

## LIFE AFTER LOSS

*A Seminar on How to Adjust to Loss*

by

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**Theme:** Some families experience grief for a season of their lives. This seminar takes a look at the variety of losses experienced by people, typical reactions to those losses, ways we can regain equilibrium after loss, how and why loss will have lifelong effects on those who lose, and how marriage relationships change during acute grief.

**Setting:** Best results are experienced when this material is shared in an informal setting with chairs in an open circle, allowing for a writing board or flip chart. You may want to use an overhead projector, but sometimes the fan noise distracts the attention of participants. The presenter is seated except for when he or she is writing on the board or chart.

**Format:** Some of the material needs to be presented in teaching fashion, but whenever the presenter can engage the group in discussion it should be done. The material should not be presented in long segments, but in short segments followed by group reaction to the concepts presented. This allows the presenter to give important information without using lecture style.

**Handouts:**

[Handout Suggestions That Have Helped in a Variety of Losses](#)

### Introduction

Loss began in a place that God designed for our eternal happiness. When the first human family decided to please themselves, loss of innocence occurred. Freedom to openly walk with God was gone. Loss of trust and harmonious family relationships led to blaming and finally murder. Now loss of life itself was experienced. Death and sorrow clouded the once-perfect environment. We have been experiencing loss ever since.

We now lose from conception to the grave. We can lose in utero when parents smoke, drink alcoholic beverages, and indulge in other drugs. When parents fight and use loud angry voices the unborn reacts negatively. Newborns lose that warm spot under mother's heart where they are rocked amniotically and fed umbilically. Small children lose position when a sibling is born. They also experience separation anxiety when they are taken to daycare and nursery school. Teens lose identity, dependence, and the security of childhood. Young adults lose their parental home when they go to college or marry. Middle-aged people lose dreams and children who leave the nest. Older people lose health, independence, mobility, friends, and future. Loss is an integral part of life. Some losses are necessary. Some losses are sudden and devastating. All loss makes its impact on the individual and on the family system.

During our time together we will look at loss, typical reactions to loss, how we can make adjusting to loss easier, how and why loss changes us permanently, and changes in the marriage relationship during acute grief.

## **PART I: The Broad Spectrum of Loss**

All of you in this group have experienced loss of some type. In order to show that loss encompasses much more than death and divorce, let's make a list of the losses we are apt to encounter.

*Exercise: Go to the board and invite the group to help you make a list of losses. The following list may be helpful if the group doesn't come up with many losses: death, divorce, health, money, property, friendships, home, job, faith, ideals, reputation, youth, independence, family, hope, dreams, career, virginity, body parts, body functions, eyesight, hearing, childhood, role, security, authority, respect.*

Sometimes it helps to categorize losses. This helps us to understand why our losses have such a powerful effect on us.

**Situational loss.** An example is losing a job and community because your spouse has been transferred to another branch of the company.

**Maturation loss.** This can be loss of hair or endurance because of aging, or loss of dependency because you have become too old to live with parents.

**Accidental loss.** A machine at work malfunctions and severs two of your fingers, or you lose your pet when a car strikes it.

**Chronic loss.** This includes things like systemic and incurable diseases, birth defects, and loss of mobility or speech due to stroke.

*Group sharing: You can close this part of the seminar by asking the group to share briefly the types of loss they experienced or are experiencing.*

As we come to the end of this part of our discussion, we need to make one point very clear. No matter what loss you have experienced, the pain is real. We must not minimize the loss we have had because we think others have suffered more severe loss. All loss should be taken seriously. All loss calls for appropriate measures leading to assimilation and accommodation.

## **PART II: Reactions to Loss**

Early authors on the topic of grief maintained that grief is a series of steps or stages. This angered many grieving persons because they felt that they were being squeezed into the same mold. The stage theory disregarded their uniqueness as persons. One author insisted that if a person missed one of the stages, he or she would have to begin all over again. It is little wonder that support group leaders met with resistance.

How we grieve after loss is determined by many factors such as age, sex, ethnic background, cultural conditioning, personality type, relationship with the person who is lost, nature of the loss, and nature of one's support system. No two people grieve exactly alike, therefore any discussion of grief reactions must be *descriptive*, not *prescriptive*.

Many people who grieve don't know what to expect. They sometimes think they are losing their sanity. Grief seems like so much craziness, but a grieving person is not crazy. Grief reactions are normal, an indication that the entire person is attempting to regain balance after a major blow to a life-script.

*Exercise: Let's make a list of some of the reactions with which you are familiar. At this point, go to the board and invite the group to share 3 types of reactions. Listed under each type are some reactions that will help to fill out the list made by the group.*

**Emotional reactions.** Sadness, anger, guilt, disbelief, emptiness, helplessness, hopelessness, shock, fear, loneliness, confusion, lethargy, despair.

