Encyclopedia of Death and the Human Experience

Grief, Types Of

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As social beings, our need to attach to others begins at the time of birth. In fact, our survival depends on meeting this need. Ongoing cultivation of this need leads to many significant relationships during our lifetime. However, when a loved one, to whom we had attached in a variety of ways, dies, it is often a devastating experience. A process of adjusting to this experience of loss is what psychologists label as a bereavement crisis. In Greek, crisis means turning point. During this turning point in our lives after losing a loved one, the intense emotional experience is called grief. Loss and grief go hand in hand and grief as a universal experience is a part of every person's life. Change in circumstances after the death of a loved one, difficulty in functioning as one had functioned before the death, and having to accept the unacceptable give rise to a multifaceted grief reaction. Even though it is a sad and painful experience, grieving is considered a necessary part of postdeath adjustment. While no one is spared the challenge of dealing with loss and grief, the differences lie in the type and duration of grief experienced and how people cope with their losses.

Many experts have tried to explain the normal experience of grief in a variety of ways. Some explain grief by breaking down its course and components into stages or phases, while others describe tasks of mourning. These models of grief provide the frame of reference for the bereaved to conceptualize their experience of loss and its resolution. Regardless of the conceptual differences, a common theme in all these theories is that grief is a process and not a static event.

One of the original and best-known theories of grief is presented by Elisabeth Kübler-Ross. She identified five stages: denial, anger, bargaining, depression, and acceptance. This theory is applicable to both the patient who has been diagnosed with terminal illness as well as his or her family members. Following Kübler-Ross, many writers have presented their grief models with different numbers of stages or phases. A more simplified and inclusive view based on these models is that generally people tend to pass through three broad phases or stages of bereavement. These stages overlap and do not necessarily occur in a sequence. In fact, the bereaved individuals move back and forth between these stages as they work through them. And not everyone goes through these stages at the same rate and with same intensity.

An initial stage of shock, numbness, or disbelief is characterized by mechanical functioning and social insulation. This phase may last for minutes or weeks. The next stage of depression incorporates acute anguish with intensely painful feelings of loss that usually lasts from weeks to months. Finally, after months or even years, a phase of resolution involving reentry into a somewhat “normal” social life arrives. During this phase, the reality of the loss is accepted and intensity of grief symptoms diminishes. The grieving person begins to focus on the present and the future. An identity without the deceased is established and life can be enjoyed again. However, a normal progression through these phases or stages depends on a person's personality, type and nature of the relationship with the deceased, past experiences with losses, his or her present life circumstances, circumstances and nature of the death, and existing support system. Although people may successfully proceed through various stages or phases of bereavement, their perception of loss may always be there.

Along with understanding the progression of stages of grief, it is also helpful to understand different tasks the bereaved must perform to reach a satisfactory resolution of the bereavement process. To empower the bereaved, who are perceived to be not

just passively passing through certain stages, J. William Worden proposed an action-oriented approach, which complements the stage theory and which consists of four tasks of mourning: (1) acceptance of the reality of loss, (2) working through the pain of grief, (3) adjustment to the environment in which the deceased is missing, and (4) emotional relocation of the deceased and moving on with life. Through these tasks, one works through various aspects of the bereavement process to achieve its completion and subsequent equilibrium. All theories of bereavement are focused on (a) helping the bereaved acknowledge their grief resulting from a loss, (b) understanding that it is normal to experience a variety of dysphoric physical and emotional symptoms, (c) directing the bereaved to attend to “grief work” because successful grief resolution is not automatic, and (d) knowing that the bereavement journey has a final destination of acceptance and moving on with life.

Symptoms of Grief

Grief is manifested in a variety of symptoms, such as disbelief; shock; numbness and feelings of unreality; anger; guilt; sadness; periodic crying; preoccupation with the deceased; sleep disturbance; difficulty in concentrating on tasks; loss of appetite; weight loss; loss of interest in other people and activities; lack of energy; irrational hostile feelings directed toward the deceased, God, or someone else; intense yearning for the deceased; and smelling, seeing, or hearing the deceased. This is not an exhaustive list of symptoms. In fact, there is no complete list of symptoms of grief and they vary from person to person and situation to situation. Many symptoms of grief are similar to those experienced by persons with psychological disorders and are generally classified into four categories: affective, somatic, cognitive, and behavioral symptoms. The intensity and duration of grief depends on a variety of individual and situational factors unique to each individual's bereavement process. Important factors determining the intensity and duration of grief are one's level of attachment to the deceased, circumstances of death, nature of the death, and the personality makeup of the bereaved. Notwithstanding, it is normal for people to experience any range of dysphoric reactions.

