

## **Secret Feelings: What Grieving People Often Think About—but Seldom Disclose** **Dr. Earl A. Grollman**

The loss of a loved one heralds a new and separate sorrow for each survivor. Death strikes like a tidal wave. The mourners are cut loose from their moorings. They come to you—the professionals—drowning in the sea of their private sorrow. The loved one who has been part of their life is gone forever. Part of them has died too.

Openly, they may share their feelings with their therapists. They talk about their numbness, denial, resentments, and physical illness. However, there may be some thoughts that they may harbor.

The following hidden agenda may help you to deal more effectively with these clients in creating a solid cornerstone for understanding and helping them to rebuild their lives.

### **Anger at the Person for Dying**

*“I can’t tell anyone how infuriated I am that my wife has died and left me all alone.”*

The client knew that his wife had fought valiantly against breast cancer. Yet he perceived her death as an act of rejection and abandonment. He finally blurted out: “didn’t she love me enough to stay alive?”

Resentments directed against the individual for dying are seldom addressed yet widely experienced. Dr. Joyce Brothers poignantly portrays this wrath in her book *Widowed* when her physician-husband continued to smoke after his grim cancer diagnosis.

Clients need to ventilate their lacerating feelings of fear, frustration, and abandonment. It might be the anger at what had been lost, anger at the self for not making the most of what they had together, or anger at the person for loneliness. Psychiatrist Colin Murray Parkes calls it the concept of “deprivation” of a spouse, friend, lover, fix-it person, cook, or financial supporter. They are grieving over their loss but they are experiencing the deprivation of the once-living presence.

Tell them that their feelings don’t have to make sense. Anger at the deceased is not shameful. As despair subsides, so will their rage.

### **Envy**

*“It’s been for years since my child was killed in a tragic accident. Yet I feel so guilty when I become jealous of his closest friends who are now being married. Shouldn’t I be happy for them?”*

Bereaved people are taught to expect a possible variety of emotions, but somehow, envy is often not included. Perhaps as a child, parents or a religious community taught them that one should never be envious. Isn’t envy on the list of the seven deadly sins? Isn’t the

original meaning of envy from the French and Latin connoting “to look with malice?” Maybe that is why John Dryden called envy “Thou tyrant of the mind...jaundice of the mind.”

Personally, I prefer the dictionary’s definition: “A feeling of discontent aroused by contemplation of another’s desired position.”

What’s so jaundice in wishing a beloved child were alive? Dr. Sandor Rado explains in his *Psychoanalysis of Behavior* why this emotion is denied. “I don’t want to admit jealous feelings so another process—anger, which is less threatening—takes over, and I can deal more easily with this less threatening feeling. I can be angry because there is always a “cause.” I can’t be jealous, because that is wrong. Feeling jealous of intact families is a normal grief reaction. It is a jolting reminder of what was and is no longer available.

## **Relief**

*“Since my spouse had Alzheimer’s, life for me was one long, morbid holding pattern. Now that he has died, I feel so free and invigorated. Yet, I feel so terrible that I can sometimes be glad that my loved one is dead.”*

Even though a sense of relief is one of the normal emotions of grief, it is frequently understated in literature. In many of the volumes on death and dying the word relief is seldom or ever mentioned. Dr. John J. Bowlby, in his *Attachment and Loss III*, cited a reason for this glaring omission. Because this feeling is generally unanticipated and misunderstood, it leads to a sense of shame and denial of its very existence. To harbor a thought of relief after a loss could imply: “I’m a bad person.” Despite this exclusion in the literature, experiencing relief is not at all uncommon; it is just a part of being human.

A sense of relief does not only accompany the cessation of a long illness related to dementia. It could be encountered when a sibling can at last receive the needed attention and recognition after the death of a brother or sister; or after a chronic illness, when visits to a nursing home or hospital are no longer required; or when a family relationship is a nightmare because of abuse or hostility or dependency on alcohol and drugs. Relief is experienced when intolerable conditions are at last concluded.

There could be the ambivalence of feeling relieved even at the same time they are devastated. It doesn’t mean that they didn’t love the person. They may simply acknowledge that they are spared further anxiety and emotional suffering and that they are comforted because the extreme tensions are no more.

In his research, psychologist Robert C. DiGiuglio has revealed that perhaps forty percent of grieving people may at some point harbor either a fleeting feeling or prolonged sense of relief. For some, life then becomes more relaxed with renewed opportunities for self-expression and self-discovery.

## **Idealization**

*“My spouse was a saint. We never had one argument. We were always blissfully happy. They don’t make people like that anymore.”*

A clergyperson preaching in the church: “Only god is perfect.” A man in the first pew says to himself, “Not true. How about my wife’s first husband that died?”

Idealization is wish-fulfillment replacing reality, the attempt to rewrite history. A human being is sanctified as all-good, all-wise, all-perfect. This Garden of Eden Complex dooms the living to be eternally stuck emotionally in their grief for the dead.

In the early phases of grief the image and memories of the beloved are often idealized. They may need to remember the best attributes, especially the good times they shared together. It is almost part of our society’s culture to only speak well of the dead. After all, they can no longer defend themselves. Thus there is the tendency to overlook blemishes.

The deceased conception undergoes revision. The loved one becomes a saintly paragon of virtue.

By creating a superperson, the bereaved may attempt to defend themselves against some of their negative and hostile feelings about the dead. They do not wish to uncover the grievances that may have been buried with the loved one.

One might say to the counselee: “We all know some of the wonderful times you had together. But were there not times that were not always great? All human relationships are imperfect. That’s the way it is for all of us. Do you remember...?” Helping one work through mingled feelings can become an integral part of a change and growth in the grief process.

Putting memories into perspective best honors the memory of the loved one. Only when they release negative feelings and emotions that so tangle up lives, can they realistically accept the past and look forward to the future.

There may be a reason why older adults rather than young people tend to remember the good old days and forget the bad. To determine if there is an age-related memory bias, researchers from the University of California conducted a two-part study. In the first part, 144 people were divided into three age groups: 18-19, 41-53, and 65-80. Each of the groups was shown a series of positive, negative, or neutral images on a computer screen and then asked to recall them. Researcher Susan Turk Charles and her colleagues found that the number of negative images that the participants remembered decreased with age. The oldest group remembered the least. The 2003 study concluded that memories become more selective with age as the older focused on happier images rather than the grievous ones.

When the bereaved express feelings of anger at the loved one for dying, or envy, or relief, or working through the idealization, professionals might compliment them for being so willing to share their “secret thoughts”. Feelings are neither good nor bad. They are part of the grief process. To finally acknowledge these emotions and to seek help are the most courageous and responsible acts they can take.