



Amaranth Foundation

Grief does not have stages!

A feeling of *Loss* is the sense that ‘all is not well’ produced by an event perceived by those involved as negative;

Grief is the emotional response to a loss that may be tangible (actual and physical) or intangible (perceived or psychological). It expresses itself physically, emotionally cognitively, behaviourally and spiritually.

Bereavement is the grief of having lost someone significant; and

Mourning is the psychological process that occurs in bereavement.

Theories of Grief.

Over the past century contributions have been made by :

- Freud: proffering the “grief work model” involving the elements of freeing, readjustment and building new relationships by acknowledging and expressing painful emotions and “moving on” to return to “normal”;

This was followed by several models advocating a series of predictable stages, phases and tasks, with the best known being

- Kubler-Ross’s five stages of grief (shock & denial; anger, resentment and guilt; bargaining; depression and acceptance) that individuals must move through;
- Bowlby and Parkes’ Four Phases of Grief through which the bereaved move in no set order (shock & disbelief; searching & yearning; disorganization & despair; and finally rebuilding and healing); and
- Worden’s four basic tasks for adapting to loss: in no particular order the grieving person actively moves through accepting the reality of the loss, experiencing the pain; adjusting to the new world without the deceased and investing in a new connection with the deceased while starting a new life.

Stage theories have a certain seductive appeal – they bring a sense of conceptual order to a complex process and offer the emotional promised land of ‘recovery’ and ‘closure’. However, they are incapable of capturing the complexity, diversity and idiosyncratic quality of the grieving experience. Stage models do not address the multiplicity of physical, psychological, social and spiritual needs experienced by the bereaved, their families and intimate networks.

...subscription to a stage theory can lead to a failure of empathy, where we fail to listen to and address the needs of the bereaved.

Christopher Hall Australian Centre of Grief and Bereavement

<https://www.psychology.org.au/publications/inpsych/2011/december/hall>

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A best friend is the only one that walks into your life when the world has walked out.
Shannon L. Alder

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The Dual Process Model of Coping with Bereavement

The Dual Process Model of Grief (Stroebe & Schut, 1999) describes grief as a process of oscillation between two modes of functioning. Coping with grief is a complex process, but an important assumption is that the movement between the two types of stressors is necessary for adaptive coping

This model identifies the movement of grief between “Loss-orientated Activities” and “Restoration-orientated Activities”.

In the “Loss orientation “ mode the griever engages in emotion-focussed coping (crying, anger, anxiety, sadness) , exploring and expressing the range of emotional responses associated with the loss. At other times, in the “Restoration-orientated “ mode (adapting, managing change, cultivating new ways of connecting, doing new things, new roles, organising life after the loss) the griever engages with problem-focussing coping in which it is necessary to focus on many external adjustments required by the loss, including diversion from it and attention to ongoing life demands.

Stoebe & Schut acknowledge that not only is there grief for the loss of the deceased person, but additional sources of stress include mastering tasks that the deceased had undertaken, dealing with the arrangements for the reorganization of life, development of a new identity and changing household roles, all at a time when the ability to adjust is minimal.

A coping process of oscillation occurs wherein the individual moves between confronting and then avoiding the different tasks of grieving. The model also indicates the need to take respite from dealing with both these stressors. The model suggests that the focus of coping may differ from one moment to another, from one individual to another and from one cultural group to another.

Christopher Hall, <https://www.psychology.org.au/publications/inpsych/2011/december/hall/>

