The Hidden Gifts of Grief

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This article explores the characteristics of the grief experience. The author reminds clinicians that virtually every patient has had a loss experience, yet many clinicians fail to explore the repercussions. The article identifies the major tasks of grieving, and views some therapeutic techniques to help the griever. Finally, the author suggests how grief can be a transformative event when fully experienced.

Key Words: grief, loss, traumatic grief, bereavement.

Grief is a universal human experience – it happens to everyone – either in response to the loss of a relationship, or in response to the continual, ever-present kind of loss which we experience as life takes us through its inevitable changes.

I have spent almost thirty-five years working with the dying and the bereaved. My specialty as a clinical psychologist has focused on grief – helping people deal with loss in all its forms, but especially loss of a significant relationship such as a child, spouse, sibling or parent. When I work with someone who is dying, the grief is about losing everything, including one's self.

Having a practice which centers on the dying and bereaved (although not exclusively) has taught me much about life, suffering, healing and growth. It has forced me to question many assumptions of my 1970s graduate education. It has motivated me to informally study comparative religion and to experiment with ways of integrating spirituality into psychotherapy. It has prompted me to systematically explore mind-body medicine, its clinical applications, and trauma as well. In short it has been a wonderful journey, packed with growth, both personal and professional.

The purpose of this article is to share with you some of the things I have learned about grief and loss, for I have come to believe that this aspect of the human condition has the potential to become one of the most powerful transformative agents we have. This is true only if the person is encouraged to experience the grief fully and do the work involved. Many clinicians have never received training to understand what is involved, yet virtually every person sitting with a therapist has had a grief/loss experience waiting to be explored and mined for its hidden gifts.

Let me begin by exploring the characteristics of the grief experience itself. Later I will identify the tasks of grieving and examine how an individual might grow through the grief experience.

Defining Grief

Grief is the name we give to the complicated set of emotions involved in loss. Loss itself is a natural part of life, for everything alive is constantly changing, and every relationship ends in loss. Civilizations and cultures prior to ours knew the truth more clearly than we do. Our 21st century culture mainly treats loss and death as an unnatural affront; our focus is on acquisition, not on loss. Grief is a process, not an event. In itself, it is not pathological, although it can become so. Grief is the shadow side of attachment; the price we pay for loving. Erich Fromm (1947) summed up the human dilemma succinctly: "*to spare one's self from grief at all cost can be achieved only at the price of total detachment, which excludes the ability to experience happiness*" (p. 190).

Every grief is an intimate and intensely personal experience. And although every relationship is unique, making every grief experience unique, there are some common observations we can make.

Initially when a loss occurs, the griever often enters a kind of dissociative state where reality feels unreal, like a bad dream one cannot wake up from. Cognitively you know the person is gone, but you cannot truly process the information or totally grasp it emotionally. This feeling can last much longer than most people believe. It can take six months to a year (especially if the loss is sudden) before we finally fully understand that the person is dead and never coming back. Once this realization fully sinks in, the most painful aspect of grief commences. This is a time when most mourners report that

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they feel like they are going crazy, like they are coming apart physically, mentally, emotionally, spiritually. Most people are shocked to learn that grief is such a physical experience – deeply embedded in the body as well as in the mind and in the spirit. People at this point literally feel pain in their bodies, mostly in their chest and/or gut. They sigh often, feel exhausted, have headaches, and experience disturbed sleep and/or appetite. They experience anhedonia and loss of sexual desire. Their immune system is depressed as well. Cognitive symptoms abound, including disorientation, confusion, forgetfulness, impaired concentration and attention, preoccupation, rumination and obsessiveness. Emotionally, the griever suffers acutely. There is much pain and crying, often accompanied by bitterness, self-pity, guilt, hostility, rage, emptiness, hopelessness, fear, anxiety, panic. Many grievers wish death for themselves. (This is not the same as contemplating suicide.) Socially, withdrawal and isolation are common, and there are times in grief where every relationship in a person's constellation is disturbed.

In a basically healthy person this roller coaster ride of grief will gradually abate and soften over time, giving way to a sense of inner reorganization of self. These experiences are not to be thought of as rigid, discrete segments that get played out in an orderly fashion. It is often the case that people go back and forth into places with soft and blurry boundaries, experiencing grief in waves which ebb and flow.

It must be mentioned that for some losses, this painful suffering can last several years. Parents who have lost a child are often in this horrible place for two, three, four years or longer, with some of them reporting that it isn't until year six or seven that they begin to feel joy again on a consistent basis. Of all the losses I have witnessed in my work the loss of a child is the most excruciating and hardest to accept. Whether the child is two years old, twenty-two, forty-two or sixty-two, the loss is devastating on every level. Part of this, I think, is that aside from losing this close relationship, a part of the self is lost, and a part of the future is lost. There is often a deep, irrational guilt that one was not able to protect their child from death.

