

Living Through Mourning

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VOLUME THREE

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Shock and Numbness
(The camera lens is out of focus)

Shock and Numbness (The camera lens is out of focus)

By Paivi M. Outinen, RN, LCSW

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Complicated Mourning

Many of us will remember, some quite vividly, the moment when we received the news about a loved one's death. We might remember not only the place and time but also some sensory experiences that we had, such as a smell or taste in our mouth or other physical sensations in our body. What followed after that first moment of hearing the news can be much more difficult to piece together.

might last from a few minutes to a few weeks. We may have needed to protect ourselves from the news and therefore temporarily shut down feelings, thoughts, and even physical sensations as we are learning about a loved one's death. There is a sense of disbelief and unreality. We might experience difficulty thinking as if the brain couldn't process the information. We question how it could have happened. We might feel surreal as we attempt to deny what has happened. We wish we could step outside of our body or to use anesthesia to get away from the pain.

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Q & A
Ask our Bereavement Specialists

Reacting with shock and a numbing of feelings are part of a normal first phase of grief. The initial shock and numbness

Complicated Mourning

By Scott W. Bradley, MSW, CT

The constellation of feelings that we call grief is not generally experienced every day. When a loss leaves us bereft, the painful feelings of grief leave us aching. Some losses leave us aching much more than others. While trying to carry on amidst this pain, we wonder if and when it will end. The duration and intensity can leave many concerns and doubts about one's mental health. Are the feelings I'm having normal or do I need help? I'm having thoughts and feelings that I don't

know how to master! How can I avert feeling worse? Can I manage on my own or should I seek professional help?

Most people wonder if their grief is normal or pathologic at some point in their bereavement. At first, researchers like Freud thought that abnormal and normal grief had their own distinct behaviors, but contemporary descriptions of abnormal and normal grief tend to describe a more continuous relationship between the two

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Shock & Numbness *cont'd*

Sudden death, more so than a death following a long illness, exemplifies the shock and numbness reaction. But in all cases of death, the surviving family members have the need to prepare for the death and to say goodbye. It is also not at all unusual that a caregiver who knows that the loved one is terminally ill still reacts with dismay and a sense of surreality when the loved one dies. We find it very difficult to fully prepare for the moment of death whether it comes suddenly or with warning.

According to Cain, suicide creates the most difficult bereavement crisis for the survivors (Cain, 1972, p. 11). Suicide is not only a sudden event but it leaves the survivors with a tremendous amount of guilt, anger, and unanswered questions. The survivors experience a sense of helplessness and futility.


Since our culture has the custom of proceeding with funeral arrangements very shortly after the death has occurred, many of the closest family members are still going through the initial phase of grief. People often comment about the close loved one's strength at the time of the

Tips for Family and Friends

- Create an environment in which the bereaved can talk about her/his loss. Saying what he/she needs to say (even if it is re-petitive) is an attempt to accept the loss.
- Help the bereaved to identify feelings. This can be done by directly asking what the person is feeling or at times offering an interpretation. ("I think you are telling me that you feel...")
- Do not try to protect the bereaved from feeling "bad." This signals that you don't believe that the bereaved is strong enough to handle his/her own emotions.
- Validate all feelings, negative and positive.
- Offer hopefulness about the future. Grief is not a permanent state of mind but a passage that can create new beginnings.

funeral. The death is not yet real to them and therefore they might be able to receive condolences and proceed through the funeral service without the show of great distress. The emotions will surface later.

It is helpful to recognize the individual differences in the initial grief response and to make no judgments when people react differently in a stressful situation. To experience shock and numbness and to temporarily behave in an unexpected or bizarre manner is all part of the person's

attempt to accept and to make sense out of death—the ultimate mystery in our life. 

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Q&A

Ask Our Bereavement Specialists

My father died suddenly of a heart attack. I had been taking care of him for the past six years, and for the most part he seemed very healthy. But as I look back there were signs that his heart was failing and I missed them! I feel like if I had just seen the signs, he would be with me today! What can I do to get over this guilt and second guessing?

Caregivers particularly are susceptible to feeling that they didn't do enough or had missed something in caring for their loved one. Sometimes it helps to discuss the medical diagnosis and to get realistic feedback about the loved one's prognosis from the treating physician or other health professionals. A realistic assessment of what could or couldn't have been done to prolong your dad's life might alleviate some of your guilt but the pain of your loss still remains. Death makes us feel powerless and out of control. If you redirect your thoughts to missing him and feel the accompanying pain, you might start to feel less guilty and start to focus more on the positive memories of your father.

Complicated Mourning *cont'd*

reactions. The difference between the two is more related to the intensity of a reaction—or the duration of a reaction—than to the simple presence or absence of a specific behavior. In order to help you determine your "healthiness" as you grieve, I will provide below different ways contemporary researchers describe normal and complicated grief.

In the midst of the shock and numb feelings, we might behave in disorganized and illogical ways. We might show no emotion, yell and cry, laugh, make inappropriate remarks about the deceased, or engage in tasks that have no relevance to the received news. All of the above is the person's attempt to take in the difficult information about the loved one's death and to gain a sense of control and a sense of reality in the moment.

