

Understanding Common Patterns of Avoiding Grief

by Dr. Alan D. Wolfelt

Grief has been described as the emotions that heal themselves. While this may have been true at some point in history, we now realize that the majority of people need some social context for healing to occur. Grievors need the opportunity to share their grief outside of themselves in a caring environment.

The unfortunate reality is that many grievors do not give themselves permission, or receive permission from others, to mourn or to express their many conflicting thoughts and feelings. We live in a society that often encourages the repression of the emotions of grief, as opposed to the expression. The result is that many people either grieve in isolation or attempt to run away from their grief through various means.

During ancient times, stoic philosophers encouraged their followers not to grieve, believing that self control was the appropriate response to sorrow. Still today, well-intentioned, but uninformed people carry on this long held tradition. Yet, we know that a major task of mourning is to acknowledge and express the full range of thoughts and feelings connected to the loss.

A vital role of those persons who desire to help the bereaved is to encourage and support the outward expression of grief. The grieving person moves toward reconciling self to the loss when he or she can



attend to his or her emotional experiences, accepting them as a result of the privilege of having been capable of loving another person. A renewed sense of well being has the opportunity to evolve, as caring people accept the griever for who they are, as they are, and where they are.

The purpose of this article is to:

1. Identify common patterns that bereaved people tend to adopt in their efforts to avoid the pain of grief;
2. Define those avoidance patterns;
3. Outline the consequences of adopting those avoidance patterns and;
4. Reinforce the importance of encouraging the visible expression of grief.

Common Avoidance Patterns

While there are a number of unique ways by which persons repress or "move away" from the expression of their grief, we can work to identify common patterns that are adopted. The various patterns of avoiding grief described below are not mutually exclusive. Some people will experience a combination of patterns while others will maintain one primary mode of avoidance. The specific combination of patterns (or primary mode used most often) will depend on one's personal history, societal influences, and basic personality.

The destructive effect of the adopted pattern is typically directly proportional to the degree of avoidance. However, prolonged avoidance, whatever the degree, will always be destructive. In moving away from our feelings of grief, that is, in repressing, denying or deadening our feelings, we ultimately become destructive to ourselves. Our refusal to do the "work of mourning" destroys much of our capacity to enjoy life, living, and loving. After all, how can we relate to ourselves or others if we don't feel? Moving away from grief results in moving away from ourselves and other people.

The avoidance patterns identified and described below are as follows:

1. The Posturing
2. The Denial

3. The Replacer
4. The Minimizer
5. The Somaticizer

1. *The Postponer*

The postponer is the person who believes that if you delay the expression of your grief, over time it will hopefully go away.

Obviously, it does not. The grief builds within and typically comes out in a variety of ways that do not best serve the needs of the mourner.

This person may feel that if the grief doesn't vanish, at least there may come a point in time when it will feel safer to experience the pain. Unaware that through expression comes healing, he or she continues to postpone. The grief builds up inside the person, pushing toward the point of explosion, thus, making him or her feel even less capable of experiencing feelings related to the loss.

Without self-awareness or intervention, a vicious cycle is firmly rooted in place. Often, the more the person senses grief yearning for expression, the more an effort is made to postpone or put off.

Postponing is frequently an automatic unconscious process. A few people will consciously acknowledge this pattern with comments like: "I just don't want to grieve right now. I'll think about it later." However, the majority of people do not know they are postponing the work of their grief. They initiate this pattern of avoidance quietly and quickly and society often perceives them as "doing very well."

2. *The Displacer*

The displacer is the person who takes the expression of their grief

away from the loss itself and displaces the feelings in other directions. For example, while not acknowledging feelings of grief the person may complain of difficulty at work or in relationships with other people. Another example is the person who appears to be chronically agitated and upset at



even the most minor of events. While some awareness may be present, displacing usually occurs with total unconsciousness.

Some persons who adopt the displacer orientation, become bitter toward life in general. Others displace the bitter unconscious expression of their grief inward and become full of self-hate and experience debilitating depression. So, while at times this person displaces their grief in interactions with other people, at other times, he or she believes that other people dislike him or her, once again projecting unhappiness from the inside to the outside.

The main intent of the displacer is to shift grief away from its source and onto a less threatening person, place or situation. Personal

relationships often become stressed and strained for the displacer who is unable to acknowledge the occurrence of this common pattern of grief avoidance.

3. *The Replacer*

The replacer is the person who takes the emotions that were invested in the relationship that ended in death and reinvests the emotions prematurely in another relationship. Again, there is little, if any, conscious awareness for this person of how their replacement efforts are really a means of avoiding the work of their grief.

Observers from the outside will sometimes assume the replacer must not have loved the person that died all that much if they can so quickly become involved in a new relationship. In actuality, the replacer has often loved very much and out of the need to overcome the pain of confronting feelings related to the loss, moves into an avoidance pattern of replacement.

The replacement pattern does not only occur in relationships with other people. For example, another common replacement appears to be the person who overworks. The compulsive overworker is the person who, with no prior history of doing so, begins to over invest himself or herself in work to the point where no time is available to think or feel about the loss.

