

# **LOSS and GRIEVING**

Peter L. VanKatwyk

## Introduction

### A Dream Story

*A persistent message haunts me dream after dream. One night it is about walking to meet a good friend in a familiar location in Toronto, and suddenly the cityscape changes to a medieval scene of narrow streets and market squares thronged with people among whom I lose my way. Another dream is about leaving a meeting only to realize that I have no clue where I left my car and how to get home. The dreams become predictable and boring: now I am about to make a presentation and my lecture notes have disappeared and my mind has gone blank. I feel lost and naked in front of a bewildered audience.*

### Sharing Loss Narratives

- What can you add from your own experience to such stories of loss and separation?
- What kinds of losses are represented in these stories?
- What particular losses dominate in your own story/dream-making process?

## **I. Loss as a universal human experience**

*Bereavement* is the term to describe the critical impact of a separation that leads to a significant loss – the loss of a person or object felt essential to one’s being. Such losses register at all the dimensions of human experience: emotional, cognitive, spiritual, behavioral and physical.

A *curriculum vitae* lists our achievements. In our life stories we similarly emphasize what we have gained rather than lost. In the popular mind the future holds more rather than less, hence is to instill hope rather than fear. For many the exciting part of psychology is the story of human development. Yet these are stories of paradox: each gain comes at the cost of a loss. Developmental stages are linked to traumatic events in psychoanalytic theory. Our very birth is described as a *birth trauma*, the loss of the security of the womb – a loss that will infuse life in all its subsequent phases with existential anxiety related to the awareness of our dependence and finitude.

Feared losses of what is deemed essential to life at pivotal developmental stages:

- the mother or primary caregiver in infancy.
- “castration” through parental triangulation in childhood.
- approval and peer-acceptance in adolescence.
- success and love in early adulthood.
- meaning and fulfillment in mature adult years.
- control and quality of one’s life in late adult years.
- dignity and life itself culminating in the final years.

### Personal Narrative Corrective

- How would you punctuate your own life story in terms of loss and gain?
- How would your story add to or revise the above list of developmental crises?
- How does your narrative correlate with your experience of spirituality?

The transitions of life correlate growth with crisis points where loss and gain interact.<sup>1</sup> The same paradox is present in the existential dynamics of transformation when loss, suffering and death can bring new depth and meaning to life.

### Theological Reflection – how do you understand this paradox in the following:

- “those who try to make their life secure will lose it, but those who lose their life will keep it” (Jesus, Lk.17:33).
- “blessed are those who mourn” (Jesus, Mt. 5:4).
- The crucifixion-resurrection connection as a universal principle of spiritual growth.

Kind of Losses: Mitchell & Anderson (1983, 36-46) differentiate and describe 6 types:

- 1) Material Loss
- 2) Relationship Loss
- 3) Intrapsychic Loss
- 4) Functional Loss
- 5) Role Loss
- 6) Systemic Loss

## **II. Grieving from Multiple Perspectives**

*Grieving* defines personal and group responses to bereavement. The grieving process is to experience the pain of the loss while accommodating to a changed world and struggling to regain some degree of equilibrium. Grief becomes grief work as it engages both the emotional upheaval and the coping responses of actively interpreting and addressing the loss.

*Mourning* is the term often used interchangeably for grieving but in addition it incorporates the public dimension of grieving. While grieving is a personal and private affair, it participates in a social context prescribed by conventional mores and expectations. Religious contexts offer the resources of support and guidance of shared faith, prayer and ritual in spiritual care visits and at communal memorial ceremonies and funeral services.

### ***A. Classical Grief Models***

1. The intrapsychic focus of psychodynamic theory

Freud’s paper *Mourning and Melancholia* (1917) laid the foundation for viewing grieving as an intrapsychic process that can lead either to resolution or depression. Though an individualistic theory, Freud emphasized the relational nature of the psyche in how persons invest psychic energy in significant others. In this process the other becomes

part of one's own identity (*identification*). When the other person dies, the identification with the deceased is intensely revived and examined, with the desired outcome that an abiding human bond to the deceased person is forged. With this inner connection, the bereaved person can begin to let go of the other person's physical presence, accept the reality of the loss and establish new attachments for ongoing life.