Unlike in the past, grieving in this contemporary age is expected to be done expeditiously. One is expected to be at work a few days after a death occurs and to resume the level of productivity one had had prior to the death. Mourning is somewhat limited to the time of funeral. This is again unlike the past when many postdeath rituals and customs were observed and served to make people around the bereaved more sensitive to the distress and needs of the grieving.

Normal Grief

In the course of the normal grieving process, the grief symptoms gradually reduce and the bereaved person begins to accept the loss and to readjust. Some of the symptoms may return briefly on death anniversaries, birthdays, or other important occasions related to the deceased; this return of symptoms is considered normal. It is generally agreed that the average period of time for normal grief in American society lasts from approximately 12 to 18 months. If one's grief-related behaviors continue beyond this time frame, the grief may be considered unresolved, complicated, or pathological. However, in certain losses such as loss of a child, this process may be expected to last 4 or more years. Usually if the grieving process continues in high intensity beyond the culturally defined mourning period, it may lead to clinical depression. About one in five

bereaved individuals are eventually diagnosed with major depression. Individuals at highest risk for major depression are those with prior episodes of depression, with alcohol- or drug-related problems, without an adequate support system, and/or concurrently facing other major life stressors.

Anticipatory Grief

Normally, the bereavement progresses from denial to acceptance in a culturally prescribed manner, except when someone has a terminal illness or develops a debilitating disease, such as Alzheimer's, that robs him or her of faculties. The initial phases of bereavement are experienced by the family and friends in advance before the death. This kind of grief is called anticipatory grief. Family's protectiveness, overinvolvement, and unresolved issues may complicate the grieving process for both the patient and the family. The family members may experience conflicting emotions due to the prolonged nature of the crisis. On one hand, they dread the death of the loved one; on the other hand, they hope for closure and an end to the crisis. They may feel anger with the loved one for becoming ill and wish for deliverance from the burdens of caregiving, and then later be consumed with the guilt of having such thoughts. Tremendous strain is often experienced due to the prolonged illness and waiting for death, which can be emotionally and physically exhausting.

The dying patient's anticipatory grief has two components: anticipating his or her own death and feeling responsible for the burdens and sadness of loved ones caused by the impending death. While the anticipation of death or profound decline of mental or physical health is very disruptive, it can be beneficial as well, because it cushions people to absorb the loss and complete unfinished business. The patient and the loved ones have time to prepare for death and say good-byes. However, anticipatory grief does not replace the grief felt after the death. In fact, the bereavement process cannot be completed until after the death, even though many tasks of bereavement are completed while waiting for the death to occur.

Disenfranchised Grief

Sometimes people experience losses that are not considered significant, socially recognized, or publicly mourned. Such losses lead to what is called disenfranchised grief. Some examples of situations when disenfranchised grief may occur are aborted or miscarried pregnancy; stillbirth; disappearance of a loved one; death from AIDS; death of someone with whom the relationship is not sanctioned or recognized by the society, such as same-sex partners or extramarital lovers; or a past relationship, such as an old boyfriend or an ex-spouse. The disenfranchised grief may also be experienced by those who are considered incapable of grieving, such as persons with developmental disabilities or children. This kind of grief can also create problems in the workplace. Because of the limited opportunities to formally express the feelings of grief in nontraditional losses, disenfranchised grief often takes longer to resolve than the grief due to traditional losses such as losing a parent, spouse, child, or friend. The bereaved also may require professional help to complete the bereavement process.

Complicated Grief

All cultures contain normative expectations pertaining to normal grief reactions. These expectations are represented by the types of clothing, bereavement rituals, mourning behaviors, and acceptable length of time for mourning. Failure to meet one's cultural

expectations for bereavement and mourning is often labeled as complicated, unresolved, or pathological grief. Grief can also become complicated if the progression toward resolution is disturbed or not attempted at all. In some cases, the bereavement becomes prolonged with intense grief symptoms that interfere with one's ability to function, whereas in others, it may appear as a complete absence of grief. The intense overwhelming grief symptoms of earlier stages become abnormal due to their persistence and duration. Even though others will recognize the prolonged and self-consuming nature of a person's grief, often the bereaved remains oblivious and unable to recognize the complicated nature of his or her grief. However, those few who are aware of their problem feel powerless to address it. There are many similarities in symptoms between complicated grief and some psychological disorders, such as major depression, anxiety disorders, and post-traumatic stress disorder. Usually the unresolved issues of a relationship are the predisposing factors for complicating the grief process for the bereaved. It is estimated that approximately 10#x0025; to 20#x0025; of the bereaved experience this kind of grief with the following symptoms:

