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THAT RESPONSE TO LOSS THAT WE CALL 'GRIEF'

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A few weeks ago, a dear friend telephoned. "Will you talk to my neighbor?" she inquired, after a few hasty preliminaries. She described the neighbor, of whom she had spoken briefly in the past, and the problem. I agreed to listen and suggested some times when I would be available.

Since the publication of *The Living Half* (1984), a book describing my experiences following the death of my husband, such requests no longer surprise me. This woman whose husband had filed for divorce was not the first to call for help, nor was she likely to be the last. There was the young man who had turned to alcohol following the untimely death of his brother; the teacher whose husband had become sexually involved with another woman; the man severely depressed following a major career change; the professional woman facing disfigurement following facial cancer; the father of a stillborn infant; a young woman whose father remarried only weeks after her mother's death; the divorcee who deeply desired remarriage but who flitted from relationship to relationship each beginning a new hope, each ending a painful reminder of her father's emotional desertion of her as a child.

There is a common thread that leads these to seek for someone who they feel would understand. That thread is grief. In one way or another, they have all experienced a loss and are grieving for that thing which was and is no more.

I cannot remember the first time I grieved; I can remember vividly the first time I labeled it as such. It hit me like a

bludgeon right between my emotional eyes and sent me reeling in pain and confusion. It was months before I could speak its name, before I could begin to understand it, and months more before I could see it as a process of going through and not staying in, a healing and not a dying, a road to growth and not insanity.

Elizabeth Kubler-Ross (1969), a pioneer in grief work, first began to notice the predictability of grief when she worked with the terminally ill. She observed that each patient, regardless of length or type of illness, age, gender, economic status, or religious persuasion, seemed to go through a certain process in coming to terms with the reality of impending death. As Kubler-Ross chronicled those grief stages she found that while all patients went through the stages at different rates and intensity, they *did* go through all of them.

Grieving, then, is a predictable psychological process; it is letting go of a loved or cathected thing; it is making real within oneself a fact that, though hard to accept, already exists. In that context, the process may be observable in psychotherapeutic work involving the acceptance of any reality when such reality involves the giving up of a familiar, though dysfunctional, cognition or behavior. It is certainly observable in those obviously loss-related life crises such as death, divorce, severe financial reversals, serious illness, surgery, and physical handicaps.

Shock

The first stage of the grief process is the initial shock. It can last from a few hours to several weeks. Physical symptoms can include light-headedness, nausea, shaking, crying, hyperventilation, fainting, weakness of limbs, inability to focus thought, numbed affect, blurred vision, ear ringing, and a sense of being outside

of oneself watching the occurrence in a dispassionate manner.

The mourner may need to be sedated at this point, but care should be taken not to give the message that the drug will take all the suffering away. Grief is an extremely painful process, and there is no easy or fast way to speed through it. The mourner must feel the pain, not avoid or deny it, in order to heal. The therapist should facilitate the process by helping the client get in touch with his feelings to understand where he is in the process. For the therapist to listen and reflect with empathy and honesty is also comforting to the client. Because we are such a death and pain-denying society, significant others tend to pull away from a mourner's suffering. The therapist may be the only person who really hears and allows the client to own his pain.

Denial is often present in this early shock stage and may continue for many months. If this is the case, the therapist needs to help the client see the reality of the situation before the grief work can truly begin. Denial is recognizable in that the client appears "stuck" and is not moving through the grief process. There may be a sense of emotional tension, nervous energy, physical symptoms such as extreme weight loss, and irrational behaviors and cognitions. Examples of denial include the widow who slept, fully clothed on her couch for 18 months before she would return to her bed, the mother who wrote a weekly letter to her son for over a year following his death, and the child who included a stillborn sibling in his family drawings five years after the fact.

Some therapists have found it necessary to take a strong reality-based approach with clients who are too long in denial. The rationale is that if the client can be prodded into anger (another stage of the process to be discussed later) he can begin to move again.

Latter-day Saints may prolong the stage of denial by allowing their knowledge of a life after death to forestall their acceptance of the mortal death. It is this "I know I'm going to see her again" testimony that outsiders see at the funeral

which causes them to assume the mourner has strength which, indeed, he may not have. Later, when the shock dissipates and the reality that "she is not coming back to this life" hits, it may look and feel like a regression. The mourner and his significant others may doubt his testimony and/or his sanity. Professionals often have clients referred to them at this point by friends and family who say, "He was taking it so well, but now he has fallen apart." The therapist should reassure the client that this is progression and not regression, and that he now will be able to begin the real grief work that will allow him to heal and to grow. LDS clients who haven't made that transition may be helped to see within the context of the gospel the reality that death is as much a part of mortality as is birth and that the change it brings must be accepted and dealt with.

