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Grief, grieving and death

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Grief, grieving and death

Abstract
Grief is a journey one can only take alone. There is no rehearsal for it, no primer courses, it cannot be measured or timed. No one can do it with you, or for you. There is never an end, completion, finish line. There is not one prescribed way to do it, nor is there a tidy process. Grief is messy. Most importantly, grief is something that no one ever escapes. It surrounds us all the time, it is layered in our lives, permeates the atmosphere. It is ubiquitous. There are many types and degrees of grief; there are deep pockets of anguish, intense grief that follows the death of a significant person in our lives. The more important the relationship, the more intense the grieving. In greater and lesser degrees, grief is a continuous process that we navigate throughout our lives.

Keywords
Education, Adult and Continuing, Psychology, Counseling

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GRIEF, GRIEVING AND DEATH

BY

E. ELAINE ANDREWS-AHEARN

B. A., University of Massachusetts, December 1995
M. A., University of New Hampshire, December 2002

Thesis

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in partial fulfillment of
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Master of Arts

in

Counseling

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I come from a literary background and hold a graduate degree in British literature. Literature is one of the great love affairs of my life and I have known that this love has given me both the purpose and strength to handle many of the obstacles and tragedies that I have encountered throughout my journey. When I started this Counseling and Therapy graduate program here at the University of New Hampshire, I quite naively believed that this understanding of literature, this inner knowledge of story, would help me create a special niche in the world of counseling where I could use these skills in helping others. In other words, I thought that I could use literature in a bibliotherapy model to help other people understand the commonality of human experience. Once you have read all of the works of Dickens, or Jane Austen, what cruel or laudable facets of the human psyche are not revealed to you? The same is true with Dostoyevsky, Faulkner, my hero, Virginia Woolf and all the celebrated writers who make up the canon of stately works. What lofty ambition! How elitist and very, very silly that seems to me now.

Within the first week of my first internship at Dover Adult Education I realized that the people who were coming into my office were dealing with problems of mental and physical abuse, borderline existence, drug addiction, parenthood at the age of fifteen, their problems are staggering. These people come from generations of poverty, many came from families where no one had ever graduated from high school, had a driver’s license, or been out of the State of New Hampshire! No one in their houses
had books, wanted books, or even if they had a slight inclination towards reading, had the money or time.

The clients I have seen at the Center for Life Management are sometimes less deprived from a socio-economic perspective, but they have immediate problems with fear and anxiety. They want quick fixes and medication. No opportunities for a personal epiphany, or increased self-esteem brought about by immersing one’s self in the words of the Bronte family.

In an encouraging note, doing grief work and working with the families of those who have been bereaved has given me an opportunity to combine a bit of the psychological thought processes and the world of literature. I had a wonderful conversation with a young woman a few weeks ago who told me that her father had died when she was fourteen years old. She had been devastated; her entire world fell apart. She is an amazing young woman today and I asked her how she coped with such tremendous loss. Her reply:

My English teacher became my assistant therapist, and he gave me a copy of *The Grapes of Wrath*. Steinbeck pretty much got me through everything. I read everything he wrote over and over. The Joad family, their lives were so terrible, so much more desperate than mine. Somehow reading about the terrible things that happened to them and the Great Depression helped me get though all my anger and fear. Reading is my therapy.

So in doing work on grief and death, my background and my present studies combine to help me find my own little place. All great literature, all great stories are about life and death. And, of course, grief, and how we each find a way to live with it, or don’t, and then the big questions about death, do we just hide from, it deny it, or confront it head on? Freud said that none of us can really conceive of our own mortality. Jung thought that *we had to* in order to find meaning in our lives. I’m with Jung.
As the ultimate non-traditional student, unsurprisingly I have written an unconventional thesis. I hope that my ideas about the importance of studying grief and its significance and pervasiveness within our culture and our chosen field of study are persuasive.

In writing this paper I have spoken with and interviewed many different people. Some of these people are close friends. In each case, I have told the true stories but I have changed their names to protect their anonymity.

I want to thank David Hebert for being such a kind, and wise advisor. For his sense of humour, his incredible tolerance for the ultimate square peg in the round hole and especially with his patience in waiting for me to figure out what in the world am I doing with all this thinking about thinking.

Great gratitude to my husband David for the endless readings, the free editing, tolerating the hundred books and papers spread all over the house for weeks and weeks, and for loving me in general. If I ever help anyone to change their life, it will be because my husband helped me change mine.
Sorrow

Sorrow like a ceaseless rain

Beats upon my heart.

People twist and scream in pain,-

Dawn will find them still again;

This has neither wax nor wane,

Nor stop nor start.

People dress and go to town:

I sit in my chair.

All my thoughts are slow and brown:

Standing up or sitting down

Little matters, or what gown

Or what shoes I wear.

Edna St. Vincent Millay
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ABSTRACT

Total grief is like a minefield, no knowing when one will touch the trip wire.

Sylvia Townsend Warner

Grief is a journey one can only take alone. There is no rehearsal for it, no primer courses, it cannot be measured or timed. No one can do it with you, or for you. There is never an end, completion, finish line. There is not one prescribed way to do it, nor is there a tidy process. Grief is messy. Most importantly, grief is something that no one ever escapes. It surrounds us all the time, it is layered in our lives, permeates the atmosphere. It is ubiquitous. There are many types and degrees of grief; there are deep pockets of anguish, intense grief that follows the death of a significant person in our lives. The more important the relationship, the more intense the grieving. In greater and lesser degrees, grief is a continuous process that we navigate throughout our lives.
INTRODUCTION

Total grief is like a minefield, 
no knowing when one will touch the trip wire.

Sylvia Townsend Warner
English Writer
Diary, 11 December 1969

Grief is about loss, and we are all experiencing losses, major or minor, consistently. For the more enlightened of us, the knowledge of our own mortality can be a constant source of grief that percolates just beyond our daily thought processes. So, if grief is unavoidable and pervasive, why is it such a taboo subject? Why is it totally ignored, shunned, and hidden? Can it be that grief—in our childish, self absorbed, desperately competitive culture—seems too much like losing and therefore must be refuted? In our death-denying American culture, is grief too much a reminder of death, and therefore like death itself, must it be denied at all costs? The grief that lies at the core of so many of our many problems and inabilities to grapple with daily life goes unexamined by even the people who are trained, in theory, to help us navigate through the accumulated traumas of life.

Although we have studied many aspects of the human condition, the graduate students in the University of New Hampshire program in counseling and therapy are not formally trained in grief, in death, or the fear of death that permeates all of our lives. My intention in this thesis is to establish a case for grief therapy and Thanatology courses to
be made a mandatory requirement for graduate level studies in psychology and counseling.

Everything that we know about life—everything that we learn, all human knowledge—is based on the collection of stories. It does not matter what the subject matter is. Literature, history, science, psychology, philosophy even geometry start with a story. This thesis is a collection of stories—my stories, the stories of my friends, the stories of Yalom and Kubler-Ross and all of the other people I have read and spoken with, the stories of their struggle to cope with grief, to face death, to find meaning in loss. This is not something that can be measured or chartered. Each story is unique, every person experiences loss and processes grief differently. The commonality that we share is the knowledge that we all are going to experience grief and loss. What I am attempting to illiterate in this work is the need to recognize grief, and to incorporate that recognition into how we, in the helping professions, and how we, as human beings, interact with others.

In this work I shall be looking at normal (not sure what this might be), complicated and traumatic grief, as well as unrecognized, unresolved, and unsanctioned grief. How American culture frames our responses to grief and our ability to cope with issues of mortality in general. I will be specifically focusing on how the loss of a child is a loss that never heals, through a recollection of personal stories, experiences and impressions that I have gained from the tragic early deaths of the children of close friends. Finally, I will incorporate a sample syllabus and suggested areas of study for potential graduate level courses of study in grief and death issues.
**Definition of Terms**

**Anticipatory grief:** A person is grieving what has already been lost, what they are losing in the present, as well as what they will be losing in the future. In the process the person must find a way to grieve all of these losses while not sacrificing or relinquishing any attachment to their loved one at the same time. An almost impossible situation for the griever.

**Bereavement:** Loss of a relative or friend through death; the grief reaction that often follows such a loss (Oxford Dictionary of Psychology).

**Death:** The act or fact of dying; the end of life; the final and irreversible cessation of the vital functions of an animal or plant. The state of being dead; the state or condition of being without life, animation or activity. (Oxford English Dictionary [OED]— the only dictionary that matters).

**Fear:** is experienced in reference to specific environmental events or objects.

**Grief:** mental anguish or sorrow. Now *spec.* deep sorrow caused by bereavement, bitter regret or remorse (O.E.D.).

**Grief:** An intense set of emotional reactions in response to a real, imagined, or anticipated loss (Schupp, 1992, *Is there Life After Loss*).

**Grief reaction:** Distress and intense sorrow in response to the loss of someone or something to which one is strongly attached, usually through bereavement. In severe cases it can amount to an adjustment disorder. (Oxford Dictionary of Psychology)

*Anger/hostility:* acts as a self defense emotion, a protective one that demands that the world be predictable and operate according to our expectations.

*Anxiety:* awakens an awareness of a person’s inability to control events.
The person may feel he or she should have been able to prevent or at least predict the occurrence of the loss.

**Denial:** serves as an emotional anesthesia and as a defense mechanism so the survivor isn’t totally overwhelmed by the loss. It allows the person to gradually comprehend the loss, which makes it more bearable.

**Depression:** causes the survivor to withdraw from outside stimulation for a while to allow the grieving person to turn inward and reflect on what has happened.

**Fear:** works as an alarm system that warns survivors of major changes in their understanding and assumptions regarding themselves and others.

**Hospice (palliative care):** The active total care of patients whose disease is not responsive to curative treatment. (DeSpelder I Strickland, 2005, p. 133)

**Thanatos:** In Greek mythology, the personification of death and brother of Hypnos (the personification of sleep).

**Thanatos:** In psychoanalysis the unconscious drive toward dissolution and death, initially turned inward on oneself and tending to self-destruction: later turned outward in the form of aggression. Sigmund Freud influenced by witnessing the First World War, introduced the concept hesitantly and tentatively in 1920 in Chapter 6 of his book *Beyond the Pleasure Principle* and he admitted in a later book (*Civilization and its Discontents*, 1930) that its existence was open to debate.” (Oxford Dictionary of Psychology)

**Thanatology:** The branch of science that deals with death, its causes and phenomena, and (now) with the effects of approaching death and the needs of the terminally ill and their families. (O.E.D.)
CHAPTER ONE

GRIEF AND REVIEW OF THE LITERATURE

If we could read the secret history of our enemies,
we should find in each man's life sorrow
and suffering enough to disarm all hostility.

Henry Wadsworth Longfellow
American poet
1807-82

What Is Grief?

