

# The Seven Principles of Human Grief: Understanding and Coping With Grief\*

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## Introduction

*The Seven Principles of Human Grief* listed below will give you an understanding of what to expect and are followed by several suggestions of what you can do to help both yourself and others.

Human grief comes in many sizes and shapes and can last for weeks, months or years. It goes along with the territory of being a living being. Human grief is normal — it is a natural reaction to loss *or the threat of loss*.

### **Principle One:** *There is no one right way to grieve.*

Everyone grieves differently. Some tears are on the outside while other tears are on the inside. Neither way is right or wrong or better. We must respect the differences we have in the way we express our grief. Lack of crying is not a sign of being disloyal to those who have died. Some of the differences are caused by cultural and family variations in the way people have learned to express themselves when there has been a crisis and loss. Childhood messages about whether it was ok to cry, to express anger or fear, continues to affect how we react to loss and crisis throughout life. In addition, men in American culture are usually been expected to be less emotionally expressive than women and this may also be reflected in grieving style differences. New research identifies a continuum of grieving styles inclusive of both genders —from *intuitive* (emotional focus) to *instrumental*—action or problem- solving focus.

### **Principle Two:** *You cannot fix or cure grief.*

While grief can be as wide spread as the common cold, it is not an illness which needs medical attention. You can't fix it like a leaky faucet. The human grief reaction is a combination of thoughts, physical and emotional feelings, and behaviors that are designed, believe it or not, to enable us to *survive*. This is associated with the infant's drive to attach for survival to a mother and the continuance of this drive to adult pairing and the yearning to re-establish the bond (grieving) when death or separation has occurred. It is, therefore, a normal way of reacting whenever we have already lost or are afraid we will lose someone or something important to us. The losses that create a grief response can be of a person, of physical or mental health, place, job, work routines, or the hope of ever being well and functional again.

• **Nature of Grief.** The feelings of grief have been expressed as long as there have been human beings. Sadness, anger and fear are fairly usual but some can also feel guilt and shame as well. Our grief *feelings* come out as *behaviors* such as crying, sighing, verbal yearning, yelling, striking out physically, trembling, hiding, and running away. Some will say how they feel: "I'm so hurt;" "I'm very worried or scared;" "I'm very angry;" "I could just hit someone;" "I feel so sorry;" "I feel empty inside;" "My heart is aching;" "My body is in pain." *None of this is wrong or disordered.*

*Thinking* can also be affected in the grief response to loss or threat of loss. Some will have a sense of “what’s the use!” or “How can I go on?” “I don’t know what to do next!” “Who am I now in this new work setting?” Also—forgetfulness, confusion, lack of motivation and/or concentration—are very usual. For example, people will say, “I don’t know who I am anymore.” “My mind keeps wandering off my work.” “I keep forgetting where I put things or what I was about to do next!” “Am I going crazy?” These thoughts and even some conditions that ordinarily might be viewed as abnormal are typical of many people who are grieving. Examples of “*normal crazy*” are: seeing a deceased loved one standing at the foot of the bed, having a conversation with a dead relative, keeping clothes or other items of the deceased with you or even keeping the room or closet exactly the way it was.

Thoughts also can be expressed as *behaviors*. These can include avoiding social activities, absence from work, not completing work tasks or home chores, poor personal hygiene, jumping from one activity to another, having an unusually disorganized and cluttered work or home environment. Of course, some of us can already have these behaviors but the grief makes them excessive.

• **Complicated Grief.** When the normal grieving described above gets into trouble, we say that the grief has become complicated. In this case there very well may be a need for medical attention and contact with a mental health professional. When in doubt—consult or refer the person (or yourself) to a mental health professional, preferably one who works with complicated grief reaction.

*Danger signals* include: suicidal or homicidal talk or ideation, alcohol or drug abuse, prolonged physical complaints, excessive, long lasting problems at home or at work, noticeable prolonged changes in behavior—especially sleep and appetite disturbances, fear and panic responses, violent behavior or threats, excessive hyperactivity, extreme or inappropriate social behavior or withdrawal from the world. Remember: *To be safe, a referral to medical and/or mental health providers should be made if the above danger signals are happening.*

### **Principle Three: *There is no universal timetable for the grief journey.***

“How long will it take?” Answer: *As long as it takes.* Too often, we deny ourselves and others deny us permission to have a grief journey that will result in the healthiest healing and reclaiming of a life. Many believe that after a year of holidays, birthdays, anniversaries and other milestones on the calendar, that we should be pretty much “over it.” However, most people do not travel the path to healing on *someone else’s schedule*. Many bereaved complain that even before a year is up, relatives and friends are urging them to “move on” with life. Life experience and surveys of mourners have shown us that people will continue with some form of grief reaction for life. Additionally, the bonds we have to a deceased loved one or some other form of loss, will continue for life. Often, people get impatient with another’s grief after a while and push them

to be ok, stop crying and get 'ok' again. Too often, employees are not given sufficient time to mourn the loss generated by changes and losses in the workplace. Grief support programs yield benefits to the individuals and to the organization as well.

#### **Principle Four: Every loss is a multiple loss.**

We lose not only the body and being of our loved one but also the part of ourselves bonded in relationship to the deceased. We lose more than a person, more than a job, more than a building or even a sense of well-being. We lose the part of ourselves that had interacted with that which is no more—the deceased, the workplace environment, the routines, the joyful, carefree fun times and the hope and dreams for the future. We also are affected by the tragedy and grief of others and lose the sense that we are ok, our community, our state, our nation, or our world is ok. Such loss and grief reactions are experienced by children who bring stories of tragedy home from school, and by adults who bring such stories home from work, religious congregations, and other places in their lives.

