“The pain of grief,” a noted expert writes, “is just as much a part of life as the joy of love; it is, perhaps, the price we pay for love, the cost of commitment.”

For those who provide support to those who have lost a loved one, it is important to understand eight basic aspects of grief. As family and friends come to understand the beneficial role of grief in promoting recovery from loss, they will be better able to provide effective support to those who grieve.

Grief is a natural, normal, and understandable reaction to the loss of a beloved person. Grief reactions vary from individual to individual and are expressed through a wide range of emotions, thoughts, and behaviors. Grief can be viewed as an effort to reunite with a lost loved one, physically or symbolically, by visiting places associated with the deceased or keeping a photograph and some of the deceased’s belongings in a special place, for example. Other types of grief can be seen in a survivor’s efforts to confront and adapt to the reality of the death—writing a personal history of the deceased, or giving the deceased’s clothing to a relative or to charity.

Grief is often characterized as acute “pangs,” which may be evoked by reminders of the loss. A pang of grief typically consists of severe anxiety, sadness, and yearning to be reunited with the deceased and to reexperience the affection, guidance, reassurance, and companionship formerly provided by the relationship. During these pangs of grief, survivors often weep for the lost loved one.

Grief is a beneficial, even necessary, reaction to significant loss. Grieving is healthy and beneficial because it helps survivors to adapt and adjust to the loss. The painful acknowledgement that a cherished person is dead and the discomfort of getting used to life without that person are part of adjusting to a loss. Indeed, unless survivors grieve effectively, they may continue to live as if the loss had not really happened. Grieving allows survivors to adjust to the changes that the loss has made in their lives and to reorient themselves to a future life in which the beloved person or object is physically absent.

In this way, grief differs from the traditional diagnoses of depression. Because depression’s symptoms are distressing and decrease people’s abilities to function effectively, clinicians usually focus on reducing them. In contrast, grief should not be regarded as undesirable or destructive. Rather, normal grieving helps the bereaved adapt to loss, because it facilitates adjustment to the many uncomfortable and often painful life changes that loss creates. Although grief reactions may be distressing, especially at first, they also frequently provide comfort, reassurance, and relief (such as experiencing a comforting dream about the loved one, resolving conflicted feelings toward the deceased by writing him or her a letter, or having a good cry). Indeed, over time, grief tends to include thoughts and activities that are more pleasant, such as fond reminiscing and finding uplifting and constructive ways to memorialize the deceased.

Grief has both public and private aspects. Some of the work of grieving is carried out in the form of public rituals, including obituaries, funerals, memorial services, formal and informal conversations about the deceased, moments of silence, public prayers, public memorials (e.g., plaques and statues), and lighting candles in public places.
Rituals help survivors to perform a number of vital grief-related tasks, including helping survivors to remember, honor, memorialize, and reflect on the life and contributions of the deceased and to acknowledge the meaning of his or her loss. Funerals, for example, contain prescribed rituals for caring for the physical remains of the loved one. These acts allow survivors to honor their loved ones while acknowledging the reality of their deaths. Public rituals also help fellow mourners and their help-givers to share their feelings, to share memories, and to comfort and support each other in ways that help them to accept and adapt to the loss. Exchanging memories helps survivors to form a shared memory of the dead that describes what the loved one lived for, what he or she passed on to survivors, and the aspects of this legacy that they intend to carry forward. This shared memory is thus a shared biography of the deceased, which allows the deceased to live on in the memories and lives of survivors.

The private aspect of grief is often highly individualized and involves private thoughts, feelings, and personal rituals connected to one’s relationship with the deceased. These reactions include specific grief symptoms (e.g., dreaming about her, yearning for her smile, imagining what I will say when I see her again), specific loss reminders (e.g., anniversaries, holidays), reminiscing, and the personal meaning one attaches to mementos. Other personal reactions include identification with the deceased (e.g., learning more about him, trying to be more like him, doing what would make him proud), personal rituals (e.g., saying prayers for him, visiting his grave, caring for his pets), and communicating directly to the deceased (e.g., speaking out loud or in my mind to him, writing him a letter).