Grief is a painful emotional response to loss; like all emotions it can be volatile and unpredictable. It incorporates anger, sadness, fear, guilt, and in intense grief, unbearable pain. How each individual experiences grief depends on a number of different factors: their personality, their community or support system, self confidence, and their world-view. But, grief is not just an emotion related to loss but also involves a critical struggle to find meaning in the loss, and how the loss relates to one’s current and future life.

Grief: The Beginning

We all experience grief from the very first moment that we breathe. We have lost the safe, secure world of our mother’s womb to arrive in a cold, loud, alien place, and even from this first moment the sense of loss we feel is a solitary one. We go on to experience minor and major losses—the loss of friends, of jobs, of neighborhoods, of dreams and expectations. Even the most joyous moments of our lives signify losses.
Having a child means that one way of life is exchanged for another; getting married is the loss of independence. As happy as we may be with these changes in our lives, there is a period of grieving that accompanies them. Having a baby is sacrificing your freedom for another, for a number of years anyway. Your life is never truly just yours again. Your relationship with your husband or wife is forever changed.

A great job promotion means changing your relationships with your co-workers or possibly leaving longtime co-workers altogether. Life is full of grief, sometimes very intense grief that is not related to death: illness, physical impairment, divorce, job losses, moving, a fire in your house, war, natural disasters, unfulfilled dreams, lost opportunities, the loss of youth and beauty; aging (!), the loss of social status that has been important, the amputation of a body part, the birth of a handicapped child (death of a dream). In each of these instances one is about to lose something of great value, something precious. We are all in a process of grief, grief that may be very intense, but still may be completely unrecognized. We may experience anticipatory grief at the approach of such a traumatic event. These feelings of grief can accumulate. These unrecognized issues of grief and loss can all rise to the surface at the same time causing more complicated psychological reactions and deep depressions, especially when they are unacknowledged and when a major loss is encountered,

No one ever told me that grief felt so much like fear. I am not afraid, but the sensation is like being afraid. The same fluttering in the stomach, the same restlessness, the yawning. I keep on Swallowing.

A Grief Observed
C. S. Lewis

Grief is broken down, generally into three different and separate categories: normal, complicated and traumatic or acute grief. Normal is such an arbitrary word.
After all what is normal? Many of the textbooks on the subject have similar definitions that break down normal grief into something that has a known cause and “no correlation with self-esteem” (Schupp, 2003). Many of the textbooks are still using the original definition that Freud introduced in 1915. “Grief represents a breakdown of the denial of death. That is, the mourner grieves because he or she can no longer deny the reality of death” (Schultz, 1978, p. 137). Two years later Freud was forced to revise this a bit in Mourning and Melancholia, “Grief is a process by which the individual progressively withdraws the energy that ties him or her to the object of his or her love” (Schultz, 1978, p. 138). Somewhere in all the reading I have done, there is another passage that states that Freud’s perfect personalization of the word grief was the image of a bride left waiting at the altar. I am determined to find the exact quote but I have wasted too much time already. I remember it quite distinctly because, once again I had this burning desire to slap Freud in the forehead. (I have this fantasy where Freud the ultimate misogynist, is locked in a room with Whoopie Goldberg, Golda Myer, and my girl Hillary Clinton, isn’t that fun, talk about No Exit.)

In 1974 John Bowlby, the English psychoanalyst developed an alternative theory of grief which states the following:

Each person has a few significant others to whom she or he is very attached and to whom she or he wishes to remain physically and psychologically close. Separation from these individuals evokes behavior patterns that attempt to restore closeness and the strength of these behaviors vary as a function of the length of the separation and the presence or absence of danger for either party. That is, the longer the separation and the greater the danger, the stronger the behaviors. These behaviors are gradually extinguished as the individual realizes that the longed for reunion will not occur. It should be noted that this view differs significantly from Freud’s view that grieving behavior serves the function of detaching the individual from the one who has gone. In situations where the loss is permanent, Bowlby stresses that grieving behaviors are maladaptive because they try to accomplish something that is impossible under the circumstances. (in Schultz, 1978, p. 140)
All of Bowlby’s theories were based on real grief, or normal grief, that followed the death of a significant person in a patient's life, not on any other forms or types of grief. He felt there were three processes of mourning:

Preoccupation: thoughts are focused on deceased the deceased person. Searching and protest take place.
Disorganization: the survivor feels the pain of the experience, suffers from turmoil and despair.
Reorganization: normal functioning and behavior are restored.

In 1969 Elizabeth Kubler-Ross wrote her famous work, Living with Death and Dying. She is credited with starting the Hospice movement in the United States and she developed the Five Stages of Grief theory:

Denial: Rejection or refusal to accept the truth. This is also known as shock.
Anger: Physical expressions of hostility directed toward people and God.
Bargaining: An agreement between the conscious mind and soul involving a negotiation for more time to live.
Depression: reactive grief over a specific loss and preparatory loss over their coming death.
Acceptance: An acceptance of existing conditions, receptivity to things that can’t be changed.

Most of Kubler-Ross’s work was done with terminally ill patients so her work is closely associated with anticipatory grief. William Worden developed his list of the Four Tasks of Mourning in 1991 and Therese Rando (1993) states that she believes that there are six separate “R” grief processes: Recognize, React, Recollect, Relinquish, Readjust, Reinvest. All of these theories of grief deal exclusively with grief that is centered on death. Of late, the stages of grief theory have been challenged. In an article in the Journal of the American Medical Association, Dr. Maciejewski and his colleagues state: “We believe that the variability in the nature and the course of grief makes it untenable to maintain that ‘the stage theory of grief remains a widely accepted model of bereavement.
adjustment.' Not everyone goes through an orderly sequence of reactions with refined stages.” (JAMA, Vol. 297 No. 24, June 27, 2007)

The authors of this article go on to say that a consistent belief that there is a precise and defined process of grief can have “devastating consequences to bereaved persons.” By making them feel as though they are not coping properly if their reactions and responses do not fit in with the stage theory. This can also lead professionals in health care to erroneous conclusions about the health of their patients. I tend to agree with this. It has been my observation that grief is a very chaotic process.

Grief does not warrant even a casual mention in the DSM-IV, but there is an important move to have Complicated Grief classified as a mental disorder in the DSM-V. There is a great deal of discussion in the current psycho-analytic literature as to whether complicated grief, which is initiated by a traumatic event, should be listed under the heading of Post-Traumatic Stress Syndrome, or whether it should be considered to be in an independent diagnostic criteria. There is certainly a movement to recognize that grief could be potentially pathological. Some clinicians believe that the type of death itself can be a determining factor in how grief will manifest itself. The Clinical Psychology Review published an abstract in 2004 which listed the symptoms of grief to be, but not limited to “depression, anxiety, interpersonal problems, substance abuse, hallucinations, physical illness, and even death” (Lichtenthal, 2004). It was interesting to me—having close friends who have lost their husbands, wives or significant others—that the criteria for determining complicated grief in the surviving partner is:
Dysfunctional adaptation involved failure to resume responsibilities and/or somatic symptoms beyond one month after bereavement, and or failure to form new relationships beyond thirteen months after bereavement. The individual’s unique belief system and social context were to be considered when making functional impairment assessments. (Lichtenthal, 2004)

Two out of three of the people I know who have been widowed or widowers would easily fit this criteria. All the other aspects of grief, illness, physical impairment, aging, all of the endless areas of life altering loss, are not included in this discussion at all. The sum of my reading in the current literature does lead me to believe that grief will be a major source of study and discussion within the profession for years to come, and this can only be construed to be a good thing.

Grief is not only a pervasive facet in our lives, but it is also cumulative. If it goes unacknowledged and/or unrecognized what are the potential consequences? In her book titled Grief, author Linda J. Schupp (2005) quotes two psychiatrists at a state mental hospital in California, Drs. Zisook and DeVaud, as stating that they believed that 77% of patients in their facility had unresolved grief issues (p. 11). John Bowlby stated the following in 1980:

Clinical experience and a reading of the evidence leaves little doubt of the truth of the main proposition—that much psychiatric illness is an expression of pathological mourning—or that such illness includes many cases of an anxiety state, depressive illness, and hysteria, and also more than one kind of character disorder. (in Schupp, 2007, p. 12)

When thinking about working in the helping professions with patients with psychological issues, understanding Bowlby’s statement about the ramifications of grief seems a seminal one to consider. There are so many aspects about the personality and the client’s previous life experience before a loss that a clinician must consider when trying to determine whether or not a particular patient is dealing with issues of unresolved or
complicated grief rather than what may appear to be a presenting diagnosis. Just a few of the aspects of a client’s personality or previous history that Schupp lists as being possible factors for a client to have extreme difficulty in dealing with grief and loss are: self blame for abuse issues, history of depression, personality factors, self-concept roles, a belief that the loss was avoidable, social problems. These are not unusual aspects to encounter in the general population and need to be considered when thinking about how loss and grief can affect a particular client.

Grief and Personality

Personality: An extroverted person may be better able to express feelings of grief and find some therapeutic release in that expression. Introverted people who cannot openly articulate their feelings, may be less likely to find a manner to heal grief because they are never given, or asked for, a forum in which healing can take place. The support system that surrounds an individual who is intensely grieving can make an important difference. If one has a strong circle of friends, family and a community that is compassionate and immediate, it can be an asset to the person who is grieving. But conversely, if one loses the person who is the head of the household—a mother, father, or a spouse—it could make it extremely difficult for the other members of the family to come together as a unit and support one another.

Also in generations past, grief was experienced early in life. Most families saw at least one, if not more, of their children die. All learned early that death and grief were natural experiences shared with others. There were many who had experienced similar losses and could be of support to the newly bereaved. Most importantly, the bereaved were not alone, but rather part of the larger community of grievers. (Doka & Davidson, 1998, p. 62)

The process of grieving itself is further complicated by the fact that we live in a death-denying society. If we are grieving because of the death of a loved one, it can
trigger the fear of death in others and our own fear of dying. If your grieving period goes on for a longer period of time than others are comfortable with, which is probable to be a short period of time, they are likely to begin to avoid you or even become angry with you. Being seen as dependent or needy is unacceptable in our culture. People in acute stages of grief are both helpless and dependent. They have little control over their emotions; they have a difficult time coping with everyday decisions; they cannot focus. This is very frightening to the person who is grieving and the people around them. It can trigger people’s fear of physical incapability, and everyone’s fear of death—both of the person who is grieving over a loss and that of those who surround them.

In the book *Living with Grief* (Doka, 2007), Dana Cable has written an essay devoted to the subject of how Americans view a person dealing with acute grief in comparison with other cultures.

