

Bereavement

By: Dr. Ed Feraco

Most of us have experienced the loss of a loved one or a special animal family member or will undoubtedly experience this once or many times throughout life. Perhaps you have heard of the late Elizabeth Kubler Ross, the pioneer of the five stages of grief? Dr. Ross employed this model exclusively in oncology, with person dying from terminal cancer. In her studies, she came to believe that people go through five stages of grief: denial, anger, bargaining, depression, and acceptance. Ross originally applied these stages to those suffering from a terminal illness but later to those dealing with any catastrophic personal loss such as unemployment, loss of a loved one, drug addiction, divorce, and many other tragedies in life. She claimed that one did not necessarily enter these steps in order, that not all people would experience all five steps, and that all people would experience at least two of these stages. She described how people often would experience a “roller coaster” effect, switching between two or more stages, returning to one or more several times before resolution. While Ross indeed revolutionized the field of death and dying, people grapple with death and dying issues, often with tremendous difficulty and without resources.

Bereavement, derived from “reave”, meaning to rob or forcibly deprive, is a state an individual enters when they experience the death of a loved one (human and/or animal) and grief is the bereaved person’s internal response to that loss. Upon bereavement, a person begins a journey to make sense of the loss and thus begin to heal from the loss. However, people often get stuck and enter into a complicated bereavement process that requires possible intervention from a minister, a therapist, and/or a friend. Complicated bereavement is an issue that should not be minimized or ignored. Losing a loved is an experience that will last a life time.

People should not rush to judgment or offer comments such as “it is time to get over it”, “the person is in a better place”, “at least he/she is not suffering anymore”, nor should people try to replace the loss which often happens in American culture. For example, let us pretend that a young child’s animal family member passes away. Some parents will tell the child not to cry as we will get you another pet (a.k.a. replacement of emotions). This teaches the child that they do not have the right to grieve or the right to bereave a loss. More so, this teaches one that their feelings are not relevant, that they can avoid bereavement, and facilitates other unhealthy dynamics pertaining to loss, bereavement, and/or grief. At an early age we Americans are taught to escape death and dying at all cost. Children are often excluded from wakes and/or funerals as if death is something to fear and/or avoid. Avoiding discussion of a death and/or minimizing one’s feelings regarding death and/or a loss certainly can complicate grief and/or the bereavement process.

In my clinical experiences I have encountered many clients who were struggling with addiction and/or substance abuse issues primarily as an unhealthy coping mechanism due to unresolved grief, loss, and/or complex bereavement. Notwithstanding, one dynamic that was not embraced in the Kubler-Ross research is hope. Hope is a powerful dynamic that has facilitated miraculous healing in some and has empowered others to accept their terminal illness. If you are dealing with bereavement, loss, and/or grief, please call us to schedule an appointment with our behavioral health clinicians.