**Physical reactions.** Fatigue, insomnia, loss of memory, poor concentration, reduced salivary flow, sighing, pressure in the chest, tightness in the throat, trembling inside, nausea.

**Behavioral reactions.** Withdrawal, clinging, super philanthropy, displaced anger, agitation, avoidance of reminders, obsessiveness with reminders, engaged in many distracting activities.

Acute grief brings many of these reactions, but fortunately we do not experience all of them. It is important to allow for individual differences. Don't compare yourself with others.

Grief reactions come because we are reeling from a devastating blow. We are desperately trying to regain some type of balance. Slowly we are assimilating the reality of what has happened. This produces reactions that are uncharacteristic of us, reactions that we do not fully understand.

Try to change your perspective on emotional pain. Tell yourself that your pain is an indication that you are facing the reality of your loss. Make a decision that you will not avoid the pain and that you will experience it fully. Remember, experiencing the pain is the gateway to adjusting to your loss.

### **PART III: Learning to Live with Loss**

Some years ago I attended a brief intensive course on grief taught by Dr. William Worden at the University of Chicago. He described the 4 tasks of grieving:

**The First Task: Believe that the loss happened.** Active grief does not begin until a person acknowledges the reality of loss. When a person is unable to accomplish this task, he is stuck and may be open to unnecessary pain and elongation of the adjustment period.

Moving in and out of belief is very typical in early grief, but a grieving person needs to believe it happened as soon as possible. Friends in her support system do her a favor when they talk about the loss. This helps her to admit reality sooner and active grief begins.

**The Second Task: Allow yourself to experience the pain.** Believing the loss happens sets pain in motion. The pain should be felt deeply. Don't try to take it away with medication, diversionary activities, or by trying to put it out of your mind. Pain is produced by loss, not by talking about the person or thing you lost. Pain, once it is felt and expressed, begins to mellow.

Gradually you are able to think or talk about the loss with less pain.

**The Third Task: Expose yourself to environments that prompt memories.** In very early grief many people avoid reminders. That's nothing to worry about, but as the pain begins to subside you should go places and do things that flood your mind with memories. This is a good way to discover secondary losses for which you need to grieve.

**The Fourth Task: Withdraw most of the emotional energy you have invested in the relationship and reinvest that energy in new relationships that meet some of your personal needs.** I like to put this in simple terms. Say goodbye to *things you used to do with that person* or in that situation that you will never do again. Say goodbye to *the hopes and dreams that will never come to pass.*

You do not say goodbye to the person or situation because these are a permanent part of your memory bank. You do not say goodbye to *memories* because that is impossible. Memories are yours to hold the rest of your life. You simply say farewell to what can no longer be. This process brings pain to a peak and you find the pain easing so that you don't have to keep memories hidden.

Once you accomplish this task, you'll find yourself beginning to reorganize your life. You are now ready to make new plans and goals.

### **A Notable Exception to the Four Tasks: Parental Loss of a Child**

Therese Rando (*Treatment for Complicated Mourning*, 1993) believes that these four tasks apply to spousal loss and perhaps some other losses, but do not apply to parental loss of a child. She believes that pressing this model on parents who have lost a child only adds to their agony.

Having conducted grief support programs for 19 years, I would agree with Rando. Grieving parents told me that accomplishing these four tasks was an impossibility. They can be accomplished to a degree, but a different model needs to be developed for parents who have lost a child.

*Exercise: At this point it will be helpful to ask the group to discuss the 4 tasks. Invite them to discuss ways that parents could move toward adjustment. Grieving people are the best textbooks.*

**Handout: "Recovering from Loss."** At this point in the seminar you may distribute the Handout "Recovering from Loss" and give opportunity for discussion.

### **Grief and the Family System**

Losing causes the whole family to wobble. Every family system contains many sub-systems, little alliances or tightly knit circles. Changes take place in both of these. The empty place left by the person who is gone necessitates a shuffling and a long process of reorganization. When the family adjusts to the loss, the configurations in the family system are not the same.

*Group discussion. Ask the group to share how their family system and sub-systems have changed.*

In the process of family adjustment there is always role reorganization. Some roles are assumed and others are assigned. Periodic family conferences guard against placing family members in roles that are not appropriate.

The family should agree that communication will be kept open, that talking about the loss for years is welcome. This solves the problems of asynchrony (being out of step with each other).

Family members grieve at a different pace. This openness provides an environment of support and understanding for all.

*Group discussion. Ask the group to analyze their family style of handling loss. Help them list ways to make their family environment more open and friendly.*

Family grief is exactly that. It is grief of people of every age. None should be overlooked. Write down the names of all your family members. After each name indicate how each person is grieving. Make a note about how you can make their adjustment a little easier. When you get to

your own name, write down how you think family members can help you. Plan to communicate this to the family.