Yet, if we see someone we know grieving a personal loss in this way, we react very differently. Rather than validating their grief, we try to encourage *containment*. We avoid grievers who so outwardly show their emotions. We see this response as excessive and inappropriate. We try to get them to mute their grief. All too often the griever complies. He or she recognizes the discomfort of others. Accordingly, in public, the bereaved will try not to show the feelings and emotions that are inside. They learn to grieve in private over their own personal losses. (p.65)

*Death pervades.*
*Its presence plagues me,*
*Grips me: drives me,*
*I cry out in anguish,*
*I carry on.*

*Everyday annihilation looms.*
*I try leaving traces*
*That maybe matter,*
*Engaging in the present,*
*The best I can do.*

12
But death lurks just beneath
That protective façade
Whose comfort I cling to
Like a child's blanket.
The blanket is permeable
In the stillness of the night
When the terror returns

There will be no more self
To breathe in nature,
To right the wrongs,
To feel sweet sadness.
Unbearable loss, though
Borne without awareness.

Death is everywhere
And it is nothing.

Anonymous
from *Staring at the Sun*
Irvin D. Yalom

**Fear of Death**

*It's not that I'm afraid to die, I just don't want to be there when it happens.*
*Woody Allen (1935-) Without Feathers*

Are we afraid to die? Of course we are, well a lot of us are, maybe most of us, (I think). We all know it is going to happen. But, how many of us, writer included, actually live our lives incorporating that fact into our daily existence? American culture denies it altogether. There is a great deal written about how our secular culture has turned us away from acknowledging death. But are religious people less frightened of dying than those who profess to have no religious beliefs? Actually, the answer to that is, not really. It is actually easier to find specific statistics on the Internet about how many Americans are afraid of being naked, but after a diligent search I finally stumbled upon the World Science web site which states that the very, very religious and atheists are less afraid of
death than people who are sort of religious. What all the numerous sources I accessed do agree upon, is that, to one degree or another, all of us are afraid of dying. The reasons why tend to fall into three different but consistent categories, which are: fear of the unknown, fear of nonexistence, or the fear of hell and reprisals for the sins committed while on this earthly plain.

_Fear of the unknown may be also translated into the fear of not being._ What if, after we die, we are just nothing, nothing happens, we don’t go anywhere (heaven or hell) nor are we reincarnated? Quite simply put, the abyss. To many of us, this is a more frightening possibility than any of the other possible choices. (Look what it did to Sartre!)

Man is the only creature who must live with the constant awareness of the possibility and inevitability of nonbeing. Unless an individual chooses suicide, she or he must live with the fact that death will come at some unknown time and place. According to existentialist thinkers, it is this deep awareness of inevitable death that leads us to existential anxiety—a deep concern over the meaning of life. This concern manifests itself through questions about whether one is leading a fulfilling and authentic life. Viewed from the existential perspective, the idea of nothingness can arouse anxiety so general that it influences our entire lives. (Schultz, p. 1)

The idea of non-being may be too much for most people. According to some statistics, a greater number of people today in America believe in some sort of life after death, about 73% or so according to AARP Magazine (American Association of Retired People). This was based on a poll of about 1200 people; 80% of the women and 64% of the men who were questioned said that they believed in some sort of afterlife. There are vast differences in opinions of what that afterlife might consist of, but people (Americans) tend to believe in something.
“While death anxiety may be a burden, it may also be a great boon to humanity”


The behaviors and psychological energies invested in self-preservation are products of death-anxiety. Most of the time, these anxieties are repressed and must remain repressed if we are to function normally, but they exists, and like boiling water in a teapot exert their pressures on man’s behavior. When the pressures become too great and the pot boils over, the anxieties manifest themselves in neurotic and psychotic behavior. (Schultz, 1978, p. 21)

Death is psychologically as important as birth, like it, is an integral part of life. As a doctor, I make an effort to strengthen the belief in immortality, especially with older patients when such questions come threateningly close. For, seen in correct psychological perspective, death is not an end but a goal.

C. G. Jung

Jung is fascinating to read on the subjects of life and death. He describes the life journey as being a curve. When one is young, one is at the beginning of the curve climbing upward, mid-life is the top of the curve and growing older is the downward slope of the curve. If we allow it, fear is our constant companion throughout the journey. Many people start the climb up the curve with a *fear of life*, meaning they cling to their childhood, not wanting to take on the responsibility and normal demands of living. These same people, when they reach the top of the curve (midlife) become frozen and wooden. Unable to face the process of aging and possible physical deterioration, they exchange the *fear of life* for the *fear of death*.

From the middle of life onward, only he remains vitally alive who is ready to die with life. For in the secret hour of life’s midday the parabola is reversed, death is born. The second half of life does not signify ascent, unfolding, increase, exuberance, but death, since the end is its goal. The negation of life’s fulfillment is synonymous with the refusal to accept its ending. Both mean not wanting to live, and not wanting to live is identical with not wanting to die. Waxing and waning make one curve. (Yeats, 1999, p. 13)
We all must learn how to confront our own death; it is the one experience we know we are all going to have. And this, like grieving, is something we can only do on our own. We can discuss death with others, we can share our fears, but confronting the eventuality of our end, we can only do inside of our own head.

Though every man will attempt in his own way to postpone such questions and issues until he is forced to face them, he will only be able to change things if he can start to conceive of his own death. This cannot be done on a mass level. This cannot be done by computers. This has to be done by every human being alone. Each of us has the need to avoid this issue, yet each one of us has to face it sooner or later. If all of us could make a start by contemplating the possibility of our own personal death, we may effect many things, most importantly the welfare of our patients, our families, and finally perhaps our nation. (Kubler-Ross, 1969, p. 31)

If the fear of death is a universal fear, then it exists in all of our clients and patients. In order to be effective counselors and therapists, we must not shy away from it ourselves. If we are afraid of death, then we are afraid of grief. And if that is the case, how can we help people cope with the grief that is so pervasive in our lives?

While walking through Barnes & Nobles one day last winter, I saw a copy of Grieving for Dummies (Harvey, 2007). Is there any subject this publisher won’t tackle? I thought, well, good for them. On the subject of finding help with the grieving process Greg Harvey, Ph.D., said the following:

Because your grieving can so easily remind others of their mortality and trigger their fear of death, when seeking out someone to help you through your grieving process—even a professional who isn’t specifically trained as a grief counselor—you need to make sure that this person is comfortable with the subject of death. The best way to find out, of course, is to ask how he feels about death. If this proves too awkward, you should note carefully how he responds to you when you speak about death. If you feel that he doesn’t fully engage with you, or if he attempts to change the subject, you know that he has issues with mortality that more than likely will adversely affect your ability to grieve openly around him. (p. 21)

If the Dummies group is advocating a counselor who has confronted their own mortality, who are we to argue? As they would say in Ireland, we here in the helping
professions, have to "Get Over Ourselves" and confront the reality of our own mortality if we are truly going to be able to do the kind of work we want or need to do.

**American Culture and Death**

*America is the most grandiose experiment the world has seen, but, I am afraid, it is not going to be a success.*

*Sigmund Freud*

*By the age of six the average American child will have completed the basic American education. From television, the child will have learned how to pick a lock, commit a fairly elaborate bank holdup, prevent wetness all day long, get the laundry twice as white, and kill people with a variety of sophisticated armaments.*

*Anonymous, Bartlett Quotations, on line.*

*Americans will always do the right thing, after they have tried everything else.*

*Winston Churchill*

In a recent conversation with friends on the subject of the health care crisis in the United States, a friend said to me: "The primary difference between Europeans and Americans is that Europeans expect to die one day." This may be an rather large oversimplification but it is inherently true and very much to the point.

We are rather an odd people, meaning Americans. On one hand, violence and death are everywhere. The most popular television programs in this country are based on the crime scene investigation of gruesome murder scenes (CSI). I think there is a Las Vegas version or a Miami one. I understand from a friend that one of the most widely watched television shows by young people today is a cable program titled *Dexter*, where the hero is a serial killer. (?) Mass murder and mayhem are constant and popular themes in movies and television and have become as endemic to American culture as Sam Spade. Starting with the American western all the way to *Die Hard* and *Dirty Harry* we have
created a culture that worships or lionizes men and guns, violence and death. On the other hand, there is a juxtaposition with the Disney philosophy. The childish need to believe everything always comes right at the end and no one important is going to die at the finish of the film. Life is trivial and the goal in American culture is achievement, success, and the accumulation of wealth. Bad things do not happen to good people, *happily ever after* is the rule. And this, subliminally, is some sort of protection against death, grief and the possibility of traumatic loss.

Our movies and films, our culture, is our most important export in this country. The rest of the world sees this odd combination with violence, guns, murder and the childish fascination with baubles and happy endings as not only dangerous but intellectually immature.

We live in the days of fast food, high speed modems, supersonic transports, and cellular telephones. Everything and everyone must operate at top efficiency. Mourning is seen as serving no useful purpose and simply getting in the way of our progress. Most employers allow the bereaved three days off work following a death. The not-so-subtle message is that we should be ready to get "back to normal". The very fact that grief is not seen as normal speaks volumes about our society. We are encouraged, directly and indirectly, to hold back our emotions and show how strong we are. To do otherwise is seen by many as pathological. (Doka & Davidson, 1998, p. 63)

How to begin to define what American Culture actually may be is difficult to fathom. In theory, we as a nation, are a melting pot, a conglomeration of different cultural backgrounds, religions, ethnicities, belief systems and nationalities, who have all come together to form a more perfect union and all that. One might think that there would be distinct pockets of uniqueness within this framework of people as holdovers from our ancestors near and far who came to this place called the United States, but it seems that this thing called American Culture demands a consistent insipidness. Instead there is an
almost desperate, insistent need to force blandness, fear and conformity on to our population. A need to be entertained, through increasingly more banal venues of thought numbing *art forms* (I use this term, only because I cannot think of another) meaning television, film, popular culture and the endless pursuit of celebrity. Football, baseball, twenty-four hour a day sports channels, reality television—it is all part of the endless, pointless, need to compete. If people are constantly locked into a battle of competition, there will be no time, room or inclination to confront anything important, especially our own mortality.

We need stuff: big stuff, big cars, big, empty, poorly built houses, big toys, big televisions so we can have better access to all that endlessly big entertainment. If you have big stuff and lots of it, you are seen as a winner, and what America loves more than anything else is winning.

What could be more American than Senator Diane Feinstein’s recent comment: “Winning may not be everything, but losing has little to recommend it.” What is the opposite of winning? Losing. What is the ultimately experience of loss? Well, death, and the United States may be the most death-denying society in the world.

The twentieth century crystallized a new attitude toward dying and death. In this modern era, dying and death were no longer considered to be important experiences that would absorb the attention and energies of humanity. To the contrary, death and dying became something to be shunned, avoided, denied, and if possible, conquered. Contrary to earlier times, dying and death in the twentieth century have become devoid of meaning, ritual support, and cultural approval. What has been termed the “age of death denial” has arrived. (Moller, 1996, p. 15)

Death has been removed from our lives. We do not talk about it, publicly or privately. I have been doing hospice work for a couple of years now. When people discover this, it almost always makes them look unnerved. I have been asked many times: “Why would
you do that? Isn’t it awfully depressing?” When I reply: “Well, we all have to think about it, none of us can escape.” You cannot imagine how uncomfortable people appear.

