

INCLUDES TRAINING EXERCISES

A Practical Guide For Ministering to Grievers

Complicated Losses



Difficult Deaths

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Dedicated in memory of my parents and father-in-law —
all difficult deaths.

Their deaths, and lives, were my greatest teachers.

Regina Rita McGinn Steinbacher Karaban (1915–1975)

William John Karaban (1911–1993)

Easter Rakshanya Das (1917–1997)



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Preface

This has been my most difficult book to write. Although the content flowed easily from my many years of teaching, counseling, and working with grief, I was not prepared for the emotional heaviness I would experience from living with and writing about such difficult and tragic losses. As much as I tried to remain detached from my writing and did not use actual case material, I was continually reminded of and drawn into my own grief and the grief of people who have actually experienced similar losses. As I wrote this book my church community experienced the resignation, firing, and removal of *fourteen* staff members. No matter how I tried to hide from my own grief, *grief found me.*

My most poignant experience came as I was writing the chapter on sudden, unanticipated losses. I became quite engrossed in my story of George and Susan and was feeling quite proud of my fictional writing abilities. Needing to take a break I wandered over to the classroom building and ran into a former student. When she asked me how I was, I immediately began sharing with her my excitement about how my story of George and Susan was developing. As I talked, I could see she did not share in my excitement. Sensing something was wrong, I asked her how *she* was. She shared with me that her closest friend had just died the day before after many months of illness. She was struggling with this death and with ministering to her friend's husband of forty years who was lost without his life partner. I was brought back to the reality of actual losses that continue to invade our lives. I saw this as a reminder that for many people reading this book, the stories of loss will be all too painful and all too real. This was a difficult, but necessary reminder. I had been trying to live in a world where the losses were not real. I needed to be reminded that no matter how I try to escape from the reality of loss, *grief will find me.*

The name of this book came partly from a talk I gave in February 1996. I was asked to speak on "Difficult Deaths" and told the deaths I

was to address were suicide, AIDS-related deaths, sudden death, and the death of children. I gave a very well researched and thorough lunchtime talk to more than one hundred people, listing the many characteristics of each type of grief, and how we can better minister and counsel in these difficult situations. Most of the people in the audience were hospice workers—chaplains, nurses, and volunteers. The talk was well received and many told me how helpful it was. Moments after the talk finished I was approached by a middle-aged couple. "We're the Smiths," they informed me, clearly indicating I should know who they were. I didn't have a clue. "Yes," I replied, trying to sound open and encouraging. "You must have read about us in the newspaper," they continued. I tried to recall major news stories of the past few days. "We came here because we are experiencing a difficult death, but you didn't talk about it today." Hadn't I covered the major difficult deaths? What could they have experienced? I wondered. "We are grieving the death of Molly—she was going to be our daughter-in-law—and she was murdered ... by our son. He is now in prison for her murder. Not only have we lost Molly, whom we loved dearly, but we have also lost our son. Can you help us?" No matter how hard I try to be objective about or detached from grief, *grief finds me.*

God has a way of bringing people into my life to remind me that the pain of grief—particularly complicated grief—is enormous, and is within me and around me at all times. This book is written in the hope that it may help the grieving and those who minister with the grieving¹ to live in and get through this pain a little better.

Acknowledgments

This book draws on more than a decade of teaching and counseling experience and more than four decades of my life experience. In particular I would like to acknowledge and thank the many people who have been my teachers and my supporters in grief ministry:

- my parents, Regina and Bill, to whom this book is dedicated
- my husband, Prem, who continues to be my loving, life partner in good times and bad
- my best friend, Nancy Stetson Wrobel, who continues to suffer with me in my grief and celebrate with me in my joy
- my colleagues at Samaritan Pastoral Counseling Center, especially John Karl, Trevor Watt, and Lucinda Wilcox, who have worked with me in developing a training program for hospice chaplains and who have supported me in my accreditation process in death education and grief therapy
- my colleagues at St. Bernard's Institute, especially President Patricia Schoelles, who continues to encourage me in my work
- my students and clients and friends who continue to privilege me with their stories of grief, especially the students of my "Ministering in Loss, Death, and Grief" classes
- my editor, Nick Wagner, and the production staff at Resource Publications, Inc., who continue to have faith in my writing and who continue to make that writing better through their careful editing and arrangement

Introduction

What Is Complicated Grief?