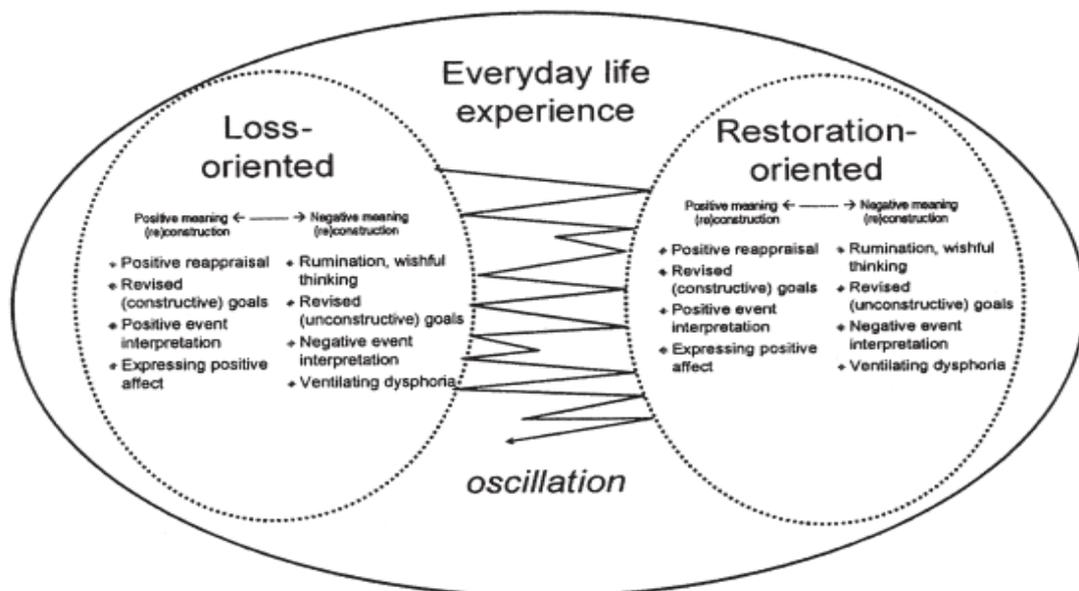
At times the person needs to take “time off”, to be distracted..the benefits of ‘denial’ are acknowledged provided it is not extreme and/or persistent.

There is a wide variability in grief responses with social factors and key interpersonal relationships also overlaying the movement and interaction of emotions and behaviours in helping people cope with loss.

Confrontations with the reality of loss is the essence of adaptive grieving. It needs to be done, the cognitive business needs to be undertaken, but not relentlessly, and not at the expense of attending to other tasks that are concomitant with loss. It needs ‘dosage’.

Stroebe & Schut

<http://wendyvanmieghem.com/wp-content/uploads/2012/08/dual-process-model-by-M.-Stroebe-.pdf>



Appraisal process in the Dual Process Model (cf. Stroebe & Schut, 2001)

Stroebe M. Schut H. (2010): The Dual Process Model of Coping with Bereavement: A Decade On. Omega Journal of Death and Dying Vol.61, No 4 –2010 pg 280

You never 'get over' loss.

The emotion of grief may be triggered by the loss of a loved one or the result of a life circumstance. Many people believe that if you have effectively mourned a loss you will then achieve closure. The notion that one mourns a loss and then gets over it, to the extent that emotions about the loss are not triggered in the future, is a myth.

Death ends a life...not necessarily a relationship.

Neimeyer (2001) views continuing bonds with the deceased person as a resource for enriched functioning, and the oscillation between avoiding and engaging with grief work as fundamental to grieving. This model sees grief as a process of 'reconstructing a world of meaning', continually changing perceptions as the person learns to live with the loss.

You never get over loss. We do not "move on" from grief. An emotional reaction to a trigger may throw the person into grief; acknowledging the grief and then using a range of old and new coping strategies, moves the person into attending to life and everyday commitments and tasks.

As time passes, the intensity of feelings about the loss will lessen, you might also find ways to sooth or distract yourself, or you can partially bury grief-related feelings by creating new memories. But you are not going to get over it because that's impossible: you cannot erase emotional memory. Besides, it's not about achieving closure. Instead you have to figure out what you are going to do when your emotional memories are later triggered.

Emotions that have to do with loss are triggered throughout our lives and you will live with them. Usually they are in the form of anniversary reactions, such as the birthday or death day of the lost loved one or any significant holiday in which you might want to be with the person who is gone. Reminders, such as visiting a place you've been with the person you lost, will trigger a similar response.