Today death is seen and dealt with in a more taboo and negative way than in the past. Death is unacceptable in today’s society. Many deaths, particularly deaths as a result of suicide, AIDS, alcohol abuse, and the like are seen as the fault of the dead. His or her lifestyle, choices, etc., are viewed as having brought on the death. Consequently, society provides less understanding and support for the survivors. (Doka & Davidson, 1998, p. 62)

Death has quite literally disappeared from our existence. People go to nursing homes to die, or to just get old. Wakes are held in funeral homes. There is a pattern I have noticed lately, among some people, where there is no wake or funeral at all, just a cremation and maybe a gathering at a local restaurant. The person’s respective ‘dead body” is never viewed; it is looked upon as too morbid. I am uncomfortable with this, it seems disrespectful for lack of a better phrase. Dana Gable, in her essay on grief and American Culture, acknowledges this alteration by stating: “Among the changes that have taken place in our death system perhaps none has had as dramatic an impact on the grief experience as our tendency to avoid confrontation with the dead body.” Hospice workers and grief counselors know that viewing the dead body of a loved one can help the survivor to begin the process of accepting the death and initiate the grief process. This can take place just after the death or during a wake or funeral. This new move toward immediate cremation or closed caskets denies the people who are left behind the opportunity to accept the reality of death. It furthers the denial of the death of their loved one and hinders the grief process. To me, it also helps put death into that category of being some sort of dirty secret, something to be ashamed of. Another example of losing that we cannot face?
The more we are making advances in science, the more we seem to fear and deny the reality of death. How is this possible?

We use euphemisms, we make the dead look as if they were asleep, we ship the children off to protect them from the anxiety and turmoil around the house if the patient is fortunate enough to die at home, we don’t allow children to visit their dying parents in the hospitals, we have long and controversial discussions about whether patients should be told the truth—a question that rarely arises when the dying person is tended by the family physician who has known him from delivery to death and who knows the weakness and strengths of each member of the family. (Kubler-Ross, 1969)

This disappearance of death from our daily lives is a fairly recent event. My grandparents both came from very large families. My grandfather, Dr. Lodge, was the youngest of thirteen children, nine sons and five daughters. All five girls died before they were fourteen years old. Three died of childhood diseases (chicken pox, scarlet fever), things that are readily treatable today, and two other girls died together in a flood. In my grandmother’s family of sixteen, three children died before they were five years old, all of childhood diseases. Both of my maternal grandparents came from relatively wealthy families. These deaths were not a result of poor nutrition or medical care. People died more often then. My father’s oldest brother died when he was twelve years old. He died of an infection, which today would be easily treated with antibiotics. When I was a child, it was extremely rare to hear of any family losing a child through illness.

Early in this century families were more a part of the death experience and, therefore the grief experience. Most deaths occurred at home with the family present. The survivors participated in the care of the dying and, following death, helped prepare the body. Later, they would often return the body to the home for viewing and visitation. Friends would come and provide comfort for the bereaved. They would speak of the dead and their memories of the person. They would stay to support the family. (Doka & Davidson, 1998. p. 62)

World War I is a subject that I have studied and written about at great length.
Over 16 million people died in the war during a period of four years from 1914-1918. In 1918, only ninety years ago, there was an epidemic that killed, it is estimated, between 40-50 million people around the world. The Spanish Flu Pandemic is considered the “greatest medical holocaust in history.” Over 28% of the population of the United States were affected. Boston was an epicenter; 1,000 sailors died at the Chelsea Navy Yard alone in the month of August. It is estimated that almost a million people died in the United States as a result of the Spanish Flu. The life expectancy of an American Citizen dropped 12 years within that one year. In notes from the National Archives I could not help but notice the following notation:

It is an oddity of history that the influenza epidemic of 1918 has been overlooked in the teaching of American history. Documentation of the disease is ample, as shown in the records selected from the holdings of the National Archives regional archives. It needs to take its rightful place among the major historic events of all time.

Why don’t American’s know about this? Because it happened right here, and we don’t ever talk about these things? It is hard to imagine that it was just forgotten and overlooked. Are we intentionally infantilized and unable to cope with reality by our own historians? Who knows? Or is it just too frightening, a pandemic is a complete loss of control, ultimate vulnerability. Possibly, Americans don’t know about it, because they don’t want to.

**Aging and Unrecognized Grief**

A sixty-three-year-old man had died, following an illness of more than a year’s duration, leaving a grieving wife, children, and other close family members. Their friends, as might be expected, were a comfort, but one man, whom we shall call Roger, was a special comfort. He went along with the family to make funeral arrangements, ran errands, and made the necessary calls to out-of-town friends. But no one seemed to realize how much he had lost—his best buddy. Although his kindness and help were recognized, rewarded and sanctioned, no attention was paid to his grief. There are no condolence cards to send to friends. *They are the*
ones who are supposed to send them. But his grief was intense, and some of the activities he had shared with his friend—early morning golf and series tickets to Sunday football games—lost their luster. It was the bonding with a close male friend that had meant so much, rather than the activities. (Pine, Margolis, Doka, Kutscher, Schaefer, Siegell & Cherico, 1990, p. 13)

A dear friend, who lives in Ireland, is a delightful man named Timothy. Tim is an event—a handsome, energetic, man gifted with a joy of life and a sense of humour that make him a treasured member of our extended family. Tim has owned a large department store in the center of a large city for over forty years. He is a very gregarious man with a wide circle of friends, and it has been his habit to have tea with the same five men at 10:00 a.m., in the same shop, every weekday for the past forty years. They were all businessmen, or “just a local merchant” as Tim would say, and these six men have been “fast, very fast friends” all this time. About five years ago, the first of this group of six died. I remember Tim being astonished at the time, not just at the loss of his friend, but of the sudden knowledge that eventually they would all:” just be gone.” A year later another member of the group was diagnosed with cancer. He retired, turning his business over to his son. Then a third member of the group began to show signs of cognitive issues. The friends took turns, discreetly picking him up and walking him back to his place of business for their morning ritual; never letting him know that they had noticed his failing health, and were conspiring to take care of him. In my telephone conversations with Tim, he told me how he had no joy in running his store any longer. In the past fifteen years, there have been vast changes in Ireland. The “Celtic Tiger” has brought in not only large amount of industry, but for the very first time in history, foreign nationals moving to Ireland seeking work. There has been extensive building of roads, housing, the price of
everything from eggs to the land itself has sky rocketed. This has been a boon for Tim’s business and that of his friends, but at a cost. According to Tim, this huge change in Ireland was reason for his lack of interest in work, for his feelings of depression, and his sense of sadness. “I just don’t have the passion for it any more, you see. There is just no fun in it at all” He said to me one day, as a reason for his cutting back to going in just two days a week, although according to his wife he was going crazy at home. In a recent telephone conversation Tim said that he has totally turned over running to business to his two daughters who live in Cork. When I said that I thought he would go crazy without being in town at the shop he said: “I can’t face that table; it has just gotten too sad.” When I asked what he meant he responded: “The tea shop, my buddies, every morning, there are only two of us now. Not having my friends around took all the joy out of it for me. It is too much of a reminder of what is ahead, that empty table. I cannot stick looking at it. We used to fill up the shop, now it is just us. It just got too hard.” Tim is grieving for his friends, for their friendship, for his lost youth, for all the changes. That empty table represents too much pain for him. That empty table represents his own fears of death and illness, and the deep seated grief of the loss of his life and how it had been for so many years. A life truly enjoyed. Tim is very healthy, vibrant and strong, and completely at loose ends at home, but it is preferable to confronting that empty table every morning. It has taken Tim many years to recognize that he was not depressed over the changes in Ireland, but grieving for the loss of deep friendships and for a lifetime of camaraderie, laughter, and happy rituals—coupled with the sudden realization of one day figuring out that you and all of your friends are old!
CHAPTER 2

THE INCOMPREHENSIBLE: THE LOSS OF A CHILD

Grief Counseling

We all hope for and feel entitled to some guarantees in life. There needs to be some small list of things on which we can depend. A natural order of events that gives life meaning, cuts down on the chaos and fear that seems to lurk just beyond the horizon. Most of us want to believe that there is some sort of cosmic justice that freely floats about, landing on situations when needed, creating some sort of balance in the universe. We want to believe that goodness (whatever that means) is compensated, that kindness is its own gift. Our desiring that there should be a natural order of justice, grace and benevolence in the world is not a self-absorbed or greedy thing to wish for. The loss of a child shatters any pretense that such a humane higher order exists.

In this day and age, we all expect that we will die before our child. But, too often, even this seemingly small expectation seems a foolish one. The order of the universe itself seems to be out of kilter when a child dies before a parent. The unnaturalness of this event is not determined by the age of the child, but by the fact that the death takes place out of turn with the parent. The strangeness of such a death becomes a major stumbling block for the bereaved parent who cannot comprehend why such an event could, or should, take place.
Physiologically, psychologically, and socially, the relationship that exists between parents and their children may well be the most intense that life can generate. Obviously, then, vulnerability to loss through death is most acute when one's child dies.

Not only is the death of a child inappropriate in the context of living, but its tragic and untimely nature is a basic threat to the function of parenthood—to preserve some dimension of the self, the family, and the social group. (Rando, 1984)

For this reason, the loss of a child may be the most difficult loss imaginable and the most complicated type of grief to survive.

Parents who lose a child are multiply victimized. We are victimized by the realistic loss of the child we love, we are victimized by the loss of the dreams and hopes we had invested in that child, and we are victimized by the loss of our own self-esteem. Not unlike the survivors of the concentration camps, we cannot comprehend why we did not die instead. (Rando, 1984)

In Love's Executioner, Irvin D. Yalom wrote a short story titled “The Wrong One Died.” This is the story of a woman, Penny, whose young daughter died of leukemia. Four years after her daughter’s death she finds herself still trapped in paralyzing grief and despair. Her marriage has failed, her relationships with her two surviving sons have disintegrated. Her most important relationship in life is the one she maintains with her dead daughter. Her room is kept as a shrine, she visits her grave daily, and she cannot move forward in any way in her life, she sees no meaning in life:

We began to consider another important characteristic of parental bereavement—the loss of meaning in life. To lose a parent or a lifelong friend is often to lose the past: the person who died may be the only other living witness to golden events of long ago. But to lose a child is to lose the future: what is lost is no less than one’s life project—what one lives for; how one projects oneself into the future, how one may hope to transcend death (indeed—one’s child becomes one’s immortality project.) Thus, in professional language, parental loss is “object loss” (the “object” being a figure who has played an instrumental role in the constitution of one’s inner world); whereas child loss is “project loss” (the loss of one’s central organizing principal, providing not only the why but also the how of life). Small wonder than child loss is the hardest loss of all to bear. that many parents are still grieving five years later, that some never recover (Yalom, 2000, p. 141).
Yalom’s character Penny, the grieving mother is unable to cope with her grief. She is chronically depressed. In their article *Maternal Resilience and Chronic Depression in Mourning for a Child*, Drs. Tyche and Dollander (2007) examine what circumstances are more likely to produce a quality of resiliency that will help some mothers manage to overcome the loss and other mothers to develop severe and chronic depression. In their study they found that the manner of the child’s death did not impact the grief experience of the mother. If the child died in an accident, by homicide or suicide or because of lethal disease, it made no difference whatever in the mother’s reactions to the loss of her child. According to the American census bureau, in 1995 there were more than 200 violent child deaths per day in the United States, more than 75,000 per year.