Uncomplicated Grief

Whenever we experience a *significant* loss, our internal reaction is one of *grief*. We can't experience a significant loss without also experiencing grief. Grief is an *unavoidable*, spontaneous response to loss. Grief is *universal*—felt by everyone—and is experienced at many and varied times in our lives. It is an *ordinary*, everyday occurrence that we all must live through.

Grief is also *unique* to each individual. *How* we experience grief and *what* we experience in our grief differs from person to person, circumstance to circumstance, and culture to culture. No two experiences of grief are ever exactly the same. Yet there are some commonalities in our experiences, and it is these commonalities that draw us together in our grief. For most of us, grief evolves into a process of *grieving* that stays with us over time and consists of certain responses¹ and accompanying tasks.

Initial Responses

Psychological: shock, denial, and disbelief. After experiencing a significant loss such as the death of a loved one, a divorce, or the sudden loss of a job, our initial emotional reaction is usually disbelief, even shock. We can't believe that this has actually happened to us. Our loved one is not dead, or gone; we have not been fired or downsized. We simply cannot and will not believe that this event has taken place. This disbelief may occur even if the loss is anticipated. It is our way of adapting to the impact that the loss has and will continue to have on us, and of cushioning the initial blow of immediate, unrelenting pain. This is an automatic and natural response that allows us additional time to adapt, particularly to the overall and everyday psychological, social, and spiritual ramifications of the loss.

Physical: loss of weight, crying, inability to sleep, lack of strength, and physical exhaustion. This list of physical responses represents only some of the possibilities. These responses may continue throughout the grieving process, and seem to be the least under our control. Our physical responses often create the greatest anxiety in our grieving process and are of the most immediate concern to us.

Social/Behavioral: dependency, detachment, and avoidance of being alone. Again, this is not an exhaustive list. Initially, our social response is to detach from social activity while desiring the companionship and support of others. Behaviorally, we become forgetful and find we act ineffectively and unproductively at work, at home, and in social situations.

Spiritual: insecurity, confusion, distrust, anger, and questioning. We question God's steadfastness and faithfulness, and even God's very existence. We question God's actions in our lives. We may ask, Why did God do this? We may wonder if we are being punished. Meaning eludes us.

Continuing Responses

We cannot remain in shock and disbelief for very long. All too soon the reality of loss sets in, and we enter what is described as the middle of the grieving process. This response to loss lasts the longest and is the hardest to get through. Erich Lindemann coined the phrase "grief work" to describe the process of getting through this time of grieving.

Psychological: disorganization and despair. Other feelings include confusion, yearning, sadness, anxiety, guilt, anger, relief, loneliness, resentment, emptiness, shame, helplessness, and hopelessness. We may feel overwhelmed and bombarded by the variety and intensity of our many feelings.

Physical: loss of weight, inability to sleep, decreased sexual interest, crying, fatigue, chest pains or palpitations, a lump in the throat or choking, and digestive problems. The physical responses of the initial response to loss continue and increase. Coupled with the emotional, social, and spiritual responses, these recurring physical responses can be quite distressing.

Social/Behavioral: restlessness, inability to initiate and maintain long periods of social activity, inability to sit still, and withdrawal from social activity. At the very time we need support and companionship the most, our social response is to withdraw. Other behavioral responses include hyperactivity, increased use of medication, disturbances in appetite and sleep patterns, a tendency to either cling or withdraw, and a tendency toward impulsive behaviors.

Spiritual: loneliness, a fear of being abandoned in our grief, and a need to be comforted, supported, and loved. We may ask, *Where* is God in our pain? *Who* is this God who has caused so much suffering? We desire the presence of God and the presence of others, yet often feel only their absence.

Culminating Responses

Although some losses will take a lifetime to grieve, there will come a time for most losses when the loss is no longer the primary focus, or the central preoccupation, of our lives. We transition back into the world of living.