The next three stages—guilt, anger, and depression—are not on a clearly defined continuum. They tend to overlap, fluctuate and flow into one another; the guilt may produce depression which may turn into anger which may be turned inward to guilt and depression again, and so on. Some mourners feel all three in fairly equal amounts; others may be especially hard hit by one stage while only slightly aware of another. It does appear, however, that all grievers experience all the stages to a lesser or greater degree, and for the grief process to be truly therapeutic, stages cannot be rushed or skipped.

Guilt

The guilt stage is all those "if only's" or "I should have's" or "Why didn't I's." The therapist can facilitate the process of passing through this stage by first helping the client look at the rationality or irrationality of the guilt. By having the client reexperience the event about which he feels guilty, the therapist can ask the client if the choice made was a logical choice *given the knowledge the client had at that moment in time*. (We all have 20-20 hindsight). If it was a proper choice and the client still feels guilty about it, the therapist may help by challenging the irrationalities.

But what if the choice was *not* proper, even given the more limited knowledge of the past? Some therapists regard all "shoulds" and "oughts" as irrational, but that is a difficult stance to take with an LDS population. Even the position that the past is over and unchangeable and should be forgiven and forgotten is difficult unless the client is given the opportunity to own and to work through his guilty feelings. The five steps of repentance—recognize, remorse, confess, recompense, and forsake—are as applicable here as in any other situation involving guilt. The therapist can facilitate the process with techniques such as the Gestalt "empty-chair" to allow the client to confess and ask forgiveness of the deceased and by helping the client find opportunities for recompense here and now (like Ebenezer Scrooge's repaying Fezziwig by being more generous with Bob Cratchet).

One therapist, working with a divorced client in the throes of guilt, asked her how long a "sentence" she would need to serve for the "crime" of being the only divorced person in her family! After pointing out that even criminals sent to prison have a set sentence, he helped her work out an appropriate "term" to serve after which time she gladly "pardoned" herself.

It may be helpful to remind the client that, as with all repentance, the process and the growth are for the client, not the deceased.

Anger

Anger is typically a difficult stage for Latter-day Saints to handle. Because we are culturally taught that anger is "bad," we are practiced in denying anger rather than owning and constructively releasing it. The therapist's first job may be to help the client become aware of his anger. Anger may be masked under guilt and depression or under physical symptoms such as ulcers or migraine headaches. As mentioned earlier, it may take "stirring up the hornet's nest" to get the client moving out of denial or depression and into the anger stage.

Once released, anger can be frightening to the client and his significant others. The therapist's role includes allowing the client to express anger in his/her presence without judging or reacting personally, as others in the client's life will likely do; teaching the client that anger is a normal and acceptable part of the grief process, thus assuring him that he is not "bad" nor "going crazy," and helping the client develop some acceptable ways to release the anger, such as vigorous physical exercise, the use of batakas in therapy, creative expression, etc.

As the anger becomes more controllable, the therapist may want to deal with the client's "Why me?" sense of injustice from an existential perspective, if that seems appropriate, or he may want to teach Ellis' A-B-C relationship of event, perception, and emotion. We cannot always control what happens to us; we can control how we perceive and react to what happens.

Depression

Depression in the grief process is symptomatically similar to other depressions. There is a stated sense of helplessness and hopelessness. The tendency is to live in an idealized past and to seek "to be normal" or "the same" again. There is great anxiety about the future and therefore a wish not to think about it, even a feeling of wanting no future and of having thoughts of suicide.

Because of the very real possibility of suicide, depression is perhaps the most dangerous stage of the grief process. Statistically speaking, people *do* die of grief as Victorian novelists once claimed. Widowed and divorced people die from every major cause of death at a faster rate than their married counterparts. Suicide rates for widowed males are higher than for any other group in the country (Lynch, 1977). Widowers are most at risk the first six months; widows, during their second year alone.

Depression unchecked can become a vicious cycle with an emotionally depressed state leading to lack of concern for physical well-being, which, in turn,

leaves the mourner run-down and therefore more susceptible to emotional depression. The therapist needs to break the cycle, and a good place to start is with the physical aspect. "Homework" assignments, for example, of keeping a food diary to insure proper nutrition, getting prescribed amounts of fresh air and exercise, or making a visit to the medical doctor should help. Vitamin supplements, special diets, or anti-depressants may be prescribed by the M. D.