This part of grief is not a time when you can do much growing. It is a time just to be gotten through. For anyone who works with the bereaved, what is needed now is for someone to just be present, to listen, to bear witness to the enormous pain, to be a container to help hold the enormous suffering. The internal working through of the loss cannot really begin until the worst of the pain has passed. To try to force recovery before all the grief feelings are felt and expressed is to seriously short-change the mourner.

One of the biggest difficulties of this time is that so many people are terrified of surrendering to such great pain. They are afraid of losing control, of losing themselves, of drowning in this sea of darkness. *But that is precisely what must be done.* People often have strong personal, familial and societal negative beliefs about "*giving in*" to such strong feelings. Often they try to ignore, avoid, numb or push such feelings down. The irony is that such defenses delay the grief process, forcing it underground where it lies in wait to wreak havoc at some later time.

Many writers have alluded to the necessity of allowing one's self to be transformed by this pain. "*We are healed of a suffering only by experiencing it to the full.*" (Proust, 1948, p. 165). Many authors liken grief to being "broken open." Elizabeth Lesser (2004) describes being broken open as "*a process of surrendering to a time of great difficulty – allowing the pain to break us open and then being reborn stronger, wiser, deeper.*" Kahil Gibran (1966) notes that "*your pain is the breaking of the shell which encloses your understanding*" and "*suffering carves grooves in the heart which later enable it to hold more joy.*" Ernest Hemingway (1929) wrote "*the world breaks all of us and some of us become strong in the broken places.*"

The Tasks of Grieving

Just how does the growth process occur from grief? It occurs through the process of exploring the relationship we had with the person who died, really trying to understand what meaning it had for us in our lives, how it may have changed us for the better (or worse), and by finishing unfinished business with the deceased. This requires time, hard work, and total honesty.

It is here that most of us get stuck. Because there is no such thing as a non-ambivalent relationship, it is in the acknowledging and working through of that ambivalence which is so challenging.

My clinical experience (and my life) has shown me that much of what I was taught about grief was inaccurate. For example, the classic model of grief I had learned was that the mourner "works through" the grief, eventually "letting go" of the deceased, and arrives at something called "closure." It was, in a sense, an economic model. There was only so much emotional capital to go around, and you had to withdraw your emotional investment in the relationship before you were free to re-invest in yourself or another relationship.

I no longer see this as how things work. I believe that "working through" is a life-long process. We eventually come to an acceptance of the loss, but deep inside we continue to process the loss, and how we hold it changes as we grow and change. I do not think we "let go" of the person who died; rather, I believe that we move the relationship from outside us to inside us, keeping the emotional bond intact. I do not like the concept or the word "closure." Instead, I subscribe to the view of the play-

meaning-making creatures, and the people who grow and thrive the most after loss are the ones who come to a deep sense of personal meaning in the loss. Their reinventing themselves after the loss involves a sense of growth, a sense of transformation and transcendence. Indeed, many find that embedded in the loss is a hidden gift – the potential for new growth. Working towards the goal of being more than one was before brings with it a re-working of one's story, a revision of one's narrative. It may involve learning to focus on the self after always being part of a couple, learning how to parent alone, or how to be the parent of a spiritual child rather than a physical one, or perhaps adjusting to being the lone remaining sibling.

I once worked with a patient in her seventies who had buried three husbands during her life. Rather than feeling bitter, victimized or cursed, she told me how lucky she felt. "Three men loved me. Each one taught me something different about myself. Each marriage helped me to grow." This is meaning-making in action.

The human struggle involves grappling with the happenings and events in life, and trying to make some sense of them in terms of our own existence. Nowhere is this more possible, more fruitful, than in the experience of loss.

Psychologists are in a unique position to explore this landscape of loss with their patients. They are fellow travelers, accompanying them on their journey, witnessing to the pain and suffering, but also encouraging the discovery of meaning and growth. In this process, both parties are enriched.

REFERENCES

Anderson, R. W. (1966). *I never sang for my father.* New York: Dramatic Play Services, Inc.

Fromm, E. (1947). *Man for himself: An inquiry into the psychology of ethics.* New York: Henry Holt.

Gibran, K. (1966). *The prophet.* New York: Alfred A. Knopf.

Hemingway, E. (1929) *A farewell to arms.* New York: Scribner.

