubler-Ross's Five Stages, we would have a much better and more realistic relationship with grief today.

Differing Styles of Grieving, Expression

In 1989, researchers **Camille B. Wortman and R.C. Silver** in "The Myth of Coping with Loss," (*J. of Consulting and Clinical Psychology*, 57, 349-357) challenged the idea that everyone grieves in the same way. They reported on a study of hundreds of people who had experienced a major trauma like becoming suddenly paralyzed or losing a loved one to a car accident, which they called *irrevocable loss*. They found four primary coping styles. Almost half the subjects did not experience intense anxiety, depression or grief, and even years later these "*roll-with-the-punches*" *grievors* were psychologically well-adjusted. *Chronic grievors* who experienced unrelenting distress and depression for an extended period made up 18% of their subjects. They found that 30% seemed to fit the *stage model of grief*, initially depressed and distressed, then returning to normal levels of well-being. *Delayed grievors* made up the final 2%, those who initially appeared unaffected but a year or more later became distressed.

James W. Pennebaker wrote *Opening Up: The Healing Power of Expressing Emotions* (Guilford Press, 1990, rev. 1997) to summarize 15 years of his research on putting upsetting experience into words. While not a grief specialist, he makes a convincing case for the health and psychological benefits of talking and/or writing about emotion and trauma.

Continuing Relationship & Other Taboos

Teacher and writer **Thomas Attig** in 1996 in *How We Grieve: Relearning the World*, (Oxford University, 1996) refined Worden's task-based approach and emphasized *relearning the world, the self, and the relationship with the deceased*. He sees grieving as making the transition from loving a person who is present to loving them in their absence, working some of the same ground as Meyerhoff years before.

Phyllis Silverman co-edited the game-changing book *Continuing Bonds* (ed. Dennis Klass, Phyllis R. Silverman, Steven L Nickman, Taylor & Francis, 1996) in 1996. It reports numerous accounts of research and interventions about continuing the relationship with deceased loved ones, and focuses attention on the needs of grieving children. Instead of relying on existing theories, she and her colleagues focus on the experience of grievers. She favors helping people see themselves as problem-solvers rather than sufferers.

In 1999, **Terry L. Martin and Kenneth J. Doka** in *Men Don't Cry, Women Do: Transcending Gender Stereotypes of Grief* (Taylor & Francis, 1999) identified a continuum of grieving styles: on one end, *intuitive* which is oriented around expression of intense feeling; on the other, *instrumental* which is based on thinking and action. In between lie the *blended* grievers who exhibit aspects of each. Martin and Doka talk about the challenge for *dissonant* grievers who experience grief in one pattern but are limited in their freedom to express it due to gender stereotypes or cultural inhibitions. For instance, a male who is an intuitive griever but feels that the expression of raw emotion is inappropriate for a male in our society may be stymied. These insights about grieving styles could help free families at odds with each other about how members *should* grieve. Each end of the spectrum needs different strategies to accomplish the tasks of accepting the loss, working through the pain, adjusting and relocating the deceased. Doka suggests that instrumental grievers especially can gain from learning about grief ideas and approaches.

The Art of Grieving

Leaving the science of grief and turning to the art, in 2003, writer and psychotherapist **Miriam Greenspan**, wrote (*Healing Through the Dark Emotions: The Wisdom of Grief, Fear, and Despair*, Shambala, 2003) of *emotional alchemy* that can change our pain into wisdom. She views grief transforming into gratitude, despair into faith, and fear into joy, if we can work to overcome our natural avoidance of those emotions.

In a lyrical consideration of *Unattended Sorrow: Recovering from Loss and Reviving the Heart* (Rodale, 2005), author and grief worker **Stephen Levine** compares unresolved grief to a “low grade fever” that saps strength and energy. His book began as a pamphlet to put in the hands of survivors of firefighters killed in the September 11, 2001 attack and grew to be a wide-ranging riff on the costs of unexpressed grief. A friend of Kubler-Ross, he cites the numbing effect of grief that is not dealt with. He offers encouragement to follow your grief where it leads you.