Developments in *object relations* theory gave further thought to dysfunctional grief responses. While *identification* serves a healthy grieving process, a pathological path is followed when the loss of the deceased significant other is not assimilated in the personality. With *introjection* the lost person is not integrated into one's own personality, but left apart, a stubborn, insistent obstacle resisting life to move on.

## 2. The interactional focus of attachment theory

Rather than Freud's intrapsychic mechanism, John Bowlby posits the biological dynamics of "attachment" and "separation" in one's relational and environmental world as essential in grief. Attachment theory<sup>2</sup> locates grief in the loss of connection and security in the world. The sense of feeling at home in the world, establishing one's balance or *homeostasis*, is monitored by one's *internal working model* tracking the presence or absence of the attachment figure and the self in interaction with the attachment figure.

Grieving is thus rooted in the original process that regulates infant proximity-seeking and contact-maintaining behaviors with one or a few specific individuals who provide physical or psychological safety. Grieving resembles the child's separation experience, including an initial moment of numb disbelief, a stage of searching for the lost person, with restlessness and anger, a stage of depression with the growing awareness that further searching is useless, and a stage of recovery in which an internal image of the attachment figure is maintained.

*There is intense yearning, pining, and longing for the one who has died. The bereaved feels empty inside, as though torn apart or as if the dead person had been torn out of his body. With the yearning and longing there is a most intense preoccupation with the image of the deceased, as if this is held in place of him. The bereaved is alert, aroused, actively (perhaps unconsciously) scanning the environment for any clues of his presence, longing for his return. Raphael, 1983, 40.*

### For Reflection

- How are the intrapsychic and the interactional both represented in the above quote?
- Which of the two dynamics best describes your own experience and/or observation of the grieving experience?
- How can spiritual care combine both perspectives in grief counselling?

### Basic Assumptions

Psychodynamic theories have shaped some common expectations about the nature, process and duration of the healthy, normal grieving process. These include the following:

- The goal “to let go” of the dead in order to establish new attachments in life.
- The process of going through predictable stages including denial and depression.
- The timeline of no longer than two years for recovery and resumption of a full life.
- The necessity of working through the loss towards resolution.

### Stages or Tasks

Some of the early theories described grieving like a standard storyline with a predictable series of chapters or developmental stages leading to an ending of resolution. Elisabeth Kubler-Ross (1969) proposed a progression of stages by which terminal patients deal with their impending death: from denial, anger, bargaining, depression to, when all goes well, final acceptance. These same stages were generally applied to the grief experience of those facing not their own death but the death of a loved one. Her book was immensely popular at the time – ruthlessly open about death and dying yet comforting in affording a glimpse into a grand, universal design: steps on the road to healing as we grieve our losses.

To many it has been helpful to see a predictable pattern and purpose to the grieving process. A disadvantage is the tendency to see these stages as linear and prescriptive: steps to be followed in an orderly fashion without shortcuts or skipping a disagreeable one like anger. Worden (1991) changed his original use of the word *stages* to *tasks* – a term that highlights the active participation in, rather than passive submission to, the grieving process. Worden reflects how the concept of a task follows Freud in profiling grief as “grief work” and distinguishes four tasks required for resolution (pp.10-18):

- i. To accept the reality of the loss
- ii. To experience the pain of grief
- iii. To adjust to an environment in which the deceased no longer exists
- iv. To withdraw emotional energy from the relationship with the deceased and reinvest in new relationships.

### ***B. Contextual/Constructivist Models***

#### 1) Family Systems<sup>3</sup>

##### o *contextual*

Grief from a family systems perspective is systemic rather than individualistic, marking the “dissolution and reconstruction of a collaborative family identity in response to a new reality, the physical absence of a vital member of the interdependent family” (Shapiro, 1994,6). The family as a relational system consists of persons who perform interactive social roles and psychological functions that provide each member, and the family as a

whole, with an identity. In case of a death in the family, both the family unit and the so-called "surviving" family members themselves are at risk of losing themselves.

