

August 1983

## Grieving: Advance, Delayed and Renewed

Harold B. Haley

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

---

### Recommended Citation

Haley, Harold B. (1983) "Grieving: Advance, Delayed and Renewed," *The Linacre Quarterly*: Vol. 50 : No. 3 , Article 8.  
Available at: <http://epublications.marquette.edu/lnq/vol50/iss3/8>

## Grieving: Advance, Delayed and Renewed

Harold B. Haley, M.D.

*The author is associate chief of staff for education and acting chief of staff at the Veterans' Administration Medical Center in Houston, and clinical professor of surgery at Baylor College of Medicine.*

---

Grieving occurs in most people's lives as a normal part of good human relationships. It is an individual experience which is generally associated with some kind of loss, particularly the loss by death of someone for whom we care deeply. Each of us grieves in our own way. Grief brings with it an intense emotional, even physical pain associated with the irrevocable loss of someone who is a part of our life. Grieving is part of the healing that follows a meaningful loss. The active experience of grieving is thought to last two years or more, but observation suggests that in most people the experience is largely completed in a much shorter time. The experience of grieving includes feelings of resentment, questioning, and finally, recognition and acceptance of irrevocable loss. Once this is completed, the person is able to pick up the pieces and proceed with his life, acknowledging the inevitable and, in the process, attaining the return of some degree of happiness. For some people, grieving may become a permanent way of life. This is not only a serious problem for the person involved, as it may indicate important, underlying problems, but it also tends to alienate friends and relatives who are not prepared to accompany the bereaved person into a permanent state of mourning.

Those responsible for the care of individuals over a period of months or years in situations where death is the inevitable result will often experience significant grieving in anticipation of the final loss. If recognized as such, advance grieving may increase the understanding and sharing between the two persons but, if not recognized, it may become a barrier to open communication. Advance grieving may be accompanied by various uncomfortable feelings: frustration, inability to solve problems, and emptiness. There may be panic from impending

loss — being alone. Even when recognized as part of the grieving process, the discomfort is not relieved. However, recognition that these feelings are part of the grieving process puts them into perspective and makes them more acceptable. Some of us have a real personal need to participate in the care and dying of those close to us.

When advance grieving occurs and is recognized, it may result in a lesser feeling of crisis at the time of death and the period of mourning may be shorter than otherwise. Also, guilt feelings related to the death of a loved one may be assuaged by recognition of advance grieving and the acceptance of the inevitability of death.

In some circumstances, grieving may be delayed for several months following a death. It is commonly held that the actual time of death is the time of major crisis and that those closely related to the person will suffer most at that time. In reality, the time of dying frequently brings with it high stimulus to the emotions of the persons involved and, as part of the crisis situation, acute manifestations of grief are acceptable to oneself and to others. Also, there is much activity at this time relating to settling the estate, making new living arrangements and developing new human relationships. Many spontaneous human support activities come into play at the time of death. A few months later, things change. No crisis is present. Energy input is low. Guilt feelings may occur. Many unfilled time gaps may appear, periods of which were previously filled by the relationship with the dead person. Support from friends and relatives lessens as they return to normal, everyday living.

This grieving may be manifested by withdrawal, depression, fatigue and falling into a routine of non-demanding activities. Fatigue is a commonly unrecognized manifestation of grieving. In some people, hyperactivity may occur. Bodily symptoms may appear at this time. Most people will gradually return from this point to their previous state. Prolongation of grief may represent ambivalent feelings about the departed. If so, grieving will not end until this ambivalence is resolved. Such ambivalence may include feelings of guilt concerning relationships with the departed. Resolution of these guilt feelings may depend on learning to forgive oneself. When the grief continues for too long a time, becoming almost a permanent condition, it would indicate serious underlying problems requiring major help.

Long after grieving is essentially over, there will be occasional random flashes of grieving with no evident inciting event. This may be manifested as sadness or as non-sad persistent thought intrusion about the dead person, or spells of depression, "blahs," uncontrollable tears or apathy. These come and go. An important aspect of this is the renewal of a previous grief caused by a new illness, another tragedy, or death of another loved one. A potential or real second event brings back the first event and sometimes even deeper grieving than occurred the first time. People die, but relationships live on.

Regrieving occurs at the time of anniversary dates, such as the anniversary of the death or the birthday of the individual. If one is a spouse, then the anniversary date might be the wedding date, children's birthdays, Christmastime, or other mutually important, memory-inducing times. Forgetting anniversary dates is sometimes an unconscious, useful denial or accommodation to such regrieving.

Building upon the thoughts expressed above, a number of suggestions can be made. Important in living with grief is the recognition and acceptance that grieving is a natural part of love among people. Grieving is real, it happens, and it can and must be worked through. For some people it is fairly easy to talk about grief and share it with others. The universality of grief can allow bilateral sharing with easing of the troubles of the immediate griever without putting too much pressure on the sharer. In contradistinction to a grieving person, the depressed individual wants to avoid talking about it. The recognition of advance grieving may help meet the frustrations which occur in terminal care. It may also shorten the postdeath grieving period.

The potential for delayed grieving can be recognized and prepared for. Support is needed for three months to a year after death or other tragedy. The person grieving should recognize this and seek support. The bereaved's personal network should recognize it and quietly, consciously, find ways to give support.

Just as joy and happiness are a part of life, so is grief. It comes to all of us sooner or later and, though not sought deliberately, it must be acknowledged and dealt with. In the process, the person affected should experience some personal growth which will enable him or her to cope well with future experiences. The one consolation for all who mourn is that grief will eventually pass away. The pangs of loss remain. We come to handle them differently, each in our own way.