

# Coming to grips with grief

By Margaret Sharemont  
special writer

"There's a movie about grief," says the Rev. Robert Weikart, pastoral counselor and ethicist at the U-M Family Practice Center in Chelsea.

"The central figure is a man who drives a horse and buggy in New York City. His son has just died. In the film the driver attempts to tell people about his son's death but no one will listen. Finally, at the end of the day he's shown talking to his horse. 'Imagine,' he says to the horse, 'if you had a colt and it died. You'd be sad too, wouldn't you?'"

"In a society as mobile as ours," Weikart continues, "we don't get as involved anymore with our neighbors, their stories, histories or memories. When a tragedy happens and we grieve our loss, there's no one to tell. New Beginnings has been established so we will have a place to tell our stories."

New Beginning is the name of grief support groups Weikart and James Peggs, M.D., director of the U-M Chelsea Family Practice Center, have established across the state for people who are grieving a loss through death. There are other major losses which trigger a grief reaction, Weikart points out, including losing a job, selling a house, having a pet die or losing limbs or other body parts.

"Grief is the reaction — emotional, physical, spiritual, mental and social — to any significant loss," Weikart explains.

"There's a lot of unresolved grief in this country," he adds. "Our society doesn't recognize some losses as being significant enough to grieve. But you can and will grieve any significant loss that you experience."

Weikart, who is also an instructor in Human Values in Medicine at the U-M Medical School, experienced his own greatest grief 17 years ago when his wife died. It was partly that experience that led him to study grief and

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establish New Beginnings.

The introductory sessions for New Beginnings groups are structured for six weeks, during time Weikart and Peggs lecture on various aspects of bereavement and grief. Following the six introductory sessions, the groups continue indefinitely under the direction of trained leaders from the local community.

"Many of our attitudes about death are established when we are still children," Weikart said. "In the Saturday morning cartoons, characters get flattened and then, seemingly by magic, become alive again. In some cowboy movies dozens are killed in minutes but are in another movie on another channel the same day. Often we see dead animals on the road but ignore them as if they hadn't died."

"We often grow up feeling that death is either unclear, untouchable or unreal. We frequently believe that death can be ignored or even changed, consequently, when we're faced with death, we have difficulty dealing with it," he said.

As a result, Weikart said, many people have difficulty grieving. "People experience grief far more often in their lives than death," he says, "yet they have even less understanding of the dynamics and processes of grief than of death. Whether people want to admit it or not, they are going to grieve in some form."

Throughout the first six weeks of the structured presentations, Weikart uses a 10-step grief model he has developed over the years. The grief model offers a conceptual "handle" for indi-

viduals — a way to grasp the stages of grief — and provides a piece of paper they can refer to for guidance.

The grief model is as follows:

**1. SHOCK AND DENIAL — DISBELIEF.** "This phase can last from three days to four to six weeks after the loss," Weikart says. "Although intellectually we know the loss has taken place, the emotional impact doesn't usually hit until after that. We don't usually expect to see anyone in New Beginnings before this."

**2. TOUCH-SUPPORT.** "At this time people begin to miss being physically touched," explains Weikart. "For example, if a spouse dies, there's no one to kiss you in the morning or hold your hand while you're strolling through a shopping mall. Frequently, if your spouse died, the husbands in other couples that you were friends with won't give you friendly hug any longer for fear of what their wives might think."

"Also, because of superstitions such as 'death always comes in threes or cancer is catching,' people will avoid you and not touch you. You begin to feel unlovable."

One reassurance that Weikart offers is that there are several ways of touching and comforting people physically that are not necessarily sexual or suggestive.

These include the acceptable touch, such as a handshake; the caring touch, such as a friendly touch on the arm when saying hello or goodbye, and a



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## Grief can get physical

James F. Peggs, assistant professor of Family Practice at U-M's Medical School and director of U-M's Family Practice Center in Chelsea, teaches a New Beginnings session on the medical aspect of grief.

"During the acute stage," Peggs explained, "the patient experiences a sense of shock, expressed as both physical and emotional numbness. A 'heavy chest' feeling is common and there's a need to take frequent deep breaths and sigh."

A sensation of choking and tightness in the throat make swallowing difficult. People describe a sense of detachment, of feeling far away, even though outwardly they may appear to be coping.

"Frequently people who seem to have functioned well — greeting visitors and carrying on conversations — are unable to recall any of their actions several days later."

Inherent in this acute stage, Peggs noted, is a "wave" sensation — that is, that the feelings come in waves, as often as every two minutes in the early stages and less often with the passage of time.

"There's almost always a sense of exhaustion," he adds, "and an inability to concentrate. People say they read the same paragraph over and over without remembering what they've read."

"Other people, despite their exhaustion, become agitated and restless. And most develop some disruption of normal eating and sleeping patterns."

"It's difficult to say exactly what is 'healthy grief' vs. 'unhealthy grief,'" Peggs said, "but we suspect unhealthy — or repressed — grief if, for example, a person claims to feel nothing for up to several weeks after a death or loss."

"Some denial is normal, but when it's protracted, it can be unhealthy. Also, when the survivor is still unable to mention the dead one's name for a long period of time after, that could be a sign of unhealthy grieving."

Peggs' advice to anyone who suspects he or she may be ill because of a loss is first, not to assume that the illness is imaginary or that it "doesn't count, simply because you feel it's stress-related," he says. And second to talk to your doctor.

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