These are samples of hundreds of other resources, some of them memoirs, other research accounts, still others heartfelt accounts of therapists’ encounters with grieving clients. All of them offer hard-won wisdom, and any of them might give you an insight or thought that would be just what you need on a given day.



Disenfranchised Grief and Resilience



Grief is bad enough when it is lived out in the open with encouragement and comfort from support people who wish you well. It is at its worst when it goes underground as *disenfranchised grief* that cannot be openly acknowledged.

Kenneth Doka (*Disenfranchised Grief: Recognizing Hidden Sorrow*, Lexington, 1989) described 3 types: 1) the *relationship* is not recognized, for example an ex-spouse or a gay partner, 2) the *loss* itself is not recognized, as in early miscarriage or infertility, or pet loss, and 3) the grieving person is not recognized, a young child for example. Even the circumstances of the death can elicit negative judgment and marginalize the griever – death from AIDS or drug overdose are examples, or catastrophic loss like suicide or murder that overwhelm potential support people, or the birth of a child with severe disabilities.

The result is heightened misery. The invisibility and absence of acknowledgement can intensify feelings of anger and powerlessness; the exclusion from customary rituals increases isolation. The ultimate effect may be long-delayed grief that turns into intractable chronic grief.

To intervene, the first step is becoming able to recognize the impact of these complications. The next is to find a venue where the grief can be acknowledged, often a support group or joining with another co-griever.

Ambiguous loss is often included under the umbrella of disenfranchised grief. It is a big topic that is relatively unknown and deserves special attention. It offers a whole new lens to view grief. **Professor Pauline Boss** is the primary theorist of ambiguous loss (*Loss, Trauma, and Resilience: Therapeutic Work with Ambiguous Loss*, Norton, 2006) and describes 2 kinds: 1) a loved one is physically present but psychologically absent, as in Alzheimers, brain injuries or chronic illness, depression, severe autism, even workaholism, or 2) physically absent but psychologically present, as a distant noncustodial parent after a divorce, or a biological parent in a closed adoption, or the longing for home and family felt by an immigrant. As there is often little likelihood of the outside forces of illness or legal status or distance changing, the individual is left to search for ways to adapt, to develop resilience.

Boss defines resilience as “the ability to stretch (like elastic) or flex (like a suspension bridge) in response to the pressures and strains of life.” She explains that the basis for such resilience is the ability to live with ambiguity, which fills our minds when we

grieve. To connect grief with resilience is empowering and points to resources that the griever may already have.

Therese Rando, cited above, identified the factors that make up resilience: *Insight, using relationships and support, optimism, initiative, creativity, and sense of humor*. Those words are not usually part of the conversation about grief, but should be.

The five stages of grief model identifies the final destination of grieving as acceptance. A parade of clients who came to see for their own grief concerns roundly rejected that outcome. One young mother, pregnant with her second child after the death of her first to SIDS, set me straight at our first counseling session. Everyone, she told me, was pushing her to move on, stop living in the past, quit hanging on to the memory of her first child. But she would not, ever. If I, she told me, planned to try to convince her to let go and move on, we'd both be wasting our time. I did not, of course, and she created a present and future that included her first daughter as an essential part of the family. Having accepted her into her family once, this mother could not move on without her.

My version of the appropriate destination is informed by that parade of insightful and creative grievers that I have been privileged to know. First of all, there can never be a final destination, since grief never goes away, just transforms into wisdom and perspective, and taps you on the shoulder periodically so that you don't forget.

When you start to feel free of preoccupation with your loss, when you can remember and smile, when you don't have to hide from triggers that remind you, you are getting there.

- When you know that the loss is real,
- When you can feel pleasure, and can function – eat, sleep, fulfill your roles and duties,
- When you resume a comfortable social life,
- When you can see to the practical duties of settling the estate, dealing with belongings,
- When you can face the future with optimism, making and carrying out plans,
- When you can find meaning in your loss, create a legacy to pass on,
- When you can incorporate the loss into the story of your life, tying this loss to others you have survived and locating your resilience,
- You are definitely getting there.