An example of this is a man I recently saw in my practice who, following the death of his wife, found himself working eighteen to twenty hours a day. It became apparent that he was funneling all of the emotions related to his wife's death into and through his work. Once this pattern was acknowledged for the need it was

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serving in him, he could begin to do the work of his mourning in healthy, life-giving ways.

4. *The Minimizer*

The minimizer is the person who is aware of feelings of grief, but when felt, works to minimize the feelings by diluting them through a variety of rationalizations. This person attempts to prove to self that he or she is not really impacted by the loss that was experienced. Observers of the minimizer may well hear them talk about how well they are doing and how they are back to their normal routine.

On a conscious level his or her minimizations may seem to be working and certainly conform to society's message to quickly "get over" one's grief. However, internally the repressed feelings of grief build within and emotional strain results.

This person often believes that grief is something to be quickly thought through, but not felt through. This is typically an intellectual process in which words become a substitute for the expression of authentic feelings. Any feelings of grief are very threatening to the minimizer who seeks to avoid pain at all costs.

Unfortunately, the more this person works to convince self that the feelings of grief have been "overcome," the more crippled he or she becomes in allowing for emotional expression. The result is the evolution of a destructive, vicious cycle.

5. *The Somaticizer*

The somaticizer is the person who converts their feelings of grief into physical symptoms. This converted physical expression of

grief can range from relatively benign minor complaints to the severely malignant chronic pattern of somaticization disorder, i.e. multiple vague somatic complaints with no organic findings.

Unfortunately many people in grief unconsciously adopt the somaticizer role in an effort to get



their emotional needs met. By taking on the "sick role" people around them legitimize their very real need to be nurtured and comforted. This person often fears that if they were to express their true feelings of grief that people would pull away and leave them feeling abandoned.

The somaticizer may become so completely preoccupied with bodily involvement and sickness that they have little or no energy to relate to others and to do the work of their mourning. Even in the absence of real illness and emotional support from medical caregivers, no amount of reassurance or logic convinces them that they are not "physically sick." The unconscious need to protect oneself requires that this

person desperately needs the belief in illness to mask feelings connected to the death.

We should note that this somaticizer avoidance pattern described above is different than the person who experiences real physical illness during the mourning process. Some degree of physical disturbance is a common dimension of the normal grief process. As caregivers we would never want to automatically assume that a bereaved person is converting all of their emotions into physical symptoms. Numerous investigations have documented a definite physical risk for the griever much greater than that of the nonbereaved population. A general medical examination for bereaved persons is always an excellent standard of care.

Consequences of Adopting Grief Avoidance Patterns

The specific reasons bereaved people adopt grief avoidance patterns are often multiple and complicated. For the purpose of this article we will simply note that the major impediments to the healthy expression of grief are usually problems in allowing oneself to feel and to express deep feelings. Some people have struggles with a high need for self-control, others may have an intolerance to feelings of pain and helplessness, while still others may lack a support system that encourages the expression of their feelings.

The result of grief avoidance is a virtual epidemic of complicated and unreconciled grief in our country. This writer's clinical experience suggests that a tremendous amount of anxiety, depression, and physical illness has

resulted from many persons needs to avoid their grief.

Among some of the more common consequences of adopting grief avoidance patterns are the following:

- Deterioration in relationships with friends and family.
- Symptoms of chronic physical illness either real or imagined.
- Symptoms of chronic depression, sleeping difficulties, and low self-esteem.
- Symptoms of chronic anxiety, agitation, restlessness, and difficulty concentrating.

This list is not intended to be all-inclusive. Different people will experience a wide variety of fall-out consequences from their adoption of avoidance patterns.

Encouraging the Healthy Expression of Grief

Healthy mourning is based on an assumption that feelings are best accepted and expressed. Confronting one's grief and the pain inherent in the experience is not always an easy task. However, for reconciliation to occur it is a task that must be done.

One of the reasons for many people's preoccupation with the question, "How long does grief last?" may well be related to society's impatience with grief. Shortly after the funeral the grieving person is expected to "be back to normal." Persons who continue to express grief are often viewed as "weak," "crazy" or "self-pitying." Grief is something to be overcome rather than experienced.

The result of these kinds of messages is to encourage the repression of the griever's thoughts and feelings and only leads to the

adoption of the grief avoidance response styles outlined above. Refusing to allow tears, suffering in silence and "being strong" are thought to be admirable behaviors. Yet, the most healthful approach to grief is to approach it head-on.

The lack of expression of outward mourning has brought about the



evolution of "the silent mourner." Even those persons who want to be supportive cannot identify the mourner. The relegating of grief to behind closed doors reinforces the importance of being outreach oriented with one's helping efforts.

All too often our society continues to fail to support the bereaved person, particularly during the lengthy transition period after the funeral. An emphasis on being rational and staying under control influences the mourner to reintegrate into the social network and keep their tears, fears and hurts to themselves. We must work to reverse this trend that fails to acknowledge the continuing need for support and understanding of the bereaved. ♦