- *family position and function*

A death in the family is largely defined by the unique position and specific function of the deceased individual in the family system. Some grief studies differentiate between the loss of a child, a sibling, a parent, a spouse (Bevcar, 2001). The death of the main caregiver in a family of dependent members, or the death of a young child who carries the joys and hopes of the family, is likely to be followed by major family disruption that runs like an "emotional shock wave" (Bowen, 1991, 79-93) through the family.

- *self-differentiation and relational systems*

Murray Bowen developed a scale of levels in self-differentiation. Families with little self-differentiation are described as "closed" as opposed to an "open relationship system in which an individual is free to communicate a high percentage of inner thoughts, feelings, and fantasies to another who can reciprocate" (1991,80). Closed family systems exhibit high levels of anxiety and emotional reactivity when their shared identity and common experience as a family is being threatened. Rather than a rigid point on a scale, the level of self-differentiation is commonly experienced as a flexible continuum. In times of stress and crisis, such as encountered in the real or anticipated loss of a family member, family members generally regress on the scale of self-differentiation, and experience anxieties and overwhelming feelings of helplessness in the face of impending disintegration.

- *reconstruction and continuity*

From a systems perspective, a person belongs to something larger than one's self by participating in the family – a presence that continues from generation to generation. Grieving is to define and strengthen rather than extinguish that relationship. As Shapiro emphasizes "the end point of successful grief work is not relinquishment of the lost relationship but the creation of a new bond, one that acknowledges the enduring psychological and spiritual reality of someone we have loved and made a part of ourselves" (1994, 41,42).

Also beyond the family circle when people die, personal relationships continue. The dynamics of *relocation* (Worden, 1991, 16,17), rather than relinquishment or replacement, establishes a place for the dead person, without letting that place get in the way of ongoing life. Relocation requires a search – to grasp and be grasped by the living memories of the dead, and to incorporate within one's own life the living essence of the other.

- *cognitive grief work*

Beyond the immediate urgency of surviving the traumatic impact of loss of life is the task to incorporate the death in the family story. At this point the focus is not so much on feelings than on thoughts through reconstruction and relearning one's place in a changed world. In this grief work, the death is also seen in a new perspective through which the deceased family member can participate in the ongoing life of the family and its members. In this approach the question of meaning stands central, with a special

challenge for those cases of loss that appear to be singularly senseless, conflicted and brutal.

Theological Reflection: the Joseph/Jesus story as a story of relocation

Father Jacob did not want to accept his son Joseph's death and refused to be comforted. Later he did find his son relocated in Egypt, feeding the family of Israel in a time of famine. When Joseph dies an old man, he insists that his bones be carried along by the Israelites on their journey to the Promised Land. Here the dead participate in the ongoing journey of the living without becoming an obstacle on the way. The Joseph story continues in the Jesus story: a life that cannot be left behind but is carried forward into the next generation, from generation to generation.

2) Constructivist Perspectives<sup>4</sup>

“Human beings are meaning-making creatures, and they will spin their webs of meaning throughout all of time, much as they have been doing ever since the dawn of awareness. As for psychotherapy, there are many ways of construing it, but a view of it as a dialogical process between two or more persons, leading to the reconstruction of old meanings and the creation of new meanings, is congenial...” (Rosen & Kuehlwein, 1996, 3,4). In this constructivist context the critical variables in grieving and grief counselling include the following:

- The grieving person is not a passive recipient but rather an active agent in organizing and interpreting the meanings of his or her experience of loss and separation.
- There is not an objective, universal theory of grief and its resolution for a person to receive and conform to. Rather it is the challenge to develop therapeutic understandings and interventions appropriate to one's personal and social situation.
- Grief therapy becomes a co-constructive process where the caregiver participates in “transformative dialogue” (Gergen), often through hermeneutics as the art and practice of interpretation towards a “merging of horizons” (Gadamer) of meaning.
- Rather than an exercise in defining an abstract “real” truth, constructivism focuses on the practical and utilitarian benefits of meaning constructs that make for a good fit in a particular person's process of healing in the concrete context of that person's life situation.

