

**Grief.** The cognitive and emotional process of working through a significant loss. The removal of anyone or anything that has emotional value to an individual will precipitate a grief reaction.

Grieving is to the emotional system following a loss what healing is to the physical system after surgery. Just as an operation traumatizes the body, a loss jolts the emotional system, producing disruption and upheaval. While grieving is painful, it is to be viewed as a healthy response, for without it a complete emotional recovery is not possible.

The most salient symptom of grief is acute psychological pain. Emotional turmoil; wide fluctuations in mood; and feelings of hurt, guilt, depression, helplessness, anger, sadness, love, rage, Loneliness, resentment, and hopelessness are commonly reported. A frequent perception of the normal grief-stricken individual is, "I'm losing my mind." This fear of disorganization threatens one's self-confidence and is perhaps the most debilitating aspect of grief.

Secondary symptoms may also emerge, though frequently their causes are wrongly attributed to factors other than loss. Eating, sleeping, and sexual disturbances, for example, may accompany grief. Somatic complaints—headaches, low energy level, ulcers, dizziness, colitis—may be present. The inevitable heightening of an individual's stress disturbs family relationships, which may become more distant or laden with conflict.

**Stages of Grief.** The notion that grief progresses in definable stages has gained wide popularity through the writings of Kübler-Ross (1969). On the basis of studies with dying patients she postulated five stages of grief: denial and

isolation, anger, bargaining, depression, and acceptance. The survivor's grief, according to Kübler-Ross, generally parallels that of the dying patient.

While the vague outlines of stages can be seen in the experiences of many, grieving is hardly an orderly, sequential process. More typically it is chaotic, with feelings coming and disappearing only to reappear later. Some feelings are specific, others vague.

The course of grief varies considerably from person to person, depending on several factors. Cause of death, for example, will affect the survivor's reactions. A sudden, accidental death brings on an acute grief reaction, whereas a gradual demise through lingering illness allows for anticipatory grieving to occur.

Other factors that influence the course of grief include the individual's emotional stability, the social support system, age of the deceased person, and the degree to which he or she was at peace with self, God, and family. Because troubled relationships are more unfinished at the point of separation than positive ones, they are especially difficult to get over. Hence, contrary to popular opinion, loss of a good relationship is more easily grieved (with fewer complications) than a conflicted one.

**Abnormal Grieving.** Under normal circumstances grief is time limited. It is a self-limiting emotional process that runs its course and is completed after several months. Growing evidence suggests, however, that certain losses such as suicides are never completely resolved. While the survivor's pain might diminish over time, it is never completely eliminated as it normally is with other types of death.

Abnormal grief reactions may occur immediately follow-

ing a loss, as in the case of the person who becomes psychotic and is totally unable to cope. The opposite extreme is to completely disown the pain and proceed with a business-as-usual attitude. Neither reaction is a healthy coping response.

Sometimes signs of abnormal grief are not evident until months after the loss. Enshrinement is a good example. This refers to the practice of leaving the deceased person's room and possessions untouched long after he or she is gone. Creation of a shrine becomes symbolic of the survivor's inability to let go of the loved one.

For others, abnormal grief is evidenced by persistent physical symptoms, angry withdrawal, intense loneliness, obsessing over the loved one, and lingering depression. If after 12 to 18 months following a loss grief continues to interfere with one's overall functioning, professional help is indicated.

***Christians and Grief.*** The Christian's spiritual experience is not unaffected by grief, especially when a tragic loss is involved. Some will react defensively with an overdevotion to God and the church, to the neglect of all else. Others will accuse God of being distant and will eventually leave the church. None of these individuals effectively mobilizes faith resources in coping, because of a deep and unconscious anger toward God. So long as God-directed anger is unnamed, denied, and contained, spiritual paralysis is inevitable. In the healthy Christian response all the pain typical of grief is present, and anger at God is recognized, accepted, and appropriately released.

Because death is not an ultimate tragedy for Christians, their grief is without the sting experienced by those who

have no hope. Yet this same belief can support an unhealthy denial of the real emotional pain brought on by the death of a loved one. Christian faith, with its emphasis on eternal life, in no way exempts one from the normal, human process of grieving.

Some Christians are in need of having their experience normalized by others who can give reassurance of the right to grieve. Those who feel pressure to be strong and a good and cheerful witness are especially in need of such support to prevent their grief and God-directed anger from being contained and allowed to fester inside. Biblical models like Job can be helpful in this regard.

The principal challenge for those dealing with loss is to release their grief. This involves respecting, specifying, and expressing painful thoughts and feelings associated with the loss. To get beyond grief one must go through it, not around it. Nor are there any painless shortcuts.

Good models for handling grief, a strong faith, an understanding of what is involved in mourning, and a caring support system can facilitate working through a difficult loss. Because grief is a social event, it cannot be resolved in isolation. Those who grieve must be willing to risk sharing their pain, and those who minister must be willing to risk the discomfort of being with the persons in their pain. 🙏

### **Reference**

Kübler-Ross, E. (1969). *On death and dying*. New York: Macmillan.

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