

It is a sentiment both echoed and understood by those who have at some time felt the same kind of pain. The feeling of confusion. The feeling of despair. One day, one moment, you dare to think that you might be able to face life again, albeit changed. The next you plummet back into the pit. This spiral is recognised by J. W. Worden in *Grief Counselling and Grief Therapy* (1988) London: Tavistock Routledge.

In his concept of the phases we find:

Phase 1. Numbness

Phase 2. Yearning

Phase 3. Disorganisation and Despair

Phase 4. Reorganised Behaviour

His point is that people do not pass through each phase in isolation, moving as one is finished onto the next, but rather that the phases overlap, repeat and are seldom distinct.

Cullberg (1991) on the other hand, is broadly in agreement on the general 'type' of task and also divides the grief crisis into four phases, but suggests that they follow consecutively in time. He names the four the shock phase, the reaction phase, the repair phase and the new-orientation phase.



**TUTOR TALK:** Consecutively in time suggests that each phase must be successfully completed before the bereaved person can move onto the next.

Leick and Davidson-Neilson in *Healing Pain: Attachment, Loss and Grief Therapy*. (1991) London: Routledge. Support Worden in their view that people work on all the tasks at different levels throughout the course of the grief and that those tasks intertwine from the moments the loss has taken place. They define the four tasks thus:

**Task One:** Accepting that loss is a reality. This includes intellectual and emotional reality both perhaps equally important but one so much harder to achieve.

**Task Two:** Entering into the emotions of grief and dealing with the feelings encountered there.

**Task Three:** Acquiring new skills in order to make a new life possible.

**Task Four:** Reinvesting energy in new ways in order to make new relationships possible.

After a person has experienced the pain of loss, it makes sense of the confusion to realise that it is normal to pass backwards and forward through each task. Cullberg's idea that the tasks are completed consecutively in time seems too simplistic, and inadequate to explain the complexity and range of feelings taking place throughout the course of grief.

“Realising that it is ‘alright’ to feel that you are coming to terms with the loss one moment and the next that there is no point to life, no point to anything, in some way gives you a kind of hope. That in the worst moments when the horizon is bleakest, somewhere inside you know that you will not always feel this way. Then again, at this time it is sometimes difficult to see how you could ever possibly ‘feel better.’ How easily people apply that inappropriate phrase to the devastation of grief. To say that you were ‘feeling better’ or to even admit that at some time you might, would be like admitting that the person lost didn’t matter anymore.

In reality, when you do finally begin to ‘feel better’ it is because by working through your grief you are accepting not that the person ‘didn’t matter’ but that they are gone. What does hurt is that you have come to a realisation that they are gone irrevocably and that they still matter as much as they ever did.”

The strength of attachments has been described thus:

*“...the intensity of grief is determined by the intensity of love.”*

**Worden (1988) p.29**

The goal of bereavement counselling ultimately is to help the client to let go of someone they don't want to let go of. Someone they must let go of in order to carry on living.

*“The overall goal of grief counselling is to help the survivor complete any unfinished business with the deceased and to be able to say a final goodbye.”*

**Worden (1988) p.29**

The counsellor helps the grieving person to say a final goodbye when saying goodbye is the last thing that they want to do. When every fibre of their being is crying out for the loved one to come back. When they just want everything to be back the way it was. When they know that nothing will ever be the same again. Saying goodbye means moving on when all they want to do is go back. These conflicting feelings give some indication of the sheer vastness of the emotional tasks facing a bereaved person.

How then can anyone contemplate working through tasks of such enormity when they are in all probability at their weakest emotionally? Perhaps one possible answer to that is that you don't. Grief-work is not something a person plans, it is something they do.

Why then is the attitude towards it so often one of fear? Leick and Davidson-Neilson (1991) proposes that much of the fear arises because the mourner has to confront death, freedom, isolation and meaninglessness and in grief is faced with these four conflicts at one and the same time.

They explain the conflicts thus:

**Death** – “We know intellectually that one day we will die. However, it takes an outer event for most people to make this an emotional reality.”

**Freedom** – “Most of us claim that we value our freedom, and yet arrange our lives within a set of relatively narrow boundaries.”

**Isolation** – “We also know that we are born alone and that we shall die alone.”

**Meaninglessness** – “Life does not have simple meaning, which all humans share. Each person must face a sense of emptiness and meaninglessness in their life and emerge with a personal solution.”

