

“The New Grief”

I have been enjoying my new subscription to Psychotherapy Networker. The most recent magazine (July/August 2011) focused completely on what it calls “The New Grief.” All of the main articles in the magazine are related to this topic, which has taken our country by storm over recent years. I am often confused by how I feel about the continued push towards more, new, bigger, better medical technologies that can fix formerly life-threatening problems in a quick procedure. For example: the pacemaker. In my blog “In Support of ‘Slow Medicine,’” I reference a family faced with having a pacemaker inserted into their already rapidly declining father. Without that pacemaker, he probably would have had a heart attack and died within months, if not on the operating table while having hernia surgery. However, once the pacemaker procedure is done, his heart continues to tick rhythmically, despite the shut-down of his brain and the rest of his body. As with many older adults who experience potentially life-threatening problems, the author’s father’s slow heartbeat was corrected within hours for him to continue his life. She states in the article “Unhappy Endings,” “Thanks to advanced medical technologies, elderly people now survive repeated health crises that once killed them, and so the “oldest old” have become the nation’s most rapidly growing age group.” (“Unhappy Endings” by Katy Butler, as seen in Psychotherapy Networker).

This has become the case with many disorders and diseases that were once seen as a death sentence. Cancer is a common example. When I was a young person, cancer was the “C” word that surely meant the individual suffering with it would not survive many more months. When my aunt was diagnosed with breast cancer in 1998, our family was devastated. We are so thankful that she is still here, and stronger than ever, but this may not have been the case several years previously. More recently, my mother-in-law was diagnosed with breast cancer, which spread to her bones. Again, our family braced for the worst, rushing to her home state to be with her and researching frantically for alternative treatments. One year after we thought she needed to start hospice, she seems healthier than she has been in years. Again, we are so thankful for the extra time we have been given with her.

Years ago, we could better expect what was coming when faced with a life-threatening diagnosis, and deal with grief when we lost the people we loved, but we now find ourselves moving through a different kind of grief.

Elisabeth Kubler-Ross published “On Death and Dying” in 1969. It listed a series of stages that most people pass through in their grief, including

anger, bargaining, depression and, finally, acceptance. Some people move back and forth between these stages, others skip one or more stages, and others move through each stage chronologically. As several previously terminal conditions have become more chronic conditions, we are now faced with a series of grief phases. It seems that we are thrust into the stages Ross described when faced with bad news, only to be pulled out at any sign of hope, then thrust back in again when the bad news returns. The move through chronic health problems can be a roller coaster, for the patient as well as the loved ones of the patient.

Recognizing the change this transition from “terminal” to “chronic” presents, Joseph Nowinski offers a new set of stages in his article, “The New Grief:”

Stage 1: Crisis

Stage 2: Unity

State 3: Upheaval

Stage 4: Using the Gift of Time

(as seen in “Psychotherapy Networker”, July/August 2011).

However we deal with this dramatic change, it is important that we do. On the one hand, medical advances have given us a wonderful gift: more time with those we love. On the other hand, it has made us learn to cope with the possibility of death over and over.

If you are concerned that you or someone you love is not coping with a loss or change in health status, seek help from a mental health professional.