#### **PART IV: Mourning is Lifelong**

Bereavement is the loss itself. Grief is the period of acute upheaval. Mourning is the lifelong effect of losing.

The mind is a massive memory bank that surpasses any man-made computer. Everything you ever see, hear, do, taste, or experience is lodged in that memory bank. The tiniest parts of a relationship are recorded. The big moments are there as well. This vast store of information is carefully catalogued, but the bits of memory don't come tumbling out with the push of a key. Some memories may come forward at the most unexpected and inconvenient times. A song, a picture, a place, an event, or an anniversary can trigger the release of a memory never reviewed. This can happen months and even years after the loss occurs.

The release of these memories causes temporary upsurges of grief pain. At first you may fear that you have not grieved well, but upon closer examination you realize you have never reviewed the secondary loss brought to the surface by the sudden memory.

This explains why a person has short times of acute sadness decades after a major loss.

*Exercise. Stop and think about your own losses. Have you had this experience? Share it with this group or with a friend. Rest assured that this is very normal and in keeping with the nature of your memory bank.*

#### **You'll Never Be the Same**

Everything you experience in life molds who you are. Many of life's experiences happen gradually and change your life in subtle ways. A major loss, on the other hand, comes to you with hurricane force. Changes are profound. You become different in a short time.

People who have had major losses may take life more seriously. They may be more mellow. Less materialism, more spirituality, more sensitivity—these are examples of some of the changes.

*Exercise. How have losses made you different? Discuss this in your group. Don't hesitate to mention some of the negative changes and how you plan to rectify these.*

#### **Marriage and Home Will Be Different**

Some of the past literature on grief stated that a high percentage of marriages ended in separation or divorce a year after loss, but this idea was based on poor research. If a marriage is already weak, it may be in trouble if a couple doesn't have a good support system. Healthy marriages feel the effects of loss, but they do not come apart when loss occurs. Many couples report that living through a loss brought them closer.

There are 7 levels to a marriage relationship: spiritual, friendship, emotional, communication, social, physical, sexual. We will look at them one at a time.

**Spiritual level.** Two people have a relationship with God. They do not force their relationship on each other because each person is unique in his or her friendship with God. On this relationship rests a healthy marriage. After a loss there is a temporary loss of faith. Concepts of God come into question and must be reexamined. It takes time to reconcile loss and the God-concept.

**Friendship level.** Friendship develops and stays alive by doing enjoyable activities together, but during grief there is an aversion to pleasure. This is due in part to the reactive depression that

comes with loss. This is not permanent. A couple need to be patient and lean on the friendship that already exists.

**Emotional level.** Being friends helps to understand your own emotional needs and tones, as well as understanding those of your spouse. Grief throws a couple into an emotional tailspin. Until a reasonable balance is achieved, a couple cannot expect the usual emotional support from his or her spouse. That's why many couples benefit from support groups and individual counseling.

**Communication level.** When two people understand each other emotionally, communication is a rewarding experience. After a loss communication is difficult. Some people withdraw and grieve privately. Talking about feelings may be difficult. Often a person doesn't talk because it is extremely painful, or he or she is afraid that talking will cause the spouse to have too much pain. It is important to recognize that the cause of the pain is the loss, not talking about feelings. It is also wise to agree that you will ask your spouse if he or she is agreeable to talking before you launch into an intense conversation. Both parties should know that the communication barrier will not stay up forever.

**Social level.** In a healthy relationship there is time to reach out to others, but in grief there is a strong desire to move away from people. It is good to keep socializing limited to a very few occasions. Build fire escapes into every engagement. In other words, let the host of the social event know that you may not be able to stay very long. When you feel emotions rising and tears begging to be shed, simply excuse yourself. Getting back into more social life must be a gradual process. You may never be as socially active as you once were.

**Physical level.** Owning and caring for house, yard, car, and clothes is a rewarding experience, but grief leaves people exhausted and lethargic. Mowing the lawn and cleaning house will not be top priority. There isn't enough energy because reactive depression is a natural energy conservation measure. Respect your energy levels. Put some things on hold. Accept offers of help from friends.

**Sexual level.** Sexuality includes much more than intercourse, so don't be upset when your spouse's sex drive has diminished. This is very common during grief. Practice the many other forms of intimacy until this temporary decrease in libido ends. Respect for your spouse's feelings is essential at this time.

*Group discussion. Lead the group in a discussion of things they have done to keep marriage strong. Also discuss how the family can maintain openness during acute grief. Make a list of these ideas on the board and send each group member a copy of the ideas.*

*Closing. End your group by taking any questions the group has. It is helpful to ask the group to talk about how the seminar has helped them. Expression of appreciation is important for their well-being. As a group leader, you should freely affirm the members of the group and express gratitude for their willingness to be vulnerable.*

## **References**

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