In a review of American studies on patients under psychiatric treatment, the writers concluded that the most devastating aspect of child mourning lies in the complications that ensue, which range from an episode of major depression that may become chronic to the onset of post traumatic stress disorder. (Tyche & Dollander, 2007)

More than 56% of the mothers in the follow-up cases had developed chronic and severe psychological problems. The goal of their study was to discover what in their history and psychic functioning differentiates mothers with chronic depression from mothers who will manage to symbolize the death and overcome the loss.

Guilt is one of the major components of child loss. Complicated by the loss of dreams, future, the sense of failure in the parental role, that of protection. Drs. Tyche and Dollander set forth four hypotheses to account the mourning process of resilient mothers (their term) in contrast to mothers who will develop chronic depression:
• After the traumatic mourning, resilient mothers find more support in their family, friends, or psycho-medical environment than mothers suffering from chronic depression.
• Resilient mothers succeed in mentally elaborating their feelings of guilt, whereas mothers suffering from chronic depression become engulfed in guilt.
• Resilient mothers have a greater ability to mentally elaborate the traumatic loss than mothers suffering from chronic depression.
• Mothers who are able to get over the trauma of the loss have a more distant, less dependent or ambivalent link with the lost object than mothers suffering from chronic depression. They have a greater object re-investment capacity (p. 19).

The role that the psycho-medical community plays in this recovery of resilient mothers is crucial. Women who begin receiving therapeutic care in combination with drug therapy immediately after the loss of their child were consistently more likely, eight years after the death of their child, to be considered resilient than the mothers who did not seek counseling until twelve to fifteen months after the death of their child, but were treated with drug therapy immediately after the loss. And of those “Half of them felt there was too great an emotional distance between themselves and their therapist and also felt the destructive weight of the practitioner’s silences during the psychotherapy session.” (Tychey & Dollenger, 2007).

Resilient mothers did not feel they had more support from their family and socio-medical circle. At the beginning of the follow-up care, most of these mothers said they tried not to talk too much about the deceased child to the people around them, not to cry constantly in front of them, and not to cause further grief in their circle by voicing their own pain. On the other hand, they stressed the importance of having been able to quickly find someone in the psycho-medical community who would listen to their expression of grief, and were able to let their suffering come out. (Tychey & Dollenger, 2007)
In the summation of their study, Drs. Tychev and Dollander state that the evidence for the recovery of the mother after a child loss is greatly determined by the immediate assistance by a specialist from the psychological community. To wait for a direct request from the mother, who is traumatized and not in a position to be able to analyze her own needs, must be considered carefully and be of concern to the attending physician and family members. There is also a great emphasis put on the “real relationship” that exists between a therapist and client as opposed to the “therapeutic relationship.” The mothers who developed a stronger sense of resiliency after the loss of a child reported having a much closer, empathic relationship with their therapist than is generally seen in the within the structure of the “therapeutic relationship.” It is important to note that silence, as a therapeutic tool, was thought to be harmful and was specifically mentioned by each of the non-resilient mothers as having been a very negative aspect of their counseling experience. This would indicate that grief therapy would require a specific set of skills that would separate it from other types of therapeutic work.

**Multiple Losses**

My interest in grief therapy has been a result not only of my own encounters with grief, but also by that of some of our closest friends throughout the years. One particular couple, I will call them Henry and Elizabeth for the purposes of this paper, have experienced one catastrophic loss after another. Such cruel tragedies have befallen this family that it defies one’s ability to begin to grasp the enormity of their pain.

Both Elizabeth and Henry had been married before they were lucky enough to find each other. Elizabeth had four children from her previous marriage and Henry, two.
Three years ago in July, Elizabeth’s youngest son, John, who was twenty eight years old, was killed in hang gliding accident. A freakish thing, he was an experienced hang glider; it was just one of those unimaginable tragedies. He was a wonderful young man and had worked for the Peace Corps in Paraguay for a number of years. He had just returned to the United States, married a beautiful girl, and had taken a job teaching English as a second language to immigrant children in a very poor section of the United States. A very wonderful young man, with everything in front of him, and then in one brief moment he was gone. His mother was devastated, could not believe it, she said that to me over and over again: "I just cannot believe that he is gone. He is so strong, so vibrant. How can he be gone?" I remember my own sense of terrible fear when this happened, looking at this young man’s photograph on his mother’s desk, and realizing that he would never come home again. How could his mother, any mother, begin to believe that her child could instantly disappear from the world? How could she ever stand it? Elizabeth retreated from us, meaning her friends. I spoke to her almost daily on the phone but she really did not want to see people. After a few months, another friend and I thought that she was just too reclusive, and we became very concerned. We both had enough personal experience to feel that we could tread this dangerous ground. My friend had been widowed as a young woman and I had been doing hospice work for quite a while. We both felt strongly that isolation was not the answer for Elizabeth. I pressured her to come over for dinner, and said it would just be David, Henry and me. I did invite four other couples, all of whom were very good friends, but I didn’t tell Elizabeth. When she walked in and saw other people in the keeping room, for a moment she gave me a murderous look, but at the end of the evening she held me close and said that she knew that she needed to be with
people, and this evening had broken the ice for her. We all desperately wanted to help her but had no idea what to do.

Unbelievably, in January of the following year Elizabeth’s oldest son, Mark, who was forty years old, just didn’t wake up one morning. He was young, healthy and strong, a former Navy Seal. He owned a diving company in the southern part of the country. He had just married for the second time and seemed to have it all. But, he was gone and just in that one moment, the telephone rings and life is forever changed.

All of her friends, myself in particular, were paralyzed. It was beyond unjust, how could anyone lose two of their children in one year? I can distinctly remember the feeling that we, as a group, seemingly rejected the idea of his death instinctively. There was a brief desire to recoil from the entire situation, because it was too painful to face. It was impossible to know what to say, how to respond, how to help. Elizabeth and Henry went into a kind of shock and I know that our small network did as well. As I stated earlier, we all somehow irrationally expect that there is some balance in the world. Some sort of system that only portions out a certain set amount of pain for any one person to have to deal with, but the reality of life is so very, very, different.

Elizabeth did seek out therapy. She said she felt frozen inside with the loss of her second son, as if she could not begin to process any kind of reaction to the enormity of the tragedy she and her family were experiencing. She was fortunate to have a good friend locally who is a psychiatrist and he was able to recommend someone who is a specialist in loss and has worked with patients who have suffered multiple losses in the past. Elizabeth has found him enormously supportive and says “he helped me cry” when I thought I would never be able to.
Three weeks ago Elizabeth lost her husband Henry, he had been ill since last October, but no one expected him to die, because it was inconceivable that he would. Elizabeth knew that I was writing this thesis and very generously wrote the following description of grief and offered it to me. I have included it here.

Grief

I have just lost the love of my life and my best friend whom for the last 25 years I have shared as much of myself, and he also of himself, as we were able. Everything we did together was wonderful...eating drinking wine, sex, enjoying his incredible sculpture, traveling, looking for gorgeous art, hunting to the hounds, training horses and as we aged, just the fruits of our eyes, and being together for the daily needs of the household and amusing each other. The last thing he gave me was a wink and a crooked little smile and I cry every time I think of it.

And so now, grief physically is, crying so hard I can’t open my eyes, a horrible hard place encompassing my whole chest, a lassitude sometimes not allowing me to do even the daily chores. Anguish, anger, daily agony. Grief is an impossible loneliness, knowing that life will never be as joyful as it was with Henry, yet knowing that there can be some particular joys. There are times of despair, thinking “why bother to go on”, then thinking but I really do love life...I think. Feeling the loss of someone so damned special, so impossibly funny, so deep and rich natured, barely being able to wait for the next damned pun at the breakfast table. Empty, empty, empty. My son once wrote, at age 11, “loneliness is the deepest hole”. He was right. My life is a black hole.

Cancer: The Black Tunnel

Another set of very intimate friends lost their thirty year old daughter to lung cancer. Over the past six years I have been a close observer of their painful journey, and I have learned a great deal from them. A diagnosis of terminal cancer, and being forced to helplessly stand by and watching your child die, incorporates every type of grief and a kind of agony that few of us can conceive of. For each member of this family, for their friends, and their community, a diagnosis of cancer for this young woman changed everything about how they lived. For the purposes of this thesis I will call our friends Laura and William and their daughter will be “B.”
This story is elemental to me in terms of my feelings about the importance of grief and death education especially for the people in the helping professions, but for everyone else as well. How these people have learned to cope with the unacceptable and unimaginable horror of losing a child, how they have struggled with grief and how that agonizing grief has changed them as people is at the center of the work I have done for this thesis.

I have watched the transformation of this family and how it has changed their community and many of their relationships. We would like to think that tragedy would bring out the best in our friends and relatives, our support system, but that is not always the case. Grief scares people. The loss of a child changes everything about your life, but in particular it changes your priorities. I never met “B,” I met her parents just before she died, but watching her parents cope with her loss and their enormous grief has made me feel as if I do know her. I sense her presence sometimes when they speak of her.

One of the most terrifying aspects of grief is powerlessness. Not just because grief is powerful and inescapable, but being in a position of powerlessness causes people to feel grief, as well as fear. They are often interchangeable emotions. There are a number of points in the story of B’s illness and death where anyone who reads the chronology can easily imagine feelings of terror overcoming all who were involved, but it is the first moment that her mother knew something was terribly wrong, a moment of pure instinct and maternal perception that has preeminence for me.

The Black Thing

It was February. Laura was going into Manhattan to stay with B for a few days. She was taking the train in. Her next door neighbors, two gentlemen who are very close
friends of the family, also happened to be on the same train. On that particular day B had
to travel out of the city to see a client out of town. There was this odd concurrence of
events. Laura and her friends were going to be passing through the train station from
which B was leaving. A cell phone conversation had established that she would be
standing on the platform when her mother’s train came through the station. As the train
approached, Laura saw her daughter standing on the platform getting ready to wave.
When she saw B look up at her, there was a desperate pang of fear. A feeling of dread,
seemingly groundless, but palpable. B looked ill, she looked almost frail, very unlike
herself. Laura said she knew from that moment, that something was terribly and
frighteningly wrong. This image is so haunting to me, that of my friend, very happy,
looking forward to a couple of days in town, sitting on a moving train, laughing, looking
forward to getting a glimpse of B at the station. It seemed so improbable that they would
all be there in this one spot at this one time. And for Laura and B and all the members of
their family, time stops here. The pattern of their lives takes a different, uncharted,
unimaginable course. When we have spoken about this day, and she speaks about the
railroad station, I can see in Laura’s face the beginnings of grief.