Leick and Davidson-Neilson (1991) p.23

It is this last conflict, which although at some time in our lives we all struggle with, after the loss of someone particularly close that becomes harder to bear. Death brings home the emptiness of life, and re-enforces the feelings which we all have from time to time that life has no meaning. What is the point? Why are we here? Why did you have to leave me?

Intellectually we know that in all probability our parents will die before us, but death has no respect for intellect. Losing someone we love is about feelings, not thinking. Our parents have ‘always been there.’ Emotionally we have thought that they would always be. Suddenly they are gone and quite often we are even denied the opportunity of saying, ‘goodbye’.

So when does our ‘grief-work’ start? Does it begin when we receive that sudden telephone call? Does it start in the intensive care unit when we see our loved one attached to all those machines? Perhaps it commences when we find that all we can do is sit there and hold the person's hand.

Or afterwards, sitting in the doctor's office while the person is certified as dead? Or maybe when we visit the Chapel of Rest, desperately frightened that the person would look different in some way, but equally desperate to see them for that one last time? Does it begin a few days later at the funeral? Or a couple of days after that at the interment of the ashes?

For every individual it is different. Perhaps for some of us it doesn't really start until we have to face leading a normal life again. But how can a life ever be 'normal' again. Where do we begin?

“Had I faced this situation alone I don't know what would have happened. Although speculating that I would have got through it some way, I cannot answer how, and I cannot imagine that the result would have been the same.

“Luckily I never had to find out because I had a companion in my counsellor who made sure that I didn't have to face it alone. However it was more than her just being around and it took more than just listening. It meant me being given the opportunity in my grief-therapy to meet loneliness, anxiety and emptiness in a way in which I felt understood and supported.”

The period of bereavement is a time of great loneliness. We have lost our loved one, and now find that often our friends and acquaintances avoid us. This is because death has become the great taboo of our times, arousing fear, embarrassment and, in some people, instinctive rejection.

Our grief, too, is hard for others to cope with and this is quite often what keeps them away at a time when, possibly, they are needed most of all. So, at the very time when we most need sympathetic companionship, it is denied to us; at the very time when we need to talk about the person we have lost, the subject is avoided in case we might be distressed even further by it.

Even if we are aware that real mourning – our vocal expression of pain and grief – is healthy and healing, we are expected to show no sign of it.

These damaging attitudes arise from widespread ignorance, perpetuated because no one will talk. It is a sad situation, because much is known about death, dying and the nature of mourning, that can bring comfort to a person at such times.

While this is so, nothing but further living – living, as against time – can fully relieve our grief. There is much a person can be made aware of that will enable them to pull themselves up from what might seem, at the time, to be the ruins of their life and return, once again, to some measure of happiness.

They often have a long and stressful period ahead of them, but they are entitled to seek such relief as they can. The rebuilding of a shattered life is not easy and they will need all the help they can get.

For all our claims to civilisation, it is most apparent that our attitudes to death are less healthy, and cause more pain and distress to the bereaved, than those of many less advanced cultures.

We have rejected the truth that – death is a part of life, that there is a time to die and that there is a time when it is good to die.



**TUTOR TALK:** Perhaps, amongst the student group we might have those who can remember older relatives speak of a ‘good death.’ Their reference would undoubtedly be to the passing of someone in quiet dignity, with peace and acceptance, at the proper time, whilst surrounded by loving friends and relatives.

In this day and age, regrettably, few of us seem to understand these things. We want to hide death away, to pretend that it does not occur.

We have priests who are uneasy and unhelpful in the presence of death.

We have doctors who cannot face what seems to them to be a personal failure on their behalf.

We have nurses who walk past the door of a dying person.

We avoid the dying, lie to them about their condition, visit them but cannot talk to them and in consequence we deny them the right to this great moment in their lives.

And when they do eventually die?

We employ cosmeticians to make them look as though they are still alive.

This is a denial of the truth. There is little comfort in it for the truly bereaved – for those closest to the dying person who must, both before and after the death, conceal their grief from the dying person and from everyone else.

Free release of emotion is healthy and natural – suppressing these feelings and emotions is not.

“If we are to give the kind of help to a bereaved person that we should all like to give, it is essential we see things from his point of view and respect his feelings – unrealistic though we may regard them to be.