

# GRIEF REACTIONS, DURATION, AND TASKS OF MOURNING

**Note:** This Whole Health tool focuses on grief related to a death loss. A focus on other types of losses (such as disability, divorce, job loss, effects of natural disasters) is beyond the scope of [“Coping with Grief”](#) and related tools. However, you may find the information in this Whole Health tool helpful when working with a Veteran who has experienced a loss other than death.

To best support an individual who is grieving, it is helpful to know common ways that grief affects individuals and what an individual may go through during the grief process. This will help prevent you from pathologizing reactions that are normal and enable you to reassure individuals who are concerned about their reactions. It is crucial to keep in mind, though, that people have their own unique grief experience. In grief, each person is like everyone else in some respects, while at the same time like no one else. This Whole Health tool summarizes common grief reactions, duration of grief, and tasks of mourning.

## COMMON GRIEF REACTIONS

Grief researcher William Worden has identified grief reactions that are common in acute grief and has placed them in four general categories: feelings, physical sensations, cognitions, and behaviors.[1] All are considered normal unless they continue over a very long period of time or are especially intense. An individual might have one reaction, several, or many. Reactions might be very strong for a while and then lessen, or they might not be as strong but last for a long time.

### FEELINGS:

- Sadness
- Anger
- Guilt and self-reproach
- Anxiety
- Loneliness
- Fatigue
- Helplessness
- Shock
- Yearning (pining for the person, or whatever was lost; thinking “if only” this had not happened)
- Emancipation (Not all feelings are negative. Sometimes there is a sense of being released when a loss occurs).
- Relief (May especially be felt after someone dies from a lengthy or painful illness or if a relationship with the deceased was a difficult one).
- Numbness—a lack of feeling (Numbness may actually protect one from a flood of feelings all occurring at the same time).

## **PHYSICAL SENSATIONS**

- Hollowness in the stomach
- Tightness in the chest
- Tightness in the throat
- Oversensitivity to noise
- Feeling that nothing is real, maybe even feeling that oneself is not real
- Breathlessness, feeling short of breath
- Muscle weakness
- Lack of energy
- Dry mouth

## **COGNITIONS**

- Disbelief, thinking the loss did not happen
- Confused thinking, difficulty concentrating, forgetfulness
- Preoccupation, obsessive thoughts about the deceased or what was lost
- Sensing the presence of the deceased, thinking the deceased is still there
- Hallucinations, seeing and/or hearing the deceased

## **BEHAVIORS**

- Trouble falling asleep or waking up too early
- Eating too much or too little
- Absent-minded behavior
- Withdrawing from others; feeling less interested in the world
- Dreaming of the deceased
- Avoiding reminders of the deceased
- Searching and calling out the name of the deceased person
- Sighing
- Being restlessly overactive
- Crying
- Visiting places or carrying objects that remind one of the deceased person
- Strongly treasuring objects that belonged to the deceased

## **DURATION OF GRIEF**

The length of time it takes to adjust to a loss is different in each circumstance for each person. Grieving often takes much longer than people think. The grieving individual will cope with many new experiences the first year. The second year may also be difficult, as the loss becomes more real to the griever. Some have noted that grief reactions start to fade within six months, although eminent specialists caution that there is no timetable to grief[1-3] and that the intensity of grief does not steadily decline, but rather fluctuates over time.[3] Grief tends to come in waves, so one will not be distressed constantly. Grief reactions may pop up from time to time, even after many years. This is very common. Many things may trigger grief, such as songs, a season of the year, birthdays, holidays,

anniversaries, or special events in someone’s life, which they may wish the deceased could enjoy with them. Usually these grief episodes that occur a long time subsequent to the loss are short-lived.

## TASKS OF MOURNING

Having a framework in mind for the grief process can be useful as one provides support to a grieving individual. Most clinicians and many patients are familiar with Elizabeth Kubler-Ross’ stage theory of the process of dying: denial, anger, bargaining, depression, and acceptance,[4] which is often applied to grieving individuals as well as the dying. Much research and new knowledge has been generated since the publication of her book *On Death and Dying* in 1969. While acknowledging her important pioneering work, some contemporary specialists note the lack of empirical evidence for her model, the lack of recognition of individual and cultural differences, and the assumptions by readers that individuals pass neatly through stages. These more recent specialists view 1) grief as a process or series of tasks toward integrating the loss into one’s life and 2) the griever as an active rather than passive participant.

Clinicians may find Worden’s Tasks of Mourning model to be a useful guide as they work with patients. Rather than stages, he describes four **tasks** involved in mourning and stresses that the grief process is fluid.[1] An individual may work on multiple tasks simultaneously, and tasks may be revisited and reworked over time. Worden uses psychiatrist George Engel’s analogy of healing[5] to describe how a grieving individual can accomplish some of these tasks and not others, and thus not fully adapt to a loss—as a person might not completely heal or recover function following a wound. The grief experience varies widely and is influenced by many things such as a person’s age, gender, relationship with the deceased, culture, personality, previous experiences, coping skills, and social support.

### WORDEN’S TASKS OF MOURNING

**Task I:** To accept the reality of the loss

**Task II:** To process the pain of grief

**Task III:** To adjust to a world without the deceased

- **External:** How has the death affected everyday life?
- **Internal:** How has the death affected feelings about self and abilities?
- **Spiritual:** How has the death affected spiritual beliefs and views of the world?

**Task IV:** To find an enduring connection with the deceased in the midst of embarking on a new life.

## RESOURCE LINKS

- [Coping with Grief](https://www.va.gov/WHOLEHEALTHLIBRARY/professional-care/coping-with-grief.asp): <https://www.va.gov/WHOLEHEALTHLIBRARY/professional-care/coping-with-grief.asp>

## AUTHOR

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