J. William Worden, Ph.D., in his book, *Grief Counseling and Grief Therapy*, writes that one useful paradigm to describe complicated reactions files them under four headings: 1) chronic grief reactions, 2) delayed grief reactions, 3) exaggerated grief reactions, and 4) masked grief reactions.

Chronic grief reactions are prolonged and excessive in duration, and never come to a satisfactory conclusion. The person undergoing the reaction is normally well aware he/she is not "moving on." This feeling may go on for several years with the person having an unfinished feeling.

Delayed grief reactions, also called suppressed or postponed grief reactions, is where a person may have had an emotional reaction at the time of the loss, but it is not sufficient to the loss. At a future date, the person may experience the symptoms of grief over some subsequent and immediate loss, but the intensity of his/her grieving process seems excessive.

Exaggerated grief reactions have to do with unusually exaggerated grief responses. The person is usually aware of the relationship of the reaction to the

death but the reaction is too excessive and disabling for him/her to cope on their own. Normal grief reactions become excessive, leading to phobias normally centered on death, or irrational despair from feelings of hopelessness.

Lastly, **masked grief reactions** are manifested from a person experiencing symptoms and behaviors which cause him/her difficulty, but he/she does not see or recognize the fact that these are related to the loss. Masked grief generally turns up in one of two ways: either it is masked as a physical symptom or it is masked through some type of aberrant or maladaptive behavior.

I would like to point out that if your grief reaction does not fit those stated above, you are mourning in good health.

Dr. Mardi Horowitz, a psychiatrist at the University of California Medical School at San Francisco, studied several hundred people and their reactions to death. Dr. Horowitz pinpoints complicated mourning in even greater detail than Dr. Worden by describing exaggerated grief responses to each stage of the healing process, as opposed to a general grief reaction.

The first stage of the normal grief process occurs during the emotional turmoil just after a death. It is usually manifested by a persistent wish to "do something" to protect or please the dead person, since the mourner has not begun to grasp the loss. An example may be for a person to have the kind of funeral the deceased would want. If this stage goes awry, the reaction to fear and grief may involve intense panic to the point of incoherence. At the other extreme, some people suffer a state of dissociation, in which they protect themselves through loss of recent memories.


Next, mourners commonly enter a stage of retreating from their feelings, by avoiding reminders of the death. Normally, mourners may feel numb to all emotions. In extreme cases, efforts are made to put the death out of mind through drug and

alcohol abuse, overworking, over exercising, and excessive sexual activity.

The next phase is the beginning of the adjustment to the loss. Normally, this phase is marked by vivid and intrusive thoughts of the deceased, and may be accompanied by intense sadness that makes it hard for the mourner to concentrate on anything else. Extreme reactions at this point include recurring nightmares or even night terrors—nightmares so real the dreamer may wake screaming. The person may be flooded with rage, despair, fear, and guilt that are normal, but in the extreme may last for several years.

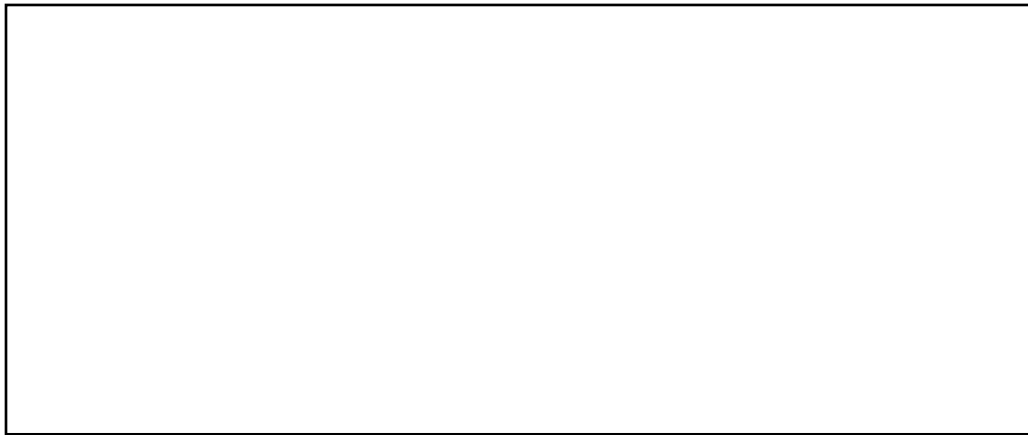
In a normal reaction, once this stage is completed, an intense yearning for the company of the dead person ordinarily develops. This will normally yield to an emotional acceptance of the death. In the extreme, a mourner may find a marked inability to work, to be caring or creative, or even to experience pleasant feelings. They may be plagued by anxiety, depression or rage, followed by shame or guilt. Finally, with the completion of mourning, the person again feels a sense of mastery of life. Life can continue, and risks can be taken.

Using either model, you can see there is no distinct behavior, thought or feeling between normal and pathologic grief. If there is a concern that mourning has become pathologic and is overly complicating one's life, a thorough assessment may be needed by a professional counselor.

Even in our death-denying society, complicated mourning is rare. The human desire to "live" is strong, and eventually most mourners will complete the mourning process, and again become the masters of their life. 

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