*Why would anyone in his or right mind not want to use what's left? And why would anyone in his or her left mind not want to do what's right? Indeed, it is only when both sides of the embodied mind are integrally collaborating that the whole person is making meaning and is interacting meaningfully with others. When two such embodied minds enter into dialogue, there is further potential for a synergistic co-construction of new and novel meanings emerging between them.*

Co-constructed by Hugh Rosen & Kevin T. Kuehlwein

### 3) Narrative Theory & Therapy

Narrative theory belongs to constructivism by its belief that people construct the meanings by which they live their lives. What is special about narrative theory is that stories constitute the principal means for making sense of life and finding one's place in the world. Our stories shape both our view and way of life in the world. From a narrative perspective, the various religious creation accounts are prime examples of how stories orientate and direct people in their world.

Stories in this sense are more than a hobby, entertainment or even an art form. They are essential to who we are and how we cope and survive in the critical encounters of life. Joseph Gold in his book aptly titled *The Story Species* (2002) connects literature, stories and language as a biological link in human evolution:

Literature is a form of language that humans have evolved to help themselves cope with the world they inhabit. Creating and sharing complex stories is an adaptation of language to help humans survive well. And language itself is an adaptation of our brains to the Earth's environment, our home, and the human interaction with it and with each other.<sup>5</sup>

In human existence life and death are constant companions. Our hopes and dreams for a full life are bracketed by the awareness of our mortality. Stories have the vocation to mediate between life and death. Pushing the confines of finitude, a courageous story becomes a cosmic tale. Out of a *Genesis* context of a "formless void," the narrator constructs a script that provides cohesion and meaning, provoking our emotions and loyalties. Narrative theory sees stories as the media by which we shape our experiences and, conversely, are being shaped in what we experience as we scale the life-and-death balances in our lives.

Some life-and-death stories are more tilted towards life, others more to death. Life stories expand our lives by connecting with others, places, ideas, and projects in ways which enlarge our perspectives and expectations. Life-giving stories do not deny death but defy its intimidating impact in dampening the creative challenges of life. Life stories are the stories of courage; the courage which Tillich (1952, 32) defined as "self-affirmation 'in spite-of,' that is in spite of that which tends to prevent the self from affirming itself." When significant work and love relations fail we are inclined towards a *death*-reading in which the creative possibilities of our lives are overshadowed by the major themes of loss, restriction and helplessness. From a narrative perspective, grieving our losses is to incorporate the losses in our life story and to reestablish a life-and-death balance that allows the telling and living of ongoing life.

Thomas Attig (1996) in his story-telling grief study uses the metaphor *relearning the world* in describing the process of grieving. In the death of a close, loved other, our autobiography also comes to an impasse as "we struggle to give new sense and direction to the continuing stories of our lives" (149). Rather than let professional books on grief set the agenda, Attig focuses on concrete and authentic stories of bereavement and grieving that spell out the radical revisions required:

...that we change our daily life patterns and direction in life. We must meet challenges and address tasks as we come to terms with objects, places, and events; relationships with family members, friends, fellow survivors, the deceased, and, perhaps, God; and elements of our daily routines, work and leisure lives, ongoing projects and commitments, perhaps our fundamental beliefs, and our expectations and hopes for the future (55).

### **Self-Care for Caregivers**

Working with people on the issues of loss and grief is often experienced as very fulfilling and affirming. Yet being with the bereaved also requires disciplined self-care with attention and sensitivity to the following:

#### ○ *Self-Examination*

Skinner Cook and Dworkin (1992), in a book focusing specifically on the therapeutic practice with the bereaved, emphasize the need to review our own background and current issues with experiences related to death (168-173). Working with the bereaved may well awaken our own losses that lay dormant with unresolved baggage. The “codependent bereavement caregiver” (Wolfelt) is the caregiver with unresolved grief issues that are vicariously addressed in the work with the bereaved.

#### ○ *Vicarious Traumatization*

The experience of loss and separation can take on traumatic intensity in severe and complicated grief experiences. Bereavement can be so devastating as to approximate a diagnosis of posttraumatic stress disorder (Figley, 1989). The more traumatically charged the suffering, the closer the caregiver can be drawn into a cycle of trauma incapacitation. The identification with acute suffering in the bereaved person will activate the caregiver's own vulnerability. This reciprocal process will increasingly put the caregiver at risk of what is now commonly known as compassion fatigue. This burnout scenario can also occur when our practice of care is singularly or overwhelmingly constituted by grief-related cases.

