



THE STAGES OF GRIEF



THE STAGES OF GRIEF

There are five stages of grief that were first proposed by Elisabeth Kübler-Ross in her 1969 book *On Death and Dying*.

The 5 stages of grief and loss are denial and isolation, anger, bargaining, depression and acceptance. People who are grieving do not necessarily go through the stages in the same order or experience all of them.

In our bereavement, we spend different lengths of time working through each step and express each stage with different levels of intensity. Contrary to popular belief, the five stages of loss do not necessarily occur in any specific order. We often move between stages before achieving a more peaceful acceptance of death. Many of us are not afforded the luxury of time required to achieve this final stage of grief.

Many people do not experience the stages of grief in the order listed below, which is perfectly okay and normal. The key to understanding the stages is not to feel like you must go through every one of them, in precise order. Instead, it's more helpful to look at them as guides in the grieving process — it helps you understand and put into context where you are.

Please keep in mind that everyone grieves differently. Some people will wear their emotions on their sleeve and be outwardly emotional. Others will experience their grief more internally, and may not cry. It is not for us to judge how a person experiences their grief, as each person will experience it differently.

1. Denial and isolation

Sometimes it's hard to talk to family and friends and you just need that one person who takes the time to listen.

Talking therapies and counselling sessions involve talking to a trained professional about your thoughts, feelings and behaviour. There are many different types of talking therapy, but they all aim to:

- Give you a safe time and place to talk to someone who won't judge you
- Help you make sense of things and understand yourself better
- Help you resolve complicated feelings, or find ways to live with them
- Help you recognise unhelpful patterns in the way you think or act, and find ways to change them (if you want to)

2. Anger

As the masking effects of denial and isolation begin to pass, reality and its pain re-emerge. We are not ready. The intense emotion is deflected from our vulnerable core, redirected and expressed instead as anger. The anger may be aimed at inanimate objects, complete strangers, friends or family.

Anger may be directed at our dying or deceased loved one. Rationally, we know the person is not to be blamed. Emotionally, however, we may resent the person for causing us pain or for leaving us. We feel guilty for being angry, and this makes us more angry.

The doctor who diagnosed the illness and was unable to cure the disease might become a convenient target. Health professionals deal with death and dying every day. That does not make them immune to the suffering of their patients or to those who grieve for them.

Do not hesitate to ask your doctor to give you extra time or to explain just once more the details of your loved one's illness. Arrange a special appointment or ask that he telephone you at the end of his day. Ask for clear answers to your questions regarding medical diagnosis and treatment. Understand the options available to you. Take your time.

3. Bargaining

The normal reaction to feelings of helplessness and vulnerability is often a need to regain control through a series of "If only" statements, such as:

- If only we had sought medical attention sooner...
- If only we got a second opinion from another doctor...
- If only we had tried to be a better person toward them...

This is an attempt to bargain. Secretly, we may make a deal with God or our higher power in an attempt to postpone the inevitable, and the accompanying pain. This is another line of defence to protect us from the painful reality.

Guilt often accompanies bargaining. We start to believe there was something we could have done differently to have helped save our loved one.

4. Depression

There are two types of depression that are associated with mourning. The first one is a reaction to practical implications relating to the loss. Sadness and regret predominate this type of depression. We worry about the costs and burial. We worry that, in our grief, we have spent less time with others that depend on us. This phase may be eased by simple clarification and reassurance. We may need a bit of helpful cooperation and a few kind words.

The second type of depression is more subtle and, in a sense, perhaps more private. It is our quiet preparation to separate and to bid our loved one farewell. Sometimes all we really need is a hug.

5. Acceptance

Reaching this stage of grieving is a gift not afforded to everyone. Death may be sudden and unexpected or we may never see beyond our anger or denial. It is not necessarily a mark of bravery to resist the inevitable and to deny ourselves the opportunity to make our peace. This phase is marked by withdrawal and calm. This is not a period of happiness and must be distinguished from depression.

Loved ones that are terminally ill or ageing appear to go through a final period of withdrawal. This is by no means a suggestion that they are aware of their own impending death or such, only that physical decline may be sufficient to produce a similar response. Their behaviour implies that it is natural to reach a stage at which social interaction is limited. The dignity and grace shown by our dying loved ones may well be their last gift to us.

Coping with loss is ultimately a deeply personal and singular experience — nobody can help you go through it more easily or understand all the emotions that you're going through. But others can be there for you and help comfort you through this process. The best thing you can do is to allow yourself to feel the grief as it comes over you. Resisting it only will prolong the natural process of healing.

Remember, grieving is a personal process that has no time limit, nor one "right" way to do it.





GET IN TOUCH



If you're interested in finding out more information, please contact the Welfare Team on 0121 756 9578 or email:

qahe.welfare@qa.com