B had been suffering from headaches for about a month. Within that week she
was diagnosed with non-small cell lung cancer, stage four. She was 29 years old. B lived
in New York but her parents insisted that she come to one of the major Boston hospitals
for treatment, a hospital with well known advances in the treatment of lung cancer. Both
of her parents have told me repeatedly that there was a sense of unreality about
everything that was happening to them. They know now that their daughter did not share
that denial; she knew just how real this disease was. She was proactive in every way, she
would try any treatment, take any chance. Because she was so young, and otherwise strong, the doctors were willing to try experimental procedures, things that were exceedingly difficult. B began to become increasingly frail and physically ill, mainly, her parents feel, from the chemotherapy treatments and other procedures. There was never a point at which during the seven months of B's illness that they received any positive news, not a reprieve of any kind, not a suggestion that anything was working, no hope. I have asked both of her parents if they believed that their daughter would die, if they were trying to prepare themselves for it, if they ever said the words out loud to B or to each other and they always respond that they never once believed it, until the very end. They believed that they could fix this. Something would work, eventually they would find the right doctor, the right drug.

This family had always lived the American dream. They are very successful and well to do. They had three healthy children, B being the oldest. Everything in their lives had gone according to plan, and they had that sense of invulnerability that may be uniquely American. They felt that their education and financial success had insulated them from the kind of disasters that affect—others. Laura is someone who likes to control her environment and so is her husband. It was and in some ways still is inconceivable to them that one of their children could be in a position where there was nothing they could do to protect or help her. They had no control. This loss of control, flies in the face of everything Americans believe about themselves and our culture. Americans seem to expect control; they feel entitled to it. Because I have lived outside of the United States for long periods, I think I have more insight into just how pervasive the idea of personal control is in this culture. No matter how desirable the idea of control
may be, it is always illogical to me. As a parent, I know that I would feel this same desire. As someone who has worked in hospice, I know that control is unattainable.

The entire family, with B’s fiancé and many of B’s friends, worked in teams to make sure that B was never alone. Someone slept at B’s apartment or whatever hospital she was in every night. Her younger sister took a year off from college, her brother took a leave of absence from his job, her father had huge support from his company and worked when he could. They were busy fighting B’s illness twenty-four hours a day, seven days a week. It was their major coping mechanism, this commitment to keeping her from ever being alone. I believe that the constant pressure to be fully engaged and the effort to keep everyone’s spirits up kept Laura from just wanting to scream out loud all the time. It also kept the entire network of friends and family from contemplating the possibility of failure.

There were days when their grief overwhelmed them but that was always triggered by a feeling of powerlessness; the day that the Boston doctors told all of them that there was nothing more that they could do, nothing more that they could try. William picked up his daughter in his arms and carried her out of the hospital. He drove her to the Sloan Kettering in New York and never said a word to his wife or anyone in his family about the decision of the Boston physicians. On the day of the black out in New York, the whole family was in Central Park. B had her oxygen tank but it was running low; without power there would be no way to recharge it. It was desperately hot and without air conditioning B began to fail quickly. It took them frantic hours to reach the Sloan Kettering; the traffic was paralyzed because of the blackout. Laura and William along
with their son spent the night sleeping on the floor of the emergency room beside B. She died a few weeks later.

It is still so surprising to me whenever either of them says this, but this family was so unprepared for B’s death. Even though days before when the doctors told them to call in hospice, they did not believe that their daughter would die. Although William has told me that the word *hospice* shook him terribly and he began to feel the despair that would become a daily occurrence, he still did not totally accept the idea that this could really happen because it was inconceivable.

We have been close friends with William and Laura for a long time now. We have watched them grapple with this monstrous grief in their lives for the past six years. They have changed as their grief has changed. They can talk to us about it. As I will discuss later, very few of their friends will let them talk about the death of their daughter. Laura describes grief as: “The air I breath. It is my life. It is inescapable, a wall that surrounds you. I am angry with it, I am sick of it, I am tired of it.” It was not just losing their daughter to a terrible illness that has changed their lives forever, but the aftermath of such a loss, the grief that comes in *black waves*, as Virginia Woolf used to describe it. This grief has altered their marriage, their friendships, how they deal with each other, and how they will cope with the rest of their lives. It has also changed how they think, how they perceive reality.

It seems so providential that Laura had started counseling just before B was diagnosed with cancer. She had had a life long fear of “going to the doctor,” which she tells me that she knows was instilled in her by her mother: ”a control freak nurse.” It is pure coincidence that the counselor that Laura chose is one who specializes in loss. I
know from many of the things that Laura has said that her counselor has made all the
difference in her ability to survive. Her counselor helped her organize her grief, a way of
looking at the world that would be very important to Laura. She helped Laura understand
that her extreme feelings of helplessness, despair and fury were all part of what happens
to the parents of a dead child. That no, she would not be given a reprieve, that she had not
been through enough already, that it was only going to become so much harder in so
many ways for such a long time. I know that Laura’s counselor was her life line, knowing
that she had an appointment with someone who would listen to her, would not judge her,
was not frightened or repulsed by her grief is what got her through the first two years.

I have noticed, six years after losing her daughter, that on some days Laura feels
reasonably good and then out of nowhere this big, black thing comes over her, something
triggers it, and the pain is just as strong as it ever was.

Her husband has handled his grief differently. He stays incredibly busy. William
never stops, he works continuously, either at home or at his office. He always has a
project going. This constant occupation has been the major tool he has used to help him
work through his grief and deal with this tragedy. Initially, he had sought out counseling
with a specialist in grief and loss, a therapist who also primarily works with the families
of cancer patients. But her office was in the oncology center at the hospital and walking
through that part of the hospital was too painful for him so he stopped going. That seems
very easy to understand, and something the counselor should have thought of. Doesn’t it?
Marriage and Loss

Because grief is what you have after someone you love dies. It's the only thing left of that person. Your love for, your missing, them. And as long as you have that, you're not alone—you have them. Your grief is the substitute for their presence on earth. Your grief is their presence on earth.

From Grief, by Andrew Holleran

I have watched how the incredibly strong marriage that William and Laura have has helped them both to cope with the loss of their daughter. In some ways, their loss has made their relationship even stronger. Some experts would say that this is unusual. The kind of tragedy they have experienced puts an enormous strain on a relationship. Men and women grieve differently and this can cause partners to have conflicting expectations of each other and their emotions.

Both parents have sustained a loss, but the grief experience may be different for each, due to their different relationships with the child and their own different coping styles. These differences can put a strain on a marital relationship, and this in turn can cause tensions and alliances among family members. (Worden, 2009)

Although Laura and William did not seek grief counseling together, because William did not feel comfortable with the idea, Laura feels strongly that her grief counselor helped them negotiate some of their very conflicting emotions, and what Laura referred to as "a grief competition" between them.

Each parent needs to understand his or her own way of expressing grief as well as his or her partner’s grieving style. One partner may be more facile than the other at expressing and discussing emotions. An open expression of feelings may intimidate the other partner, close that partner off to communication, and thus drive the parents farther away from each other. When a counselor is working with a couple, it is important not to appear to be siding with the more emotionally expressive partner. If this happens, the less expressive parent may feel left out and become frustrated with the counseling process. At the onset of counseling, the couple’s communication with each other may be through the counselor: One parent may attend reluctantly or be there "just to help" the other. Often this will be the father.
Some people believe that it does not help to dwell on the past, especially the painful past. For this reason they will not speak of the grief they are experiencing. (Worden & Monahan, 2001)

I have observed the great compassion and understanding Laura has for her husband and her daughter’s death was for him because, “that was his baby.” She saw them as being very much alike in temperament and outlook. “They understood each other immediately. B reminded William a great deal of his mother, and she was a fabulous person. So they had this great thing together. She and I always had a bit of the mother-daughter, love-hate thing going sometimes, but with William it was very different.”

In *Grief Counseling and Therapy*, Worden (2009) strongly emphasizes how in tuned and sensitive a grief counselor must be to the different relationship that each parent has with any of their children. That their loss is as unique to each parent as their experience is of that child.

The child represents to the parent both the parent’s best self and the parent’s worst self. Difficulties and ambivalence in the parent’s life are manifest in the bond with the child. The child is born into a world of hopes and expectations, into a world of intricate psychological bonds, into a world that has a history. The parent-child bond can also be a recapitulation of the bond between the parent and the parent’s parent, so the child can be experienced as praising or judging the parent’s self. From the day the child is born, those hopes and expectations, bonds and history are played out in the parent’s relationship with the child. (p. 224)

No matter how old children are, we all (I am speaking as a parent here) continue to feel the need to protect our children. No matter how irrational this desire is, even in the face of an illness as serious as lung cancer, the feeling that we have somehow failed in our responsibilities as parents is very difficult to overcome. As a result guilt can become a factor in the loss of a child of any age. Worden describes five different types of possible guilt in bereaved parents:
Cultural Guilt “Society expects parents to be guardians of their children and to take care of them.”

Moral Guilt, the idea that the death of a child is a cosmic consequence of some infraction of a parent’s earlier or present life.

Survivors guilt, if a child dies in an accident that a parent survives.

Causal guilt, can be a factor if a child dies because of an inherited physical disorder.

Recovery guilt, some parents find that they feel guilty when they move through their grief and want to get on with their lives.

They believe that such recovery somehow dishonours the memory of their dead child and that society may judge them negatively. One parent said: ‘To relinquish my guilt means giving up a way I can be attached to my child.” (Worden, 2009)

Grief and the Social Network

Thick layers of gauze
Its, contents, my heart.
A clinical perspective for friends,
Enough so the blood does not drip,
Only at the solitary presence of his tiny grave,
Do I sit and unwind all the layers
And view the deep gash.
It will never heal…I will only wrap it differently with time.
Anonymous

After you have experienced a loss your friends and relatives fully expect you to be traumatized and grief stricken. But as I have discussed earlier, here in American Culture there is a very short time limit on how long people want to share your pain or even acknowledge it. There is a very brief period before other people become very uncomfortable seeing you cry, knowing that you are very emotional, or even what to say to you. It seems much too easy for others simply to avoid you rather than deal with your
pain, and any reminders of what may be awaiting them in the future. This, of course, complicates the grieving process for everyone involved, especially the bereaved. I have personal knowledge of this, as well as the understanding I have developed as a result of the work I have done with the Infant Loss Support Groups here at two hospitals on the seacoast, along with my own personal experiences of loss and those of my close friends. How to deal with the reactions of other people to you and your grief always becomes a major topic of conversation and of pain.

