

Acute Grief Response

MCC Patient Education Module

Grief can be defined as an adaptation response to loss through the death of or separation from an object of love, be it a person, a body part of a body function. When a person experiences a loss he/she is likely to also experience an acute grief response to that loss. These responses are normal responses that occur after experiencing a loss.

Introduction

For every loss there is a grief reaction. Some losses are minor and the grief is manageable. Other losses, though, will have a significant impact and may lead to depression or an extended grief response.

Usually, the most difficult loss is the death of a loved one. Many persons reach adulthood without having experienced a loss by death, and they are unfamiliar with the grieving process.

In fact, American society is uncomfortable with death and with open expressions of grief, and prefers that people hide their feelings and emotions. Added to this is the organizational approach to grief that often allows an employee only a week to bury a loved one and mourn the loss before returning to work. As a result, bereaved persons are forced to hide their grief in public and act as though they have completed grieving and are “back to normal.” This is the opposite of what we now know about grief, about how important it is to talk about the loss and to experience the grief.

Denying the significance of the loss can make grief harder and can extend the grief process. Another concern is that most individuals and their families don’t know what to expect with acute grief. They become concerned that what they or family members are experiencing isn’t normal.

It is important to note here that grief may be different depending on the age of the person experiencing the loss. Childhood and adult grief are not generally experienced in the same way. This article deals with adult grief.

“Normal Grief “

The characteristics of normal or natural grief were first documented in 1944 when psychiatrist Erich Lindemann studied families who had lost a loved one in a nightclub fire. His findings have been called “the symptomatology of acute grief.” That means there are certain symptoms or behaviors that are expected during the first six weeks or so after the death of a loved one, the time that is referred to as the acute grief process.

Depending on whether a death was expected, or sudden and tragic, grief may begin with the inability to fully grasp what has happened. This is a state of shock or numbness, and usually happens for the first week or two after the death. Acute grief also includes intense emotional and bodily distress occurring in waves lasting from 20 to 60 minutes. People often describe this as a sensation of grief “washing over them.” It includes a feeling of tightness in the throat, a choking feeling with shortness of breath, an empty feeling in the stomach, and weakness in muscles. It also includes what is described as intense “mental pain.”

In addition, acute grief includes crying and sobbing, restlessness (a person can’t sit still or paces back and forth), excessive sighing, a loss of appetite and a loss of sexual drive. Sleep problems are also common. These physical symptoms can be combined with depression, deep sadness, and being unable to concentrate.

Searching Behavior

There are two more aspects of normal grief that should be mentioned. The first is what is called “searching behavior.” The grieving person is preoccupied with thoughts of the dead loved one. They simply can’t stop thinking about them. These thoughts may include responses that are like auditory or visual hallucinations. They think they see their loved one on a bus or on a crowded street, or they think they hear his or her voice or hear the car pull into the garage at the usual time each night. These thoughts are caused by psychological cues (instances that mentally trigger thoughts of the deceased loved one) and will decrease in time. Persons who are grieving are often frightened when this occurs, and fear that they are going crazy. It is helpful to note that these instances are common and normal during acute grief.

The second factor that people sometimes worry about is the use of linking objects that help the grieving person feel connected to their loved one. Wearing or sleeping with a piece of clothing or item belonging to their loved one may bring great comfort. Frequently, people note that the article still has the scent of the person who has died. Perhaps they can still smell their loved one’s perfume or cologne or shampoo. Perhaps it was a clothing item that was frequently worn, or a possession such as a necklace or ring that had special meaning for their loved one. The items may vary, but the idea is the same — that the items help to keep a person linked to the loved one who is gone. This, too, is normal grieving behavior, and the need for the linking object will decrease over time.

Four Major Tasks

Many people ask how long grief lasts. Others ask if it will ever end. Death ends a life; it does not end a relationship. However, after the death, that relationship must change to deal with the grief and loss. This change involves four major tasks.

First – Accepting the Reality of the Loss

First is accepting the reality of the loss. The person comes to realize that their loved one is gone and nothing can bring him or her back.

Second – Experiencing the Pain of Grief

The second task is experiencing the pain of grief. People sometimes think they can avoid the feelings of grief, or they may try and postpone it in some way. They may return to work in a day or two, and their behavior — often described as “how well they are handling it” — may be rewarded by people noting how strong or stoic they are. However, a person can’t move on in life by denying the death or the feelings that the loss has evoked.

Third – Adjusting to a Changed Environment

Adjusting to a changed environment in which the loved one is missing is the third task. How a person does this depends on many things. Some individuals want to dispose of their loved one’s clothes and belongings immediately. Others leave things as they were before the death and ease into change. It is up to the grieving individual to make this decision and others should not try to impose what they think is best. Experts suggest that major decisions, like moving or selling the house, be put off for several months or even a year so that there is time to make a thoughtful decision.

Fourth – Going Forward Emotionally

The final task is going forward emotionally. This doesn't mean forgetting about the loved one who has died, but it means thinking differently about the emotional tie to that person. The person who has died will always be a part of an individual's life, but they can't be a part of their day-to-day life going forward. Their memory can, their love can, but their physical presence can't be.

Grief experts estimate that it takes at least one year to move through the grief process. (Note, they do not use terms like "finish grieving," "resolve the loss," or "get over the loss.") Two to three years may be a more realistic estimate.

A full year is considered a minimum, because it takes a year to experience all of the anniversary dates and holidays with the loved one gone. During these special times, symptoms of acute grief may come back for a while. This, too, is normal and will lessen with time.

The Support of Family and Friends

The support of family and friends is important in the grief process. Sometimes, however, this may not be enough, or all family members are trying to manage their own grief and don't have much emotional support to give to one another. At other times, especially when the death was expected, family and friends might think a person should be able to manage the loss and "get back to normal" quickly. Or they may say unhelpful things. Usually they simply don't know how to help. They don't know what to say. In fact, no matter what they say, it won't change the fact that a loved one has died and that this is the cause of pain and great sadness. But it does help to know that they are caring and are trying to be supportive during a very difficult time.

Some people who are grieving feel better talking to someone outside the family or outside their circle of close friends. If a person needs help in dealing with grief, is seriously depressed, cannot cope with everyday life, or feels that their grief is getting worse, professional help should be sought. Social workers, clergy, or funeral directors are excellent places to begin. They frequently have lists of support groups and therapists who specialize in grief counseling. Also, many hospice programs offer support programs, and these frequently are open to all persons regardless of whether or not the dying person was cared for by that particular hospice.

Grief Becomes More Manageable

Little by little, and day by day, grief becomes more manageable. People may think that their life can never be normal again, and in a way, they are right. It can never be exactly like it was when their loved one was alive. But eventually the acute pain of grief recedes somewhat, and a "new, normal" takes the place of old patterns and ways of doing things.

The person who has suffered the loss can still get in touch with their grief at any time, and it may often appear unbidden, but it is no longer all-consuming. When that happens, the bereaved person has moved out of the acute phase of grief and is moving forward with life.