Psychological: reorganization and reconnection. Eventually we are able to sufficiently work through many of our feelings of grief and to let go of (emotionally decouple from) our previous relationship with the deceased. We are ready to reconnect to a world without the physical presence of our loved one. We are able to reinvest in life and look to the future. There is a diminishment of our intermediate emotional responses and a renewed desire for living, although guilt about doing so may continue to bother us. We now find we are able to reconnect to the world.

Physical: return to pre-grief status, increased sensitivity and vulnerability. Although our life, including our physical health, will never be the same, the intensity and number of our intermediate physical grief responses will diminish. A severe intermediate physical response may occasionally occur, but it will be a temporary experience.² Our physical health may be somewhat weakened from the toll of working through the emotional, physical, social, and spiritual responses of intermediate grieving.

Social/Behavioral: reentry into the social world, establishment of a new identity, and trying out new behaviors. For many, this will

be the hardest and most frightening part of the whole grieving process. We may be single for the first time in forty years, and wonder if we even want to *think* about dating again. This can be an *exciting* time also—a time to try new activities and form new friendships.

Spiritual: hopefulness, transformation, and resurrection. Hope is resurrected. Our relationship with God is being transformed. We begin to find God present in the midst of our anguish and angst. We are rediscovering God as a faithful, loving, and ever-present companion in our grief. We may once again proclaim God as a God who suffers with us, and as a God who has a preference for the grieving.³

Tasks

The tasks of grieving are related to the responses of grieving. The responses of grieving are *how we experience our grief*—physically, emotionally, socially, and spiritually. The tasks of grieving are what we need to *do* to get through our grieving. These tasks include (Tatelbaum 22; Worden 10–18; Parkes & Weiss 153–161):

- accepting and understanding that a loss has occurred (intellectually)
- experiencing and expressing the emotions and reactions of grief and accepting that a loss has occurred (emotionally)
- adjusting to an environment of loss
- letting go of the attachment to what was lost
- emotionally relocating the deceased
- assuming a new identity
- reinvesting in life

In spiritual terms, I would add the following tasks:

- working through our anger, confusion, and disbelief
- finding meaning in loss
- coming to a renewed understanding of who God is to us
- reconnecting to God
- resurrecting hope

Describing grief in terms of stages has come under a lot of criticism in recent times.⁴ The implication of the concept of stages is that grief is linear and tidy and can be gotten through by following steps in a certain sequential order. We all know that this is not how we experience grief. Grieving is more spiral than linear, more of an unending circle than a progression of steps. Grief is anything but neat and orderly and often wreaks havoc in our lives.

I still find value in describing grieving in terms of broad *phases* of emotions and experiences, although I have come to prefer the terms “responses” or “reactions.” There is a universality and a commonality to my grieving that *is* similar to your grieving. Identifying the “ordinary” path of grieving and the “usual” responses of grief helps grievers to feel less alone, less isolated, less afraid, and more connected to others.

Phase, stage, or response language is helpful as long as it is *descriptive* rather than *prescriptive*, and takes into account the variations that occur because of differing social, cultural, and religious contexts. Identifying common experiences of grieving—even in a broad way—helps grief ministers⁵ to be better able to respond appropriately and adequately to grievers.

The type of grief just described is what may be referred to as *uncomplicated grieving*, or grieving that follows a somewhat predictable path. This does not mean it is not painful or difficult grieving or that it won’t at times seem more circuitous than linear. But it is grief that we have all gotten through and grief that can more easily be ministered to. This type of grief used to be referred to as “normal” grief, but the implication is that all other grief is abnormal, a term that carries with it—even when accurate—an unnecessary, and even harmful stigma. It has also been called “little griefs” (Westberg 12), another term I prefer to avoid because of the response it may evoke in grievers or grief ministers. “Little griefs” may appear to be ones that are hardly worth worrying about. Yet even “little” losses need to be grieved. Actually, “little” losses *must* be grieved so we will be able to grieve what I refer to as the more *complicated losses*.