Grief has symbolic value. The intensity and duration of grief reflect the pervasiveness and influence of the loss in the lives of survivors. Survivors not only miss the physical presence of their loved ones; they also miss the things their relationships with the loved one gave them. These things include love and affection, companionship and a sense of belonging, information and advice, setting an example, reliable support in time of need, feeling needed, reassurance of one’s competence and worth, and physical and material assistance. Grief reflects the uniqueness, personal meaning, and value that survivors ascribe to the lost relationship as they yearn for those things not compensated for by other relationships and activities.

Grief fluctuates over time, often in response to reminders of the loss and life’s adversities. Grief is not a static state, but a dynamic process of ongoing adjustment and adaptation. Grief reactions typically do not decrease in an orderly fashion over time, but rather fluctuate in their frequency and intensity. These fluctuations are often linked to reminders of the loss, such as holidays, photographs, and hearing the deceased’s name spoken. Increases in the intensity and frequency of grief responses also may be linked to developmental transitions, such as beginning high school, the commencement of dating, beginning college, marriage, or bearing and rearing children. It is during these transition periods that the absence of the deceased’s support is felt more keenly.

Fluctuations in grief are often due to loss reminders, or situations and circumstances that remind survivors of the absence of the loved one, even years after the loss. These reminders can bring on feelings of sadness, emptiness in the survivor’s life, and missing or longing for the loved one’s presence. There are at least two general types of loss reminders: Empty situations are those in which the person is reminded of the absence of the loved one in the survivor’s current life. These include the empty place at the dinner table,
activities that were once shared with the loved one, and special occasions like birthdays and holidays. Survivors also are reminded by the everyday changes in their lives, especially hardships that are generated by the loss. Examples include decreases in family income, grief and depressive reactions in other family members, disruptions in family functioning, increased family responsibilities, lost opportunities (for example, cancelled vacations or educational plans due to decreased income) and the loss of a sense of protection and security. Efforts devoted to contending with these adversities may significantly deplete survivors’ coping and emotional resources, and in turn reduce their ability to cope effectively with their grief.

Grief is often an extended process. Contrary to the popular maxim, time does not heal all wounds, especially in the case of grief. Rather, individual grief is likely to last as long as a survivor continues to feel the absence of the lost relationship—reactions can last for months, years, decades, and often a lifetime. Indeed, research with Holocaust survivors indicates that grief reactions can be transmitted across generations in complex, enduring ways.

Healthy grieving does not require forgetting. The purpose of grieving is not to forget or to cut survivors’ emotional ties to the person who is lost. Instead, healthy grieving helps survivors make the necessary emotional, mental, and physical adjustments to the loss that will help them get on with their lives. A major part of this work is finding a suitable place for the deceased in the survivor’s ongoing life—a process that involves an alteration, but not severance, of one’s relationship with the deceased. Rather, the relationship must be reformed so that it becomes one of memory instead of physical presence and permits survivors to create new and rewarding relationships and life activities. In this way, survivors both retain the past while making room for the present and future.

There is no universally “normal” way to grieve. Recent cross-cultural studies of the grieving process do not support the once-popular belief that grieving consists of predictable and consistent progression through a series of universal stages. Rather, these studies have documented that the grief process is highly variable in its symptoms, presentation, duration, and intensity across individuals and across cultures. Because the grief process is so individualized and idiosyncratic, support by caregivers (including both lay caregivers, such as family, friends, and clergy members, as well as mental health professionals) should be adapted and tailored to the specific needs and circumstances of individual survivors. Specifically, “stage”-oriented models should not be used as a prescription for how one should grieve. Grieving people should not be placed on a timetable that prescribes which “stage” of grieving they should be in at specific periods after the loss, which specific grieving tasks must be undertaken at a given period, or the “ideal” time for completion of those tasks. In reality, these stage-driven prescriptions can be harmful when misused, as they may generate unrealistic and insensitive expectations about the nature and course of the grief process.

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References

4. Rando, note 2, above.
5. Pynoos, note 3, above.
8. Rando, note 2, above.