The disequilibrium and dissociation parents feel in their inner life also exists in their social world. Newly bereaved parents care that other people share the loss. Parents reported whether people came to the funeral, whether a memorial was planned at the school, and whether other people were deeply affected by their child’s death. But for a significant number of parents, the pain they feel is not reflected in their community, and it seems that neither the child nor the child’s death has social reality. Many people refrain from mentioning the child’s name in their presence; inquiries about how they are doing imply that their grief is not so terrible, that the child can be replaced by a new baby, or that God loves the child in heaven better than the parent could have loved the child here. When a child dies, it seems to parents that their lives have stopped while other people’s lives go on. (Doka, 2007)

I have had the privilege of meeting Senator John and Elizabeth Edwards on many occasions. They lost their son in a car accident when he was sixteen years old. I met them about six years after their son’s death, when John was testing out the waters here in New Hampshire for his first primary run for the presidency. They are extraordinary people. Elizabeth told me about her son’s death about twenty minutes into our very first conversation at an early morning “coffee” at a friend’s house in Hampton. I think she wanted me to know that this was not a taboo subject for her and John in any way. A few years later, when she had written her book about grief, she was here at a party at my house and gave a speech about what her life was like after her son’s death. “Ask me about my son” was what she kept repeating over and over again during the speech, in an
effort to help others understand that when your child has died, never being able to talk about them again only doubles the loss. "Ask me questions, mention their existence!"

In her essay on American culture and grief, Dr. Cable (in Doka, 2007) echoes the exact feelings that Laura, Elizabeth and Elizabeth Edwards have all expressed to me.

We do not like to see people sad, and we attempt to cheer them up. Therefore, we communicate the subtle message that if someone wants our company and support, they should "be happy." If they want to speak of the dead, we try to change the subject. If that doesn’t work, we begin to avoid them. It doesn’t take them long for them to get the message: Don’t show your grief to me. (p. 63)

In turn, they withdraw, or learn how to cover up their real feelings when they are with us.

Laura and William have a large circle of friends whose children are all the same age. They all grew up together. B had many friends in this group, but none of her old friends ever mentions her name to her parents. She has disappeared from their communal history. Laura and William’s friends don’t mention her name either. It makes things so much more difficult for them. They attended a wedding this summer of one of B’s best friends. During the reception Laura said loudly to the bride and the wedding party. “Now you know that B would have hated those bridesmaid’s dresses.” She said that many of the young people, B’s friends laughed, but generally their parent’s age group, Laura and William’s friends, did not. It made the entire experience so much more difficult for them. B will never have a wedding. It was so difficult for them to go, but they did. Why aren’t others more sensitive to this? Can it be that they are so frightened by our death-defying, death-denying American culture that they cannot be publicly compassionate and sensitive to the pain of parents who lost their daughter to a cruel and desperate disease? Are they really so frightened of catching all that bad luck?
My Own Grief

*If you do not tell the truth about yourself, you cannot tell it about other people.*
*Virginia Woolf*

In reading Kubler-Ross, Yalom and Worden I have realized that one must really learn to confront our own grief in order to be able to live with or understand the grief of others. But I must admit I have put this off, writing this bit. I dreaded it. But it seems a necessary step. I am very accomplished for a reason; it keeps me busy. I have become proficient at burying my own grief, or just refusing to acknowledge its existence, but then I have realized, if one is going to do all of this work, *one must do this work.*

The first time I went to a hospice workshop I was completely unprepared for my own emotional response. I felt overwhelmed by something, I am not sure what, coupled with a vague sense of fear. I am not an ingénue and I am usually described as being rather sophisticated, or I am just good at fooling everyone into believing that! Anyway, I am rarely at a loss. I am not sure that is always a good thing, but it is what it is. I am very good at masking my feelings no matter how difficult that may be from time to time, even to myself. I did not think of myself as someone who had unresolved issues of grief, or as someone who had endured serious trauma. I have had a life more complicated and painful than some, more privileged than others, the Dickensonian paradox.

I had lost three of my grandparents when I was in my twenties. It seemed inconceivable that Dr. Lodge could die, he was such a stalwart figure. I was saddened by all of their deaths, in different ways. But they were all in their seventies and eighties and one has to accept that people’s lives do come to a close. When I was twenty-six, one of my closest friends died, very suddenly, very tragically. When I look back on it now I
realized that I was traumatized by his death for a very long time. There is still today,
thirty years later, a sense of disbelief about it.

His name was David. It seems that all of the important men in my life are named
David. We had known each other through high school, but I was away in England for two
and half years, so it wasn’t until we were both eighteen that we became very close. He
was an impossibly beautiful man, brilliant, handsome, warm, giving, a silly and divine
sense of humor. We used to tease each other as to why we had never ended up together.
It was always about timing, when one of us was available, the other one wasn’t. I dated
his best friend, George, for a long time; that complicated matters. But, on some
unconscious level I always knew that I was a little bit in love with him, and that he was
important to me; maybe, more important than he should have been. We all went to
college, different schools, but in Boston, and got together all the time. I remember one
afternoon, he and I were lying side by side on the lawn in Boston Common, reading
books. An incredibly perfect day, for two hours neither of us ever spoke, we just sat
together. When we were ready to leave to go and meet other friends, he offered his hand
to help me up. When I stood up he kissed me, a real kiss. That was the only time. Neither
of us mentioned it. We all got married to other people, meaning David, George and I.
George lived right down the street from me, David in Wayland, Massachusetts. I was
now twenty-six years old, I think it was a Tuesday morning. I was seven months pregnant
and washing the kitchen floor, I had the radio on the kitchen, and the newscaster said that
David Hardcastle, and both of his small children, had died in a fire the night before. I
remember dropping the mop and thinking that there must be someone else with the same
name as David. How odd. And then the front door opened and George, with tears streaming down his face, was standing in the foyer. Then I knew it was true.

David's daughter had been three and his son only 11 months. He and his wife Patsy had woken up in the middle of the night and realized the house was filled with smoke. David broke the window in his bedroom, pushed his wife out, and told her to get help. He and his children never made it out. There was a memorial service, hundreds of people, no caskets, just flower arrangements. I have learned over the years that people need symbols. Caskets and pall bearers, and the ceremonial aspects of death are not just practical aspects of burying someone, these rituals and artifacts help us visually and mentally accept the death. We, as human beings, have developed these death rituals in order to help us mourn. I never saw David's casket, we did not go to a gravesite. There was just this service, which seemed more like a class reunion than anything else. I think this might have something to do with the fact that I could never accept that he was gone. It was all so unfinished, so implausible. I will never forget Patsy's face. She had no idea what had really happened and was in shock. I heard she left the country and had a terrible time for many years. I cannot imagine how she could have coped. David's handsome and wonderful parents, ashen. They both died young. A friend told me they never recovered from the grief. They were so good to me, to all of us.

Just after my son was born I had a panic attack for the first time in my life. I had them for about two years, and then they just stopped. I was the first person that anyone knew who had smoke detectors installed in their house—not on every floor, but in every room. I had nightmares; sometimes, if I am vastly stressed, I still do.
David had been in graduate school, M.I.T. when he died. He tended bar part-time in a restaurant in Stow, Massachusetts. I used to stop in and see him once every couple of weeks on my way home from Boston. After he died, over the next two years or so, I pulled into the parking lot of the restaurant automatically at least ten different times and then I would say to myself; Oh, no. It was about two years after David died that I did this for the last time and then sat in the parking lot and cried and cried.

George, who had helped David install the woodstove that caused the fire, got drunk and stayed drunk for about twelve years. He and I did not talk to each other for a very long time. I don’t think either of us knew what to say. I never talked about how I felt, never told anyone about the nightmares. I did see a counselor about the panic attacks. He never asked me if anything had happened to me before these attacks started. It never occurred to me that there was a relationship between these things until many years later.

My brother-in-law, Joe, who was also one of my closest friends, committed suicide when we were both about thirty. We spent enormous amounts of time together; I had seen him two days before. I had no idea that anything was bothering him. We had been very close for ten years, and I never knew he owned a gun. He had a great many guns. He wouldn’t have wanted me to know that. Eventually, I realized that I didn’t know very much about him at all, even though I was always thought of as his closest friend. What does any of us know really about anyone else? My niece Nicole, Joe’s daughter, who was about nine then, called me when she heard the gun go off. She was upstairs in the house when her father did this terrible thing. I ran to the house with my young son in my arms. I had no idea what had happened, just that something was terribly wrong. The police and I arrived at the same moment.
I have never visited Joe’s grave, not once. I realized a few years ago just how angry I am with him, and that I have innumerable unresolved issues with his death.

Recently, I had a client come in to the Center for Life Management who told me that he was thinking about killing himself. This man is homeless, friendless and broke. He claimed that he didn’t have a weapon, nor a plan. He also didn’t have any reason to live. He had written: *I think about suicide all the time*, on the paperwork he had filled out before he came in. I called everyone in the building that I could think of to get him some immediate help. I will admit that I was frightened. I ended up going to emergency services and asked them to see him right away. Afterwards they, meaning my co-workers, said that they didn’t think that he was suicidal; he was trying to manipulate me. Maybe that is true, but I wasn’t about to take that chance.

My husband and I lost our infant son very late in the pregnancy. I was forty years old, and I was thrilled to be having another child. I was in love with that baby from the moment I found out I was pregnant. It is still too hard for me to talk about this; it is something that I don’t think I will ever really get over. Until I started doing grief work, I never spoke about it at all, not even to my husband, but now I have realized that that pain is not really ever going to go away completely, it is just part of me now. I look at tall, blond, blue eyed boys in the supermarket sometimes and think about what he would have looked like now. Sometimes it hurts so much, just like it did in the beginning. After he died, I would *almost* wake up in the morning, that stage when your mind is just checking off all of the boxes, bringing you into the day, and then I would stop. I knew that there was something terrible, something enormous and black and horrid just over the horizon, and I didn’t want to wake up. I didn’t want to face that monstrous thing that was just
hanging, waiting for me. That grief nearly did me in. I was so angry, so lost. I had been
trough enough, by anyone's calculation. How could any Gods, minor or major, ask me
to give up any more. But they did, There is no justice, no system of checks and balances,
no grace. There is just life and loss and we have to make of it what we can.

The loss of all of these people changed me, in different ways at different times.
Now that I have become more knowledgeable about grief and the role it plays in our.
lives, I have come to understand my own feelings and reactions. I don't feel quite so
uncomfortable with my own night terrors, with that hole that exists in my soul. It is part
of my story. But I have carried these things, very tightly bound together inside of me, for
years. I don't cry easily. I don't tell anyone much of anything. I am just charming and
amusing and distant. That cannot really be a good thing, not all of the time. Learning so
much about grief and our culture is helping me to begin to understand these things in
myself and in others. And I am beginning to be able to recognize others with terrible
wounds. But then again we all have them, don't we?
CHAPTER 3

THINGS TO NEVER, EVER SAY

For the very fortunate who have never experienced a deep loss there seems to be a deep disconnection from those who have. Not only are people insensitive, but they seem to be, for lack of a better phrase, socially challenged to find some graceful way of acknowledging the pain of someone who has just had someone that they dearly loved die.