Complicated Grief

Losses that fall into the category of *complicated losses* evoke *complicated grief reactions*. These have also been known as abnormal, pathological, unresolved, and dysfunctional grief—to name a few of the earlier labels used. All these terms carry a negative, even derogatory connotation, which even when accurate can unnecessarily alienate grievers and prejudice or even frighten grief ministers. I prefer the terms “complicated loss” or “complicated grief” now being used in recent works on grief. These terms capture both the complexity of the loss experience and the implicit, unique challenges of the ensuing grieving and mourning experiences. These terms also avoid the potential association of mental or medical illness that previous terms too often denoted, and they provide grievers and grief ministers with a term that is accurate, hopeful, and indicative of difficulties that can be gotten through and ministered to.

I have struggled with using “complicated losses” because in my experience *any* loss and *any* death can be difficult or complicated, and it is not usually helpful to compare losses. However, in my counseling with the grieving, in my teaching and researching about grief, and in my own experience, I have become convinced that some deaths and some losses—by their very nature—are more complicated. These losses are more complicated because they evoke grief symptoms, grief reactions, and grief feelings that are more intense and that last longer than “ordinary” (uncomplicated) grief; therefore, grievers are less likely to be sufficiently supported in a sustained and healing way. These types of losses overwhelm the person’s ability to accept, cope, and move on, and leave the griever stuck in grief or unable to grieve.

Although many books have been written on uncomplicated ordinary grief, few books have spent adequate time on complicated grief.⁶ This book will do just that with the added dimension of focusing on those who *minister* in grieving situations.

Complicated Losses, Difficult Deaths

A *complicated loss* is defined in one of two ways—either by the *type* of loss itself, or by *factors* surrounding the loss. When a complicated loss is a *death*, it is considered *complicated* or *difficult* when the type

What Is Complicated Grief?

of death is (Rando, *Complicated Mourning* 7–10; Walsh and McGoldrick, “Loss and the Family” 13–18):

- sudden or unexpected
- violent (suicide, murder)
- mutilating
- that of a child
- the result of an overly lengthy illness

Losses that are considered complicated—by their very nature—yet do not always fall in the category of death include the following:

- ambiguous losses (Alzheimer’s disease, addiction, and divorce)
- traumatic losses (abuse and community disasters)
- disenfranchised losses (children’s grief and imprisonment)

This last type of complicated loss may involve an actual death (such as AIDS, suicide, or abortion) or a psychosocial death (such as mental illness or addiction).

The second way a loss is defined as complicated is by factors surrounding the loss or death itself. These factors include (Rando, *Complicated Mourning* 31–32; Walsh and McGoldrick, “Loss and the Family” 13–27):

- the type of relationship with the deceased or lost person — angry, ambivalent, dependent, conflicted, or estranged
- the type of family patterns surrounding the loss or death — enmeshed, disengaged, intolerant, or inflexible
- the type of family belief system surrounding the loss or death — condemning, blaming, shameful, or guilty
- the type of communication surrounding the loss — blocked or secret
- the lack of perceived family, social, economic, or faith resources
- the role of the lost person — only child, matriarch, favored child
- the untimeliness of the loss — death of a child, death after remission, or death after marriage
- the survivor’s perception that the death or loss was preventable

- the presence of previous and present liabilities — other, concurrent losses or stressors
- mental illness
- multiple losses
- the presence of unacknowledged secondary losses — loss of hope, loss of faith, loss of income, or loss of companionship
- the inheritance of a legacy of unresolved loss, spanning across generations
- the context of the death — the relationship with the deceased is not recognized
- the loss is not recognized, the griever is not recognized (disenfranchised grief)
- the extent of the loss — a community disaster, a war, an epidemic

If any of these factors are present, the grieving may be difficult. Obviously, if multiple factors are present, there is even greater potential for difficulties in grieving.