Clients may need to be taught that recovery comes in small bites, not big gulps, and that life always goes forward, not backward. The client can be "normal" again if he or she is willing to redefine "normal" under new circumstances. Therapists may also help the client reach small goals by setting up simple, achievable, and easily recognized behaviors and having the client act "as if" he or she is already achieving that goal. "One day at a time" (or "one hour at a time," if necessary) is a good place to start. In the beginning the goal may be, not happiness, but less unhappiness. As progress is made and growth perceived, most grief-induced depressives will ultimately move toward happiness.

Resolution

Grief psychologists tell us that one hour of emotional stress is as draining as three hours of physical labor (*Theos* magazine). During the grieving process intense amounts of energy are invested in going over the past with the only reality the mourner knows being that world of pain inside of himself. As he gradually works through that pain and begins to tentatively look away from the past and toward the future, he is approaching resolution.

The role of the therapist during this final stage is to help the client accept that progress has come "line upon line" and will continue to do so. As the client experiences a perceived "relapse" into depression or anger after having resolved those issues, the therapist can help him see that what he feels is not truly a relapse or "a going backward," but still "a going forward" and

learning and growing. It is helpful to illustrate the process not so much as an emotional roller coaster (although that's what it feels like) but as a spiral, looping back on itself, with ever-decreasing loops, the "highs" lasting longer and the "lows" coming less frequently. As the client continues to develop his own strengths, the therapist can begin terminating the relationship, taking care to prepare the client for this new loss and subsequent grief.

In addition to personal therapy, the LDS professional can serve a valuable role as a resource consultant to ecclesiastical leaders such as bishops and Relief Society presidents who, although they deal with grief in the front lines, may not understand the process. Loving, caring people can innocently increase the pain of grief by saying or doing counterproductive things.

Because of the LDS understanding of the Plan of Salvation, we often think that as Latter-day Saints we should be immune to the doubts, fears, and pains of life. As LDS therapists, we know this is not the case. We react to loss in the same predictable way all do who are in the mortal condition. The scriptures are full of testimonies to that effect.

Job, who is remembered for his great patience in tribulation, knew grief. Observe the recognizable depression, guilt, and anger as Job said:

Let the day perish wherein I was born,
and the night in which it was said, There
is a man child conceived.

Why died I not from the womb? Why
did I not give up the ghost when I came
out of the belly? (Job 3:3, 11)

Oh that my grief were thoroughly
weighed, and my calamity laid in the
balances together!

For now it would be heavier than the
sand of the sea: What is my strength, that
I should hope? . . . is wisdom driven quite
from me? (Job 6:2-3, 11, 13)

When I lie down, I say, When shall I
arise, and the night be gone? . . . My days
are swifter than a weaver's shuttle, and are
spent without hope.

Therefore I will not refrain my mouth;
I will speak in the anguish of my spirit; I
will complain in the bitterness of my soul.

. . . thou scarest me with dreams and terriest me through visions: So that my soul chooseth . . . death rather than my life.

I have sinned: what shall I do unto thee, O thou preserver of men? . . .

And why dost thou not pardon my transgression, and take away mine iniquity? . . . (Job 7:4, 6, 11, 14-15, 20-21)

. . . how should man be just with God?

Behold, he taketh away, who can hinder him?

If I had called, and he had answered me, yet would I not believe that he had hearkened unto my voice.

For he breaketh me with a tempest, and multiplieth my wounds without cause. (Job 9:2, 12, 16-17)

My soul is weary of my life; I will leave my complaint upon myself; I will speak in the bitterness of my soul.

I will say unto God, Do not condemn me; shew me wherefore thou contendest with me.

Is it good unto thee that thou shouldest oppress, that thou shouldest despise the work of thine hands . . . ?

Thine hands have made me and fashioned me round about; yet thou dost destroy me.

If I be wicked, woe unto me; and *if* I be righteous, *yet* will I not lift up my head. I am full of confusion, therefore see thou mine affliction:

For it increaseth . . . (Job 10:1-3, 8, 15-16)

It is often difficult to be worshipful in the throes of grief or, as Paul said, to "glory in tribulations" (Rom. 5:3). But we do know and accept that tribulation can bring, not only healing, but growth.

As the Savior told Joseph Smith:

If thou art called to pass through tribulation; . . . know thou, my son, that all these things shall give thee experience, and shall be for thy good.

The Son of Man hath descended below them all. Art thou greater than he? (D&C 122:5, 7-8)

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