Good Grief

Grief can be painful, but we can grow in and through it.
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All of us, no doubt, will have occasion to grieve. We grieve when a loved one dies, when we get divorced, become disabled, lose a job, break up with a romantic partner, suffer a miscarriage. Grief can be painful, both physically and emotionally. But it can also be beneficial. As we live with a loss, Kenneth Doka reminds us, we can grow in and through grief.

In *Grief Is a Journey*, Dr. Doka, a professor of Gerontology at the Graduate School of the College of New Rochelle, an ordained Luther minister, and the editor of *Omega: Journal of Death and Dying*, offers a compassionate view of bereavement as a lifelong journey. Doka examines five “tasks of grief”: acknowledging the loss; coping with pain; managing change; maintaining bonds; and rebuilding faith and/or philosophy. Because each individual is unique, Doka emphasizes, “there is no single right way to experience grief. Nor does grief have a timetable.”
Doka’s advice is based primarily on his work as a bereavement counsellor. Much of it – “avoid lashing out at those around you, driving others away, limiting support” – is commonsensical. And, at times, Doka’s oft-repeated thesis (there is no one-size-fits-all way to grieve) is at war with the architecture of his book. “You cannot compare your loss to the losses of others, or your reactions or responses to those of others,” he writes. After exploring the experiences of many of his clients, however, Doka suggests that “understanding other ways of coping can allow you to cope with loss and to grow from it.”

And, perhaps inevitably, in a “how to book,” Doka’s determination not to be judgmental (he cannot quite bring himself to advise against seeking out psychics) recedes. Expressing feelings, he suggests (citing a Chinese proverb), “leads to momentary pain and long-term relief; suppression leads to momentary relief and long-term pain.”

Happily, several of the recommendations in Grief Is a Journey are quite useful. Doka advises individuals deciding whether to place a physically or cognitively impaired parent or grandparent in a nursing home to address their “anticipatory grief” by indicating with specificity the conditions under which it would be too difficult to continue home care. By creating a virtual dream, containing elements symbolic of the loss (an empty bed, a favorite beach), Doka indicates, mourners can get in touch with emotions and identify unresolved issues. He suggests that those who have lost a spouse or a child consider asking for help before deciding whether and when to dispose of “the stuff of grief” (clothes, toys, tackle boxes). Doka advises grievers to plan holidays, which can be stressful, rather than surrendering decisions to well-meaning others. And mourners, he writes, can design “alternative rituals,” ranging from a memorial service to accommodate grievers for whom distance or role precluded attendance at a funeral, to an annual event to raise funds for a charity in the name of a deceased person.

Most important, Doka, who introduced the concept of “disenfranchised grief” in 1989, reminds us that some losses – the death of an ex-husband or a closeted gay lover; an incarcerated sibling; persistent infertility; a loss of religious faith – are not typically recognized or supported by others. Persons with disenfranchised grief, he emphasizes, often suffer in silence, and have little or no context in which to understand or process their reactions.

Grief, Doka repeats, “is not so much about death as it is about loss.” He asks his readers to find some solace, as he has, in the observation of his deceased colleague, Richard Kalish: “Anything you have you can lose; anything you are attached to, you can be separated from; anything you love can be taken away from you. Yet if you really have nothing to lose, you have nothing.”

At best, Dr. Doka adds, mourners will look back and celebrate their life’s journey, which evolved as it did because they responded in healthy ways to the loss(es) they experienced.