When the very *nature* of the death is complicated, or when the *factors* surrounding the loss are complicated, the loss is considered complicated, and the grieving process that ensues *may* be complicated. *Complicated grief*⁷ describes the complications that can occur in the unfolding of the grieving process after the loss has occurred. Another term that has been used to describe this *complicated grief* process is “*unresolved grief*.” Therese Rando describes seven types of unresolved grief (*Grief, Dying and Death* 59–62):

1. *Absent grief* — The grieving process is absent; it is as if a loss never occurred.
2. *Inhibited grief* — There is an inhibition of the usual expression of grief, with the presence of somatic symptoms instead; grievers may only be able to mourn certain qualities of the deceased, such as their positive attributes.
3. *Delayed grief* — Grief is delayed up to years; a grief reaction may eventually be triggered by another loss.
4. *Conflicted (distorted) grief* — There is an exaggeration or distortion of one of the expressions of ordinary grief, particularly

What Is Complicated Grief?

an exaggeration of anger or guilt that may be prolonged; this often occurs after the death of a loved one with whom grievers had a dependent or ambiguous relationship.

5. *Chronic grief* — Grievers continue to manifest intense grief reactions, which would only be appropriate in the early part of grief; grieving is continuous and does not draw to any conclusion. Grievers experience an intense desire or yearning for the deceased or lost one. This type of grief is often present after the loss of a person on whom grievers were particularly dependent, or when grievers are especially insecure.
6. *Unanticipated grief* — This grief often occurs after a very sudden or unanticipated loss. It is characterized by a feeling of disruptiveness. Grievers cannot comprehend the full consequences of the loss. Grievers experience extreme feelings of bewilderment, anxiety, self-reproach, and depression and are unable to function in life. The symptoms of grief stay with grievers for a prolonged period of time.
7. *Abbreviated grief* — This grief is often mistaken for unresolved grief. It is short, but normal grief that may occur because of an immediate replacement of the lost person or relationship (remarriage), a lack of attachment to the lost person or relationship, or because adequate anticipatory grief has occurred.

Rando proposes that there can be complications in the mourning process if there is *any* "compromise, distortion, or failure" (*Complicated Mourning* 12) in what she delineates as the six "R" processes of mourning (45):

- Grief that contributes to*
1. Recognize the loss (1 & 6)
 2. React to the separation (2, 3, 4)
 3. Recollect and reexperience the deceased and the relationship (3, 4)
 4. Relinquish old attachments to the deceased and to the old assumptive world⁸ (5)
 5. Readjust to move adaptively into the new world without forgetting the old (5)
 6. Reinvest

Chapter Three

1. Many pastoral ministers will not feel qualified to deal with the complexities and complications of George's grief, and are correct in assessing limitations. Referral to more qualified professionals will be covered in Chapter Six as part of "Caring for Grief Ministers." For this case, I assumed that the pastoral minister is trained and qualified in grief counseling.
2. Although I am committed to inclusive God-language, I thought it more realistic to have George use exclusively male God language.
3. I define **pastoral care** as short-term supportive care that we as members of communities of faith provide for each other. Pastoral counseling requires more skills and training, is longer term (three to six sessions), and is usually done by a qualified pastoral minister. Pastoral psychotherapy is long-term intensive pastoral therapy done by trained professionals.
4. When we take the life of another, it is called a homicide; if the courts rule that the homicide is intentional, it is judged to be a *murder*.

5. See American Psychiatric Association (427–429), for an extensive description of conditions, symptoms, and reactions that characterize **post-traumatic stress disorder**, commonly known as **PTSD**.

6. We can do this if the person we are working with gives us permission to do so—preferably in writing—by filling out a release form that states that we have permission to talk to specific professionals.

Chapter Four

1. Marilyn Nagy did much of the work on developmental stages of grieving in 1948. She interviewed 378 children about their views of death. Most recent research refers to Nagy's work. The charts I have developed are composites of research by Schaefer and Lions, Crenshaw, and Papenbrock and Voss. The ages at each level will differ slightly; 0–3 on some charts will be 0–2 on others. The charts I have put together are not meant to be prescriptive; they are general *descriptions* of how children experience grief developmentally.

2. Some charts include reference to the developmental tasks of that age, as written about by Erik Erikson.

3. Froma Walsh and Monica McGoldrick claim that their 1991 book, *Living Beyond Loss: Death in the Family*, was the first to do so.

4. For further information on family scripts and loss, see J. Byng-Hall.

Chapter Five

1. This colleague, Kathie Quinlan, is the director of a two-bed home for the dying in Rochester, New York—Isaiah House.

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