

The impact of loss can be profound. Initial physical effects and subsequent emotional shock, which can generate sleep and appetite disturbance, emotional numbness or irritability, may give way to an ongoing distress.

This involves a flood of feelings, which often comprise a mixture of sadness, anger, fear and helplessness.

As a result, there may be emotional disorganisation, during which depression may set in and lead to social withdrawal, difficulty in thinking clearly, a feeling of 'going crazy', hopelessness and possibly ideas of suicide.

This cycle of loss can severely add to the negative impact of the illness that set it in motion.

One of the ways in which the cycle can be resolved is through grieving appropriately and working towards acceptance.

Well-known psychologists have defined various stages of grief. Typically, they are divided into 5. It is important to remember that these stages will not necessarily occur in a specific order or progress smoothly from one to another; indeed, there may well be some crossover between stages.

However, as a broad outline, it is helpful to look at the classical stages as defined by Kubler-Ross([1](#)):

1. Denial

2. Anger
3. Bargaining
4. Depression
5. Acceptance

1. *Denial*: other psychologists such as Bowlby and Parks described this stage as shock and numbness; when the news that illness is going to be present for the remainder of life begins to sink in, the distress is such that people tend to deny the validity of the news. Denial is a normal initial response; it is natural to want to believe that it is not happening. There may be a strong sense of isolation, and perhaps panic and apprehension. It is common for people to feel 'frozen'.

2. *Anger*: (protesting): this second stage reflects a sense of 'Why me?' the unfairness of the blow fate has dealt. There is often a strong need to lay blame, and this can result in outbursts of anger against health professionals, family or even the self. Rage and outrage catapult the sufferer between blame and fear. Anger may be constructive or destructive; constructive anger may be used to motivate to challenge unfair practices, overcome obstacles and achieve goals; however, destructive anger (and bitterness) can result in loss of family, friends, a good (and necessary) alliance with medical staff as well as self-respect.

3. *Bargaining*: (Bowlby and Parks called this stage, yearning and searching): the individual tends to make internal 'deals'; there may be mobilisation to action and attempts to find alternatives

4. *Depression*: once bargaining has been seen to be ineffective, anger counterproductive and denial unsustainable, there is an understandable sense of hopelessness and helplessness. It is this stage that involves despair and disorganisation. The individual may feel paralysed by their emotional distress. Loss of self-worth and feelings of guilt may predominate. Men tend to define their worth in terms of their 'work value' whereas women's guilt tends to be related primarily to family duties and marital responsibilities and their roles in other relationships. Guilt due to an inability to live up to societal expectations may compound feelings of worthlessness, or 'uselessness', self-doubt and depression.

5. *Acceptance*: (Bowlby and Parks: Reorganisation/Restoration): this final stage is the goal: this does not mean 'giving up' or 'giving in', but making the best of a bad situation. Adjustment to the change in circumstance and ability to integrate this with a positive outlook towards the future is of paramount importance.

Bowlby's four stages are ([\[2\]](#)):

1. Phase of numbing usually lasting from a few hours to a week or so and may be interrupted by outbursts of extremely intense distress and/or anger.
2. Phase of yearning and searching for the lost figure lasting some months or sometimes for years.
3. Phase of disorganization and despair.
4. Phase of greater or less degree of organization.

This 4-stage model is a revision of Bowlby's earlier model, which had three stages, omitting the initial numbing stage. The original 3-phase model was published in "Processes Of Mourning" *Int. J. Psycho-Anal.* 42:317-40.

Progress through these stages may well be far from straightforward. The original crisis or an escalation in symptoms may trigger a new cycle, commencing with shock/denial, progressing through a myriad of feelings and thoughts, including depression or sadness on to an inner regrouping and a restored sense of self, leaving the cycle at a higher level of coping.

There may well be further grief cycles at later stages in the illness, or if there are other problems such as relationship breakdown.

PEOPLE ARE DIFFERENT by Flor McCarthy:

Some materials, such as copper,

Disimprove when maltreated.

If you beat copper,

its crystals grow and it becomes

hard, taut, hostile.

Other materials, such as leather and felt,

improve when maltreated.

Iron is another example;

if you beat it, it rids itself of the dross

and becomes strong.

People are not all the same,

In the face of suffering

they behave differently.

Suffering hardens and embitters some;

whereas it softens others,

and makes them more compassionate.

[1] Elisabeth Kubler-Ross, M.D. On Death and Dying What the Dying Have to Teach Doctors, Nurses, Clergy, and Their Own Families

[2] John Bowlby Loss: Sadness and Depression Volume 3 in the "Attachment and Loss" Series