Some Thoughts on Dealing with Grief

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Five stages of grief: In the classic work by Elizabeth Kubler Ross she identified the five stages of grief. They are denial, anger, bargaining, depression, and acceptance. Keep in mind that grief can apply to many things besides the loss of a loved one. It also applies to a terminal or disabling/life changing disease or accident. While these are the typical stages people go through they are not absolutes in terms of each stage, the timing, the order etc. This is just a guide to what is typical and most expected.

Denial: This is a state of disbelief. "This can't be happening to me", "there must be a mistake". I'm a good person this can't be happening to me; bad things don't happen to good people" etc.

Anger: This can vary in that the anger may be directed at themselves, believing their life choices were the cause of their terminal diagnosis for example. Or if the grief is the loss of another person they may also blame themselves. Perhaps they think they could have done more to prevent the loss. They may be angry at God. This is fairly common. A person may question why a loving God could possibly allow this to happen. They may be angry at friends or loved ones for not understanding how they feel.

Bargaining: This can take the form of someone pleading with God that if they change or do a certain thing then God in return will reverse the diagnosis or bad thing that is occurring. Perhaps they may even plead with God to bring back the lost person if they agree to do something.

Depression: This is self-explanatory but just remember that each person will feel the loss and depression differently. Depression can range from a deep sadness to a state of total inability to function.

Acceptance: This is when the person finally comes to grips with the loss. They are resigned to the fact that it just is and it can't be changed. They realize the reality of the matter and realize they now have to start the process of adapting to their "new normal."

Familiar means prepared. The value in understanding or just being familiar with the stages of grief is that familiar means being prepared. It's similar to our military

training. If we are trained not only to perform our duties but trained on dealing with contingencies, emergencies, disasters etc then we are better prepared to face these things. Granted no amount of training can prepare someone for the ugliness of war or the emotional overload of grief causing events, but having some degree of knowledge of what is to be expected can lessen its impact.

Cultural influences: A significant part of the way people react to grief is learned behavior. We are all products of our upbringing. Much of what we do and the way we respond is programed into us at an early age. We default to what is normal and expected of us. Different cultures react differently. Some are very stoic with very little visible outward reaction while in other cultures a very physical and emotional response is expected. I've witnessed some cultures where the more demonstrative the better. The belief is that the more demonstrative and physical the response the more you demonstrate your sense of love and loss. Such responses can be frightening to those who have not witnessed this. These reactions can include loud wailing, yelling, and even physical to the point of throwing or breaking things. It is important to stay safe and not panic or demonstrate disapproval. The key is to expect the unexpected. Forewarned is forearmed as they say.

Individual reactions: We are all unique individuals and thus react differently based on our current state of physical and mental health and our upbringing. So when ministering to those suffering grief be prepared to expect the unexpected.

Physical and mental influences: A person's baseline at the time of grief will play an important role in their reactions. Mental illness will certainly affect the way they react. For example a person with a with a serious mental illness that includes hallucinations or delusions may interpret or deal with the situation in a delusional way that may makes no sense to others. Even a person in a state of high anxiety will react differently as they are already agitated and the bad news can set them off dramatically. These may be situations where getting mental health professionals involved may be indicated. Hopefully they are already under the care of a professional and it may require contacting the provider to update them on the current crisis. They would be in the best position to adjust their plan of care accordingly.

Learning More: I encourage everyone to be committed to being a lifelong learner. As they say "readers are leaders". The more you can read and learn the better equipped you will be. There are many excellent books available that will enhance your understanding and ability to deal with grief when caring for others. I would

encourage you to go to a site like Amazon and search for books on the subject. Most books have a “read sample” link that lets you read a sample chapter and most importantly it lets you see the table of contents. This will provide you with a pretty good estimation if this book suits your needs. My suggestions are that you consider the following: Does it cover matters that interest you most? Does the writing style appeal to you? Are you comfortable with the worldview the author takes. Do you feel it will better equip you?

Here are a few books I’ve read and found the most helpful on the subject of grief. Most take a theistic, Christian worldview which may or not be consistent with your view. As stated above take a look at the book online and see if it’s a good fit for you.

Westberg, Grager. *Good Grief*
Baily, Joseph. *The Last Thing We Talk About*
Linn, Erin. *I know Just How You Feel: avoiding the clichés of grief*
Wiersbe, Warren. *Comforting the Bereaved*
Wiersbe, Warren. *When Life Falls Apart*
Wright H. Norman. *Crisis Counseling*