Lesser, E. (2004). *Broken open: How difficult times can help us grow.* New York: Villard.

Naperstak, B. (2004). *Invisible heroes.* New York: Bantam Books.

Neimeyer, R. A. (2001) (Ed.), *Meaning reconstruction and the experience of loss.* Washington, DC: American Psychological Association.

Proust, M. (1948). *The sweet cheat gone.* London: Chatoo and Windus.

wright Robert Anderson, who wrote in his play *I Never Sang for my Father* (1966): "Death ends a life, but not a relationship, which struggles on in the survivor's mind towards some resolution which it never finds." We don't want to remember any messy parts of the relationship, but all relationships have messy parts, some more than others. Indeed, life itself is very messy.

In reviewing the relationship and trying to come to some peace with it, we may find that we may want to make amends, acknowledge things we've said or done which were hurtful, express feelings that were left unsaid, or offer forgiveness to the person we've lost. This kind of work acknowledges the relationship as teacher, and can be an extremely fruitful part of our growth and development.

Some people find it relatively easy to do this inner work. They take long walks, for instance, conducting an inner dialogue with the deceased. Others ritualize the process, writing letters which they read at the cemetery, then bury. Still others have a very hard time trying to create this internal conversation. They are frequently helped by a technique called guided imagery which I've learned from mind-body medicine. My teacher was an extraordinarily gifted clinician, Belleruth Naperstak, who has written several books on the subject, and has pioneered the use of guided imagery for the treatment of trauma (*Invisible Heroes*, 2004). This technique involves inducing a deep state of relaxation, then creating a mental image or picture for the patient with words. Let me illustrate with a few examples from my practice.

A thirty-one year old woman came to me in a state of abject misery after her policeman husband had committed suicide. She felt she couldn't let go of him because many things were left unsaid and unresolved between them. We designed a series of imageries which allowed her to have several "conversations" with him, and it greatly helped her to heal. Another woman whose son was drug involved and died of an overdose, felt guilty about all the fighting and conflict which took place before his death. We created an imagery in which he "sat" in the office with us. She was able to explain to him what she had been feeling and trying to do. He was able to hear her and thank his mother for trying to help him. He also apologized for his behavior and his death. This imaged dialogue greatly assisted in the process of her grieving.

As we live, we continue to accumulate internal relationships with people who are no longer living. They dance inside us, sometimes coming to the forefront, at other times remaining part of the backdrop.

Grief work can be complicated by many things. What is the person's history of loss? Was the person depressed already when the loss occurred? Were previous losses mourned, or will they now push forward and overwhelm this new grief? I once saw a woman who came to me because she woke up with her husband dead in bed next to her. I thought that he was who we were mourning, but as time went on I realized there was a big black hole inside her, very ancient, very real. It turns out that she had never mourned her mother who died when she was two years old, and this recent death ripped the scab off that giant, primordial wound. Culture, gender, learned personality style and past history all affect how a person grieves.

One of the most important things I have come to understand over the years is how many people have truly been traumatized by *how* the loss occurred. Never was this more apparent than during the World Trade Center disaster, when many of the people who were mourning were also suffering from PTSD symptoms. The loss does not have to be framed by such a large scale disaster for this to be the case.

Many people have lived through horrendous loss situations. Often these losses involve violence of one sort or another – horrific accidents, shootings, suicides, etc. Many of the grievers have been clinically traumatized by what they've seen and been through. They have awful images stuck in their heads and classic PTSD symptoms. For example, I have sat and cried with parents after they have had to view their teenager's body, mangled in a monstrous car wreck. Even when the death is not violent, when it happens in the hospital after an illness or injury, people are often traumatized by the sights and sounds and smells of these experiences. It is important, as time goes on, to check for symptoms of PTSD in the griever. If you do not treat the trauma, you cannot really help the griever. I have received training in some of the more current, research-based, right-brained trauma treatments such as hypnosis, EMDR and guided imagery, and have found that they are extremely helpful in restoring and re-balancing patients' physiological and emotional equilibrium. Most of these treatments directly address what is happening in the body as well as in the psyche.

One of the most prominent researchers in the field of grief today is psychologist Robert Neimeyer from the University of Memphis, Tennessee. He has written extensively and contributed much to how we now view the universal experience of grief. Neimeyer (2001) has conceptualized five major tasks of grieving:

1. Acknowledge the reality of the loss
2. Open yourself to the pain
3. Revise your assumptive world
4. Reconstruct your relationship to that which has been lost
5. Reinvent yourself

His primary belief is that the central process of grieving is the reconstruction of meaning in response to the loss. I embrace this concept wholeheartedly. We are