#### ○ *The Forgotten Caregiver*

“There is hurt and distress, yet the bereaved hardly seems to notice or respond to the person offering care. He wants only the dead person. Others are only really valued if they seem to provide a link with that person or if in fantasy they offer some hope for his return” (Raphael, 1983, 356,357). Even though knowing that grief work is to be done by the bereaved, we may well wish to be more actively contributing to the healing process. Caregivers also may not just feel forgotten but abused when they become the target of free-floating anger and frustration in the bereaved.

### **Reflection**

From your own experience in caring with the bereaved:

- what has been most valuable?
- what has been most challenging?

## A SUMMARY HANDOUT: SEVEN THESES

### *On Loss and Grieving*

*1. A death is always a death in the family*

In family systems theory, death is an integral part of the family life cycle. Rather than focusing on individual grief reactions and attending perils or pathological complications in the adjustment process, systems theory locates death in the process of normal family development. While a death can mark a crisis event in the life of the family, triggering disruption both in family stability and personal identity, there is also the impetus for the family to develop its resourcefulness in coping and adapting.

*2. Grief is a uniquely personal experience, not programmed by a universal, normative grief process.*

Traditional grief theories are often classified by their respective ordering of predetermined stages held normative for the grieving process. Consequently, grief reactions that deviate from the norm are deemed symptomatic, in need of corrective interventions. The systems principle of role differentiation locates each person differently in the web of family relations, establishing uniquely personal pathways in grieving as people redefine and relocate their place in the family and in life.

*3. Grief follows a developmental, systemic process rather a linear progression of successive stages.*

The various levels of family organisation chart the family grief experience. In the initial, acute phase of bereavement the family will often in physical ways experience the loss, with overwhelming sensations of abandonment, panic and confusion. In another phase, bereavement is felt primarily in the loss of one's place with others and the question of one's identity and place in the family and in life. In a related phase, the question of how to continue the story of the family and one's own personal journey in life takes central stage in the grieving process. Rather than one linear process, it is a complex configuration representing multiple, interacting dimensions in the psychological and developmental structure of the family that defines the grief experience.

*4. Grieving requires active personal engagement rather than submission to a predetermined healing process.*

Grieving as an active process compares to coping with stress, often of catastrophic intensity. Stress studies emphasize that coping requires a twofold strategy: the active recruitment and utilization of available resources, and the creative use of cognitive and spiritual perception in defining a healing theory and revising the crisis event.

5. *Grieving is essentially a cognitive process rather than primarily an emotional experience.*

A constructivist approach to therapy sees the task of reorienting oneself in a radically changed world as central to the grieving process. A death can fit into our life construct but can also jar our basic assumptions about life. A person's place in the world is anchored in the emotional investments and relational bonds that sustain his or her life. As that life structure and orientation schema of basic values and meanings disintegrates in the death of a loved one, the bereaved needs to relearn the world. From this constructivist perspective, emotions are "signals of the state of our meaning-making efforts," and "dimensions of transition" (Niemeyer, 1997) that indicate where we are in the process of adapting to new realities.

6. *The goal of grieving is towards incorporating rather than recovering from the loss.*

In the initial, acute phase of grieving, panic and often unspeakable pain stand out. For that reason denial often accompanies the onset of grieving, indicating the need to dull and avoid the full impact of the inner hurt. In the popular mind, as well as in some grief theories and religious understandings, there is a belief in an ultimate resolution or emotional recovery as the bright marker of a successful end to the grieving process. Such recovery images stem from the medical metaphor of an open wound that in time will heal and close. Yet, a grief resurrection does not include the disappearance of wounds. As some grief survivors have said: "you never get over the hurt but you learn to live with it." Others even fear the disappearance of their grief wound since it is one of the remaining bonds with their loved one, a mark of their caring.

7. *Grieving fosters a spiritual transformation through the relocation of the deceased.*

Through relocation the deceased family member is remembered as a unique human being with a story that blends into our history and guides ongoing life. This approach simultaneously acknowledges the reality of the loved one's death and the ongoing presence of the person in the life of the family and its members. Beyond the immediate goal of surviving the blow of catastrophic loss of a loved one, there is the need for a shared history, a sacred story that carries the family forward in life.