One of the reasons that grief happens to be triggered by external reminders, such as in anniversary reactions, is because grief is an emotion that sends a vague alert to help you to remember, rather than to forget. Even so, what most people do with grief is attempt to forget--to get over it-which is quite contrary to the purpose of the

emotion. Rather than try to forget, one must attempt to remember and cooperate with what your emotion is trying to convey. There are many ways to remember. You can remember what you learned from the person you lost, remember what you enjoyed, and you can cry if you feel like crying. Even if your grief is about a relationship gone bad, there is always something that you can learn by remembering it.

<http://www.psychologytoday.com/blog/intense-emotions-and-strong-feelings/201105/grief-isnt-something-get-over>

We all grieve in our own way and in our own time. Some people resume 'normal' activities within six months, though they continue to feel times of sadness. Others may feel a little less intensity in their grief after a year, but others can continue to grieve for years without seeming to improve or find relief even temporarily. Grief can be complicated by other conditions such as depression, or by the person's level of dependency on the departed.

There is no right or wrong way to grieve. Normal emotions associated with grief include anger, anxiety, confusion, sadness, depression, fear, guilt, shock and relief. Ways of coping may include looking after your physical health, spending time with family or time alone, counselling, strong social support, meditation and memorials to a loved one.

Generally there are two broad styles of grieving, but most people experience a combination of both. They are:

- The **intuitive approach** – people seek out social support and tend to focus on the emotional aspects of their loss and managing their feelings; grieving is based on a heightened emotional experience that leads to sharing feelings, exploring the lost relationship, considering mortality and identifying meaning in life; and
- The **instrumental approach** – people tend to focus on the cognitive (thinking) aspects of their loss. They may grieve through activities and problem solving. This style tends to be more solitary and private, focusing on managing the thoughts that arise.

Central to and most distinctive about newer perspectives [of grief] is that when one is grieving, there is no compelling reason 'to let go', or 'move on from' either the deceased or more importantly aspects of the relationship one shared with that person.

Dr Helen Greally

“HOW PEOPLE *Live* MATTERS”

... it really does.

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Common Grief Reactions

Feelings:

sadness, anger, guilt, self-reproach, anxiety, helplessness, shock, yearning, emancipation, relief, numbness

Physical Sensations:

hollowness in the stomach, tightness in the chest, tightness in the throat, oversensitive to noise, as sense of depersonalisation, breathlessness, feeling short of breath, weakness in the muscles, lack of energy, dry mouth

Cognitions:

disbelief, confusion, preoccupation, sense of presence, hallucinations

Behaviours:

sleep disturbances, appetite disturbances, absent minded behaviour, social withdrawal, dreams of the deceased, avoiding reminders of the deceased, searching and calling out, sighing, restless hyperactivity, crying, visiting places or carrying objects that remind the survivor of the deceased

The pain of grief is just as much part of life as the joy of love: it is perhaps the price we pay for love, the cost of commitment. To ignore this fact, or to pretend that it is not so, is to put on emotional blinkers which leave us unprepared for the losses that will inevitably occur in our own lives and unprepared to help others cope with losses in theirs.

Dr Colin Murray Parkes

Toasted Turmeric Muesli

INGREDIENTS

- 5 chopped dates
- zest 1 orange
- 1 tsp cinnamon
- 1 tsp turmeric powder
- 1 Tsp chia sees
- 1/4 cup coconut oil
- 2 cups dried coconut (flaked or shredded)
- 1 cup nuts chopped (own choice eg almonds, hazelnuts)
- 1/2 cup sunflower seeds
- 1/2 cup pepita seeds
- 1/2 cup dried fruits
- optional: honey, maple syrup, 1 cup rolled oats

METHOD

- preheat oven to 160C and line 2 baking trays with baking paper

- Add all ingredients to a large bowl and mix thoroughly
- spread mixture on to the trays
- bake until golden (approx. 10 to 20 minutes)
- remove and cool



If wished, add probiotics while the mix is warm so it will stick to the muesli.

Once cool, fold through cacao wafer is desired.

Store in glass jar in a cool dark place

Serve with almond, coconut or dairy milk, yoghurt or kefir. Add to slices and bliss balls.

<http://changinghabits.com.au/recipes-1/toasted-turmeric-muesli>