In honour of all of my friends, especially Laura and Elizabeth, and all of the people I have meet through my work with hospice, the parents I have met through the Infant Loss groups with which I have been involved and my own painful experiences with loss. I am composing a list of the things that no one should ever say to a bereaved person. There are also some commonly held myths that desperately need to be dispelled.

First, when speaking to someone who has suffered a terrible loss, this is not about you. This is about them. I think people say callous and moronic things because it makes them feel better. They don’t want to see or hear the other person’s pain.

**My All-Time Favourites**

*They are in a better place.* Now what place might be better than to be with the people, husband or wife, lover, friends, whoever that love them?

*God called them home.* Wow, now could God please send them back! Think about how this sounds to someone who doesn’t believe in God. Or, someone whose loved one was murdered, or died in a terrible accident, or was a small child, or any number of possible scenarios.
I know how you feel. How can you? You are not me. The arrogance of this is self explanatory. This is generally uttered by someone in the line at a wake, who will then start a grief competition about how awful it was for them when so and so died. Once again, this is supposed to be about the person who has suffered a loss, not about you.

God will never give you more than you can deal with. I wonder how the people in Darfur who have lost their entire families would feel about this comment. What God are they speaking about—Thor, or maybe Athena? This is a manipulative way of making people responsible for their own grief. The almighty or whoever, and all the rest of us, expect you to deal with this loss in a way that makes us all comfortable with it. Once again, this is a patronizing, self involved platitude, which can only be harmful to and painful for the bereaved.

My thoughts and prayers are with you. This is Laura’s particular favourite. What does it mean? It is just empty Hallmark card nonsense.

They had a great life. How would you know? What they are actually saying is, you shouldn’t be grieving. You should be happy for them. It isn’t a great loss; their time was over. You are really not entitled to be so hurt. Your grief should be short.

It is all for the best: Again such arrogance, the best for whom? Who gets to decide these things? People generally say this when someone has had a serious illness. People who have had a loved one with a terrible illness wish that they had never become ill to begin with, not that death has finally come.

When my husband and I lost our baby, my sister-in-law called me and said the following: “Well, I know David (my husband) is upset, but I think it was harder for him
when the dog died. I told him that he should have a vasectomy so he wouldn’t have to deal with things like this.”

One of the worst things I have ever heard took place when a friend was killed in a car accident when we were teenagers. A man came to the wake and said to the dead boy’s mother: ‘Well, he was adopted.’

The best and the only thing that you can say to someone who has lost someone they love is: I am very sorry for your loss. After that the kindest thing you can do is listen, be compassionate and understanding, and offer to continue to listen for however long and however often they need to be heard.

**Conclusion**

At present, death and mourning are treated with much the same prudery as sexual impulses were a century ago. Today it would seem to be believed, quite sincerely, that sensible, rational men and women can keep their mourning under complete control by strength of will and character, so that it need be given no public expression, and indulged, if at all, in private, as furtively as if it were an analogue of masturbation. (Moller, 1996, p. 17)

I began this thesis with a mention of my background in English literature. Many years ago I was fortunate enough to have a wonderful English professor who introduced me to the works of Virginia Woolf. As I get older I find that I admire Woolf’s genius more and more. To read her work is to study grief, death and tragedy. Her own life was one filled with death and unresolved issues of deep grief. The times in which she lived were cataclysmic, World War I the war to end all wars, if only that were true. Mrs. Dalloway, probably Woolf’s most famous work and my favourite, is a picture of a nation trying to recover from the death of an entire generation. Over a million young Englishman were killed during the First World War, hundreds of thousands returned with
horrible injuries both mental and physical. An entire way of life had died; the culture was forever changed and England never recovered.

*Never such innocence
Never before or since
As changed itself to past
Without a word.....
Never such innocence again.

MCMXIV, Philip Larkin

*Mrs. Dalloway* is ultimately a story of loss and the denial of grief; the private bereavement of the families of the millions of sons and brothers who never returned. The loneliness and sadness of millions of women who were to become spinsters, for there was no one for them to marry. It is a picture of the public grief of the country for men who returned broken and haunted and were ignored and denied by the government. The main character in the novel Septimus Smith, is a veteran from the war who is suffering from shell-shock (PTSD). He has buried the tremendous grief of losing so many of his friends, especially Evans, his closest friend. As a result, he has become an emotional robot, incapable of any kind of attachment. He eventually deteriorates into the delusional and commits suicide. Woolf’s portrayal of the psychiatrist who treats Septimus Smith is a social commentary upon the attitudes toward complicated grief, shell-shock and depression that were held by both the medical community and the government. Everyone turns away from Septimus Smith. The people on the street don’t want to see him, knowing that something is wrong with him. His wife turns away frustrated and impatient, and his psychiatrist, treats him with scorn, tells him he is unpatriotic and that he needs to “get hold of himself.”
*Mrs. Dalloway* was written in 1925. How much has really changed in our understanding or acceptance of grief since then? The characters in Woolf's novel were frightened and repulsed by Septimus because he reminded them all not only of their own fragility but of their mortality as well. They did not want to see his grief, or their own.

In the process of writing this thesis, in the interviews I have done, in the work I have done with hospice, in my own life I have encounter the same fear and hostility towards grief and the grieving that Woolf was writing about in 1925. It is time to move forward.

*Behold them, the blue Madonna streaked with tears. This is my funeral service. We have no ceremonies, only private dirges and no conclusions, only violent sensations, each separate. Nothing that has been said meets our case.*

*Virginia Woolf, The Waves*


APPENDIX A

Death, Dying and Grief Syllabus

Grad-1001
14 week course

Course Description:

This graduate level seminar course is an overview of the subjects of death, dying, grief and grief therapy for students of counseling and psychology. We are all going to die. We all have to find a way to incorporate that knowledge into the way we live our lives both personally and professionally. We are all going to experience the loss of friends and family members. Many of us and those we love, as well as our clients, are going to face major illnesses, war, divorce, traumatic losses of many different kinds. We are all going to experience grief and loss throughout our lives. We need to recognize the prevalence of grief in our lives, and learn how to cope with its consequences in order to better serve our clients, and ourselves as human beings.

Goals:

To acknowledge how our interpretation of death colours our life personally and professionally.

To confront our own mortality.

To examine how American Culture defines or ignores death.

To expand our understanding of death and dying in contemporary society.

To develop a cohesive definition of grief, and grief therapy.

Required Texts:


Weekly writing assignments, 3-5 pages each. A final paper 15-20 pages. Subject matter to be discussed.

Week 1:

Topic: Introduction: We All Die
   Definition of death,
   Historical Perspectives

Assignment: Read Chapters 1-3 in *The Last Dance*

Week 2:

Topic: Death Anxiety; Death is still a fearful, frightening happening, and the fear of death is a universal fear even if we think we have mastered it on many levels.

(Kubler-Ross)

American Culture and Death, All that fear and denial:

Horror movies, Baseball, Football, Dancing With the Stars. No one dies in a Disney film, except the animals.

Boyar’s Fear of Death Scale
Templar’s Death Anxiety Scale.

We shall take each of these tests as a class and talk about the results.

Assignment: Read Chapter 1-7 in *On Death and Dying*. Chapter 14 in *The Last Dance*

Writing Assignment: Are You Afraid of Death, Why.? 3-5 pages

Week 3:

Topic: Overcoming the Fear of Death: We are all mortal.

Belief Systems: After Life vs. Nothing at All
Class Debate: Bring your ideas, thoughts
Assignment: Finish *On Death and Dying*

Writing Assignment: The perfect funeral: who comes, who says what? Draw up your funeral plan, burial instructions. How does this feel to you? Write your obituary.

**Week 4:**


Class discussion: How does your fear of death affect your ability to work with clients who have the same fears, or those who are dying and their families?

Chapter 9: *The Last Dance*

Writing Assignment: Write a letter to your lover, husband, wife, your children, friends, family: What has my contribution been? What I hope you will remember about me.

**Week 5:**


Discussion

Assignment: *Staring at the Sun*, Chapters 1-5  
*The Last Dance*: Chapter 12

Writing Assignment: Suicide, how do you view the subject? Should it be legal, a personal choice? Clients with suicidal ideation, how do you respond.? Do you have a personal story? Chose a subject, 3-5 pages.

**Week 6:**

Topic: War, Homicide, Accidents, Death in the Modern World  
Genocide, Terrorism, Assignment: Communal Grief.
APPENDIX A (continued)

Assignment: Finish *Staring at the Sun.*
Chapter 13 in *The Last Dance.*

Writing Assignment: Responses to Staring at the Sun.

**Week 7**

Topic: Grief: Introduction: What is grief? Loss, what does it mean?
Different types of losses.

Handouts: Stages of Grief: Different Theories.

Assignment: Grief Counseling: Chapter 1-3

Writing Assignment: Your experiences with clients or friends who are grieving.

**Week 8**

Topic: Stages of Grief: Are they real?

What never to say to a grieving person and why. A list.

Assignment: *Grief Counseling*: Chapter 4-6

Writing Assignment: Would you be comfortable doing grief work, why or why not?

**Week 9**

Topic: Complicated Grief and the DSM.

Treating grief, the therapeutic model.

Assignment: Chapters: 7-8 *Grief Counseling*.

Writing Assignment: Anticipatory grief, what does this mean to you?

**Week 10:**

Topic: Grief and the family:
Loss of a husband or wife, a child, loss of a parent as a child, as an adult.
Intense grief.
APPENDIX A (continued)

Assignment: Chapters 9-10 *Grief Counseling*

Writing Assignment: The Counselors Own Grief

Week 11

Topic: Overview of Grief and Death
Group Discussion, What is relevant? What should be included or excluded?

Assignment: Paper topics and brief descriptions.

Week 12

Viewing the documentary film: *The Last Lecture*: Randy Pausch, Professor at Carnegie Mellon University

**Suggested readings or viewings:**

On line: Yale/Philosophy The Nature of Death
http://academicearth.org/lectures/fear of death?

If you are brave: Pat Barker’s Trilogy
- *Regeneration*
- *Eye in the Door*
- *The Ghost Road*

A great novel, funny and profound:
- *Losing Julia*, by Jonathan Hull

A true story, written by the brother of one of the young men who died on flight Pan Am 103 over Lockerbie, Scotland in December of 1988.
“finding beauty in the midst of tragedy”

APPENDIX B

PHOTOGRAPHS
APPENDIX B (continued)

Address – Pere le Chaise, Paris 1997

E. E. Andrews-Ahearn
Journey, Cliffs of Moher, Galway, Ireland, 1999

E. E. Andrews-Ahearn
Grief, Ecole des Beaux Arts, Paris, 1990

E. E. Andrews-Ahearn
Rodin’s Foot, Hotel Biron, Paris, 2004

E. E. Andrews-Ahearn
Coming Home, Rock of Cashel, Ireland, 2002

E. E. Ahearn-Andrews