*For Individual Reflection and Group Conversation*

- If you could choose one thesis to defend or amplify, which one would it be?
- If you could choose one thesis to question or argue with, which one would it be?
- If you could delete one thesis from further thought, which one would it be?
- If you could learn more about one specific thesis, which one would it be?
- If you could post another thesis, what would it be?

## Notes

- Some of the materials in this module were adapted from Peter L. VanKatwyk. (2003). *Spiritual Care and Therapy – Integrative Perspectives*. Chs.10 & 11. Waterloo, ON: Wilfrid Laurier University Press.
- The Canadian Virtual Hospice ([www.virtualhospice.ca](http://www.virtualhospice.ca)) has valuable resources for spiritual care professionals providing end-of –life care.
- For the *Patient Dignity Inventory*) see

## References and Key Sources

- Attig, T. (1996). *How We Grief – Relearning the World*. New York: Oxford University Press.
- Bevcar, D. (2001). *In the Presence of Grief – Helping Family Members Resolve Death, Dying and Bereavement Issues*. New York: Guilford.
- Bowen, M. (1991). “Family Reaction to Death,” in Walsh & McGoldrick. *Living Beyond Loss – Death in the Family*.
- Bowlby, J. (1980). *Loss – Sadness and Depression*. New York: Basic Books.
- Figley, C. (1989). *Helping Traumatized Families*. San Francisco: Jossey-Bass.
- Gold, J. (2002). *The Story Species*. Fitzhenry & Whiteside.
- Kubler-Ross, E. (1969). *On Death and Dying*. New York: Macmillan.
- Mitchell K. & Anderson, H. (1983). *All Our Losses, All Our Grievs – Resources for Pastoral Care*. Philadelphia: Westminster Press.
- Niemeyer, R. (1997).”Meaning Reconstruction and the Experience of Chronic Loss.” In K.Doka (Ed.), *Living with Grief*, 159-176. Washington, DC: Hospice Foundation of America.
- Raphael, B. (1983). *The Anatomy of Bereavement*. New York: Basic Books.
- Rosen, H., & Kuehlwein, K. (Eds.) (1996). *Constructing Realities: Meaning-Making Perspectives for Psychotherapists*. San Francisco: Jossey-Bass.
- Shapiro, E. (1994). *Grief as a Family Process*. New York: Guilford.
- Simos, B. (1979). *A Time to Grieve – loss as a universal human experience*. New York: Family Service Association of America.
- Skinner Cook, A. & Dworkin, D. (1992). *Helping the Bereaved – Therapeutic Interventions for Children, Adolescents, and Adults*. New York: Basic Books.
- Tillich, P. (1951). *The Courage to Be*. New Haven: Yale University Press.
- Walsh, F. & McGoldrick, M. (Eds.). (1991). *Living Beyond Loss – Death in the Family*. New York: Guilford.
- Worden, W. (1991). *Grief Counseling and Grief Therapy*. 2<sup>nd</sup> Ed. New York: Springer.

## Movie Resources

Since loss and grieving are pervasive, universal human experiences, there are many grief stories in the movies. To mention a few:

- *One True Thing* (1997), directed by Carl Franklin, with Meryl Streep.
- *Ordinary People* (1980), directed by Robert Redford
- *Truly, Madly, Deeply* (1992), a BBC films production
- *Wendy and Lucy* (2008), directed by Kelly Reichardt, with Michelle Williams.
- *Wit* (2000), directed by Mike Nichols, with Emma Thompson.

## **Endnotes**

---

<sup>1</sup> See Erikson in Module IV, I- *Individual Life Cycle Theory*

<sup>2</sup> See Module I,iii – *Relational Patterns in Caring*

<sup>3</sup> See Module III,iii – *Family/Social Systems Dynamics*

<sup>4</sup> See Module I,vi – *Task-Focused Caring*

<sup>5</sup> In an earlier book, *Read For Your Life*, (1990, Fitzhenry & Whiteside), Joseph Gold wrote a therapeutic guide and popular text on bibliotherapy, the use of Literature as a healing agent in mental health.