Grief is *dynamic*—frequently changing its form and intensity (very painful feelings in the morning – less painful in the afternoon), and grief is *complex*—has many parts and sub-parts to it. What else do we lose when a loved one dies? We lose: our future, our conversations, what we did together, places we went to... *the way we were*. Every loss is multiple because we have many secondary losses when we lose a person or other vital part of life and also because loss ripples outwards—the way a pond does when a stone is dropped into it. Grief travels outward from the family to the neighborhood, and to various social locations in the community. Death, life-threatening diagnosis, divorce or even loss of a job will change much more of our lives than our familiar daily routines—for example: self-picture, status, financial security, career, and a family's sense of well-being.

#### **Principle Five: Change Creates Loss Which Creates Grief (Change = Loss = Grief)**

The very fact that change is part of life means that we are constantly connecting to people, places, and things, to pictures of ourselves, routines and expectations for the continuity of our life styles. With each normal transitions of life we let go of one world and enter another—going from home to school, from school to workplace, single life to coupling, to childbearing, and to each of the next stages of adult life—we are faced with the potential of a grief reaction. Each time there is a change, we lose what we have left behind and begin to connect to what will be next. When the change is a death or serious illness or is unexpected, traumatic and sudden, the grief reaction may be very intense and painful. A frightening diagnosis, loss of function, of pain, of losing hope for recovery, can bring on a grief reaction as powerful as if there already had been a death. The many additional, associated losses, called *secondary loss*, pile up and build the intensity of the grief. This is what we miss because of our loss, all of the things we no longer have or can do.

#### **Principle Six: We Grieve For Old Loss While Grieving for New Loss**

As we move through the transitions of life and experience losses, we accumulate loss material. In spite of our previous grieving, some unfinished and unaccommodated grief is still left over. When a new loss occurs, the old grief mingles with the new and increases the intensity of the grief reaction. It is pretty usual for us to think about a death or severe illness that took place years ago when a loved one dies or some other significant loss or trauma occurs. The old loss will require attention and cannot be pushed aside.

***Principle Seven: We Grieve Whenever A Loss Has Occurred or When Threatened With Loss***

Initially, as infants, we attach for survival. Even infant animals cry out when separated from the mother and physically hang on to her fur “for dear life.” The need to attach and remain safe with a mother is an inborn and instinctive behavior. As we grow up and bond with others, the same “attachment for survival” provides the energy for the bond. Any loss of the bond or *threat* to its continuation creates fear regarding survival. We don’t need an actual death or diagnosis of serious illness to begin the grieving reaction. Any threat can invoke the grief response. An example is waiting for a loved one to come home. “They were due at 9 pm and now it is 12:30 am!” or when waiting for medical lab test results to come back. The beginning of a grief reaction will vary for each person but we can start the process well in advance of any actual loss. In the case of a serious illness, when does the grief begin? When the physician confirms the diagnosis? When the biopsy or blood test is taken? When the initial appointment is made? When some disturbing symptoms do not go away? Again, for most people—at different points along the time line.

***What you can do to help yourself and others:***

- 1. First and foremost: DON’T DO NOTHING! An intentionally grammatically incorrect statement that reminds the grieving person to: Keep busy and active with planned rest breaks and quiet times. Inactivity can let helpless despair take over. Have several non-grieving activities available to transition to after a period of grieving.***
- 2. Listen to how you are feeling and acknowledge this by saying out loud to yourself or to a friend exactly what you are feeling. If a friend is in need of your help, encourage them to tell you how they are feeling, what hurts, where in their body do they feel pain. Just be with them, don’t try to “fix it.” Never underestimate the value of “human presence.”***
- 3. Look for support groups—either ongoing or drop-in—give one a try and see if expressing your upset to others reduces the stress and pain for you. Examples are: Bereaved Parents of the USA, The Compassionate Friends, Hospice Support Groups, Faith Community Outreach, Funeral Home Aftercare, SEASONS, Survivors of Suicide, States Attorney’s Homicide Victim Support, MADD, Hospital Wellness Centers, and Employee Assistance programs.***
- 4. Try writing down how you feel in a journal or diary. Suggest this to a grieving friend.***

5. *Talk to someone you trust and respect . . . loved one, friend, clergy, colleague, counselor, or health care provider.*
6. *Eat properly, exercise and get sufficient rest and see a physician if upsetting physical symptoms persist.*
7. *Use rituals, both religious and non-religious activities to acknowledge your loss or fear of loss: light a candle, take a moment of silence at a meal or other gathering, plant a tree, give a donation to charity, volunteer to help others.*
8. *Learn and use relaxation exercises— look for commercial recordings that teach relaxation and/or provide very comforting music.*
9. *Be kind to yourself—take a time-off from grieving, find productive distractions: household chores, gym workout, nature walks, retail therapy, cooking favorite meals, relaxation exercise, meditation and prayer.*
10. *If can, seek solace in your own faith's spiritual guidance.*

**\*Excerpted from: Jeffreys, J.S. (2011). *Helping Grieving People —When tears are not enough: A Handbook for Care Providers, 2nd Edition*. New York, London: Routledge/Taylor and Francis.  
For more information: See: [GriefCareProvider.com](http://GriefCareProvider.com) or contact Shep at [Jeffreys3@verizon.net](mailto:Jeffreys3@verizon.net)**