- Chronic insomnia or other sleep disturbances
- Excessive and continuous preoccupation with the deceased and loss
- Experiencing physical symptoms similar to those of the deceased
- Death or illness fears or phobias
- Engaging in escape and reckless behaviors such as drinking, drug abuse, or promiscuity
- Inability to get back to the prior level of functioning at work, school, or in relationships
- Inability to talk about the person who has died
- Showing signs of depression, low self-esteem, or suicidal thoughts
- Exaggerated grief reaction to minor events related to the deceased
- Reluctance to change the room or move the belongings of the deceased

Clinical and scientific knowledge on this subject has identified several types of complicated grief, as presented in the next section.

Chronic Grief

When the bereaved continue to exhibit normal grief reactions for an extended period of time without coming to a satisfactory resolution, the grief becomes chronic. It appears to be an attempt on the part of the bereaved to keep the deceased alive by continuing the intense grieving process. The bereaved fail to complete the tasks involved in the process of mourning and fail to adjust to their environment without the presence of the deceased. The intense grief reactions that would be appropriate in the earlier stages of bereavement linger. These excessive and disabling grief reactions keep the bereaved individuals from returning to normal life. Their intense preoccupation with the deceased may manifest in frequent visits to the grave, their conversations centering around the deceased, continual sorting and arranging the possessions of the deceased, and keeping the room and possessions of the deceased as if the deceased were coming back. An ambivalent or dependent relationship with the deceased is usually the source of chronic grief. Those who experience chronic grief and cannot come to a satisfactory resolution are at greater risk of physical and mental illnesses. There is also a high risk of suicidal behavior.

Absent or Delayed Grief

Unlike the normal grief pattern, some people who lose a loved one may show absence or delay of normal grief symptoms. The delay in symptoms may last for months or years. They behave as if the death of the loved one did not occur or they could handle the loss without being emotional about it. However, a price is exacted for this denial and repression. At some later date, a full grief reaction may be elicited by a somewhat minor loss or even someone else's loss. Or the bereaved may experience a flood of emotions at the least expected times for which they have no understanding or explanation. Often the absent or delayed grief results from either a traumatic nature of the death or the inability of the person to take time to grieve the loss, either because of obligations at the time of death or the person's perceived inability to deal with the loss at the time the death occurred.

Inhibited or Distorted Grief

When grief is inhibited, individuals might be able to experience loss of some aspects related to the deceased but engage in denial of others. Few signs of grief may be demonstrated at the time of death, but later psychosomatic symptoms may develop or moodiness may set in as the bereaved becomes irritable and/or short-tempered. Some bereaved persons may distort the experience of grief by exaggerating one or more normal grief reactions, such as anger or guilt. They may also appear to be consumed by one or more extreme emotions. Complaints of headaches, heart palpitations, anxiety, and depression are common symptoms, as are displaced anger and hostility. These complications are experienced more intensely and frequently than normal grief reactions are experienced.

Unanticipated Grief

Sudden or traumatic deaths lead to unanticipated grief. Because of the sudden nature of loss, often the bereaved are unable to fully experience the normal grief reactions. Instead they may suffer from extreme feelings of bewilderment, anxiety, self-reproach, and depression, thereby making the recovery complicated. Because of the unexpectedness of death, there may be many regrets and lose ends identified. The bereaved may feel responsible for not preventing the death or may have a significant amount of unfinished business with the deceased, leading in turn to increased anger directed toward others. The prolonged grief experienced is further intensified by their need to understand why the person died and the search for the meaning in death. The unpreparedness often leaves the bereaved feeling vulnerable and out of control. Their symptoms are similar to those identified as accompanying post-traumatic stress disorder and often require immediate intervention. If intervention is delayed, the symptoms might become chronic and more difficult to treat.

Masked Grief

Sometimes bereaved individuals might experience somatic or psychological symptoms or a maladaptive behavior, which at first does not appear to be related to the loss. Unable to recognize the relationship between the symptoms experienced and their repressed feelings about the loss, the bereaved may develop symptoms similar to those of the deceased, while at other times experiencing unexplained depression or paranoia. Repressed grief may also be acted upon through a maladaptive or delinquent behavior, such as promiscuity, drinking, gambling, and other self-deprecating behaviors.

- grief
- bereavement
- disenfranchised grief
- bereavement process
- loss
- death of nature
- death

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See also

- Bereavement, Grief, and Mourning
- Grief, Bereavement, and Mourning in Cross-Cultural Perspective
- *Loved One, The*

Further Readings

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