

**Grief Sick?**  
**Robert R. Thompson, M.D.**  
**Zumbrota, Minnesota**

“Grief has its own rules and power,” writes Louise Erdrich in *The Last Report on the Miracles at Little No Horse*. Grief has as many facets as there are griever. Grief is overwhelming. Grief is crushing. Grief is sadness, crying, depression, memories, sharing, and spiritual enlightenment, sometimes all at once!

I was speaking recently at a local Compassionate Friends meeting on the distinction between sadness and depressions. In the question and answer period that follows, a mother whose six year old daughter died of leukemia, spoke of “nurturing” her grief. The word “nurturing” made me a little uncomfortable at first. It conjured up images of wallowing in self-pity. I asked her how she nurtured her grief. She explained that in the several years since the death of her daughter, she had sponsored and organized a six-mile run to benefit leukemia research. In other words, for her, nurturing meant converting or “acting out” her grief energy and sense of “wanting to do something” into a positive activity; an activity which also memorialized her daughter and at the same time befitted others. It also gave her an opportunity to share memories of her daughter as she talked and planned with others.

In her forthcoming book, *In Pursuit of Meaning*, Nita Aasen writes: “While it would seem unlikely that deep sadness would be the catalyst behind the emotional, spiritual, and physical energy needed to find some meaning in one’s adversity, intense grief has been the primary driving force behind the mission of many bereaved parents. One may need permission to find a focus that works for them and the latitude to build a ‘new self’ and continues to find meaning in their own way and on their own timetable.”

Thus, a number of responses are possible when one sustains a significant loss. The question becomes not *whether* we grieve, but what we *do* with our grief. A spectrum can include, on the one hand, turning our grief inward so that we ourselves become the grief object to an outward form of sharing, as in the example of organizing a benefit in memory of our child, grandchild, spouse, or sibling. How we react to a loss is clearly an individual matter based on our cultural background, personal experience, and circumstances surrounding the death event of our loved one. One may describe all these responses as “healthy” as long as they work for bereaved and are life-giving and life-enhancing and not maladaptive or destructive for them or others.

Grief is a jealous mistress, however, and will not be ignored or dealt with as a second-class citizen. Grief cries out to be recognized and accorded its dues, and it wants to be our lifelong companion.

In a previous article, the author detailed a case, which illustrated the consequences of grief that had been repressed and ignored for thirty years. Why would someone who lost a significant part of their life *not* grieve? Several reasons are possible. Perhaps, as in the example, the death of a loved one overwhelms them and they cannot. Perhaps they feel

that they will lose total control of their lives if they acknowledge and grieve the loss. Still others around them discourage open mourning. And finally, their attention may be diverted to other matters. In the instance of a murdered child, the legal process, long, frustrating and arduous, may so occupy their energy that grieving becomes secondary or even forgotten, replaced by thoughts of hate and revenge as well as preoccupation with the legal process. Whatever the reason, grief denied (suppressed) is often grief converted to other feelings and inward torment.

The mind-body connection is subtle and still poorly understood electro-chemically and neurologically, but it is clear that what goes on in the mind (heart) can affect bodily functions and find expressions as “dis-ease.” Diseases that affect the immune system, cardiovascular system, and musculoskeletal system are all possible consequences of grief denied. Periods of relapse or worsening of symptoms of pre-existing diseases can also occur. For example, asthma attacks can become more frequent or chronic diseases like multiple sclerosis can progress more rapidly.

Often the symptoms (what one perceives) can be a metaphor for the loss sustained. In one case, a young woman who had witness her younger brother burned to death while she was babysitting him, had multiple physical complaints and concerns and spent many hours shopping for the right doctor to give her explanations and reassurances that she did not have something “serious”. In almost all cases, she would describe her symptoms using words that depicted fire or heat. For instance, “I have a burning pain in my arm—at times it feels like it is on fire.” Over a long period of time and with intervals of relapse, she was able to see this mind-body connection and connect her physical symptoms with the traumatic death of her brother.

No, our grief doesn't make us sick. It opens the door of healing for us. It opens the door of healing for us. Rather, the lack of grieving can make us sick. The particular sickness we get and how we perceive it, may depend on many factors—our relationship to the deceased, how old we are at the time of their death, how and where they died, and how we felt about the person.

One thing is clear. Grief that will not grieve, eyes that will not cry, lips that will not speak the name of the dead, do not carry the burden of the heart. The burden of grief must be acknowledges, embraces and shared, both to honor the dead and heal the spirit.