



MANAGING GRIEF AND LOSS IN THE CONTEXT OF FAMILY BREAKDOWN:

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The process of moving through separation and divorce is in some ways akin to the Greek myth of crossing the River Stix to the after-life. Payment of lawyers, mediators and report writers for one's rite of passage to a new marital and parenting status could be likened to paying the ferryman. Similarly, there is a grief process associated with the loss implicit in separation and divorce which can be likened to the grief of the terminally ill.

The seminal work on Grief is Elizabeth Kubler- Ross' 1969 publication, "On Death and Dying". Although there have been many more recent contributions to assist those of us who provide grief therapy, psychologists, psychiatrists, social workers and counsellors are to this day informed by Kubler-Ross' work – not just in dealing with the dying and those left behind, but also in understanding the human reaction to loss of all kinds.

Kubler-Ross, a medical doctor, was approached in 1965 by four theology students wanting to research the reactions of people facing death in order to write a paper on "crisis in human life". Kubler-Ross went on to help them conduct their research through the then radical method of conducting interviews with terminally ill patients.

The results of this initial research constitute the book, "On Death and Dying", which in my opinion is mandatory initial reading for anybody dealing on a daily basis with grief and loss. Family law practitioners from all disciplines, along with oncologists, are members of that group, although we perhaps don't always realise it.

Kubler-Ross talked about the anticipatory grief of her subjects in terms of stages.

First Stage – Denial and Isolation:

In the book she states,

Denial functions as a buffer after unexpected shocking news, allows the patient to collect himself and, with time, mobilize other, less radical defenses. This does not mean, however, that the same patient later on will not be willing or even happy and relieved if he can sit and talk with someone about his impending death. Such a dialogue will and must take place at the convenience of the patient when he (not the listener) is ready to face it.

Kubler Ross points out that denial is usually a temporary defence soon to be replaced by partial acceptance, but that a rare few terminal patients will stay in denial until the end.

Extrapolating to the grief and loss experienced by most family law clients (even those making the decision to end the relationship), practitioners in the field can all call to mind clients who have not been ready to talk about winding up their marriage or de-facto relationship when forced down the mediation or litigation pathways. Some continue to insist against the evidence and sometimes years down the track, that they are still hopeful of a reconciliation. These people are probably still in denial.

Second Stage – Anger:

Now this is a stage of grief we all recognise.

Kubler-Ross found that, “When the first stage of denial cannot be maintained” (because the illness starts to rear its ugly head in one way or another), “it is replaced by feelings of anger, rage, envy, and resentment”. Sound familiar?

For clients dealing with relationship and family breakdown, anger usually accompanies the realisation that the separation is becoming an actuality. It is at this point that we hear the all too common, “How dare he / she!”, “After all I did ...”: “And to think I put up with his / her”; “We always agreed that marriage was for life. What a liar...” and so on. What we so often don’t hear (other than covertly or through reading between the lines) are the vows to make the other party’s life a misery, to ensure that the First Wives’ Club’s mantra of: *Don’t get even. Get the lot.* applies, or to ensure the children learn to fear and despise their other parent. The reason we have to read between the lines is that even the angriest rejected partner is likely to know that such blatant rage is not rational in the eyes of the rest of the world and will not want to admit such bitterness and acrimony on their own part. If they don’t have this insight, then we might be looking at a mental health issue.

The psychologist's way of dealing with such expressions of anger in therapy is to listen and give acknowledgement to the validity of the feelings without supporting any misanthropic plans to get back at the other party. We would gently challenge the evidence relied on for statements against the other party, whilst taking care not to make judgments – even when the comments are clearly irrational. This provides a safe way for the client to ventilate what is usually relatively normal emotion – even when it is irrational. Such ventilation is part of an inevitable process of letting go and helps people towards finally accepting their lot. To harness this anger, however, is something which is fraught with danger and can at times lead to catastrophic consequences. When the anger turns to rage and the need for revenge outweighs all logic, we can expect undesirable outcomes which are not even positive in the end for the perpetrator – as in situations where small property pools are eroded or children's lives ruined indefinitely by intractable litigation.

This negative emotion – anger – can have great utility in that it serves to provide some much needed energy to start to move on. The issue for family law practitioners is how to help our clients maintain some balance and attachment to reality during this phase.

Third Stage – Bargaining:

According to Kubler-Ross, the bargaining stage is one which usually lasts for a relatively short period of time. In the dying patient she found that it most often took the shape of pleading with God (the denial and the anger not having been successful) and making all manner of offers or promises – such as to devote the spared life to God. She opined that the offer in some cases reflected guilt over omissions during the patient's life.

Similarly, when our clients have had separation imposed on them, they will often try to negotiate a reconciliation despite what we consider incontrovertible evidence that this is a lost cause. This is a sort of "last ditch effort" to avert what they see as an imminent disaster. There will be promises to change, to go to counselling, to join a domestic violence group, attend anger management counselling, enter rehab and so on. However, Kubler- Ross points out that when people with terminal diagnoses are granted their wish (for example, just to see or do this or that one last time) they are unlikely to follow through with their part of the bargain. The same phenomenon tends to exist for deal makers desperate to avoid the loss of a legal or de facto marriage.

The way we can assist is to reality test the offers that are being made and to ensure that the party making or accepting them is aware of the odds for and against follow through. This is where our experience helps us to help our clients.

Fourth Stage – Depression:

The next stage Kubler-Ross wrote about was depression, which she said set in when terminally ill patients could no longer deny their illness or its terminal nature. In her words, at this point the patients' "numbness or stoicism, anger and rage" were replaced by "a great sense of loss" – not only of life as they have known it, but of their job, financial independence, home, family and so on. She points out that this stage involves a combination of preparatory or anticipatory depression and reactive depression which is secondary to environmental stressors.

Family law clients will commonly also suffer something akin to depression as they struggle to adjust to a new lifestyle which might involve working when they previously had no career, functioning day to day without support when they have been dependent on the other party, having sole care of children or living without them for the first time, having to look for cheaper accommodation, and the like. If this part of their grieving is the sole cause of this emotional response then time and psychotherapy will probably be sufficient to effect resolution. If they have a history of clinical depression or other mental health issues, however, then referral for more specialised mental health interventions is probably a good idea. If family law clients present with a flat or tearful affect, appear to be losing weight, drinking excessively or generally struggling to cope, then referral to a mental health professional is indicated.

Fifth Stage – Acceptance:

Given enough time and assistance working through stages one to four, Kubler-Ross found that dying patients reached a stage when they were neither depressed nor angry about their impending fate. In her words, however,

Acceptance should not be mistaken for a happy stage. It is almost void of feelings. It is as if the pain had gone, the struggle is over and there comes a time for 'the final rest before the long journey'.

For family law clients the closest thing to acceptance is that stage where the reluctant litigator says that all they want is to have relief from the bitterness and protracted pain – both emotional and financial. How often have we heard, "I just want to be able to move on with my life"? This is when they are most open to offers of settlement. This is not a bad thing and is a reflection of their realisation that sometimes it is best to cut one's losses in order to be a whole person.

Hope:

Kubler Ross talks about how the dying often hang onto some shred of hope – for instance, of a miracle cure or discovery that their diagnosis is incorrect. This aspect of the human spirit (*where there is life there is hope*) is often what gives people the strength to keep living.

The difference for our clients is that they should have hope, but sometimes appear not to. They should be planning their day in the sun rather than wreaking havoc on their exes and traumatising their children. How we understand and interpret their grief and loss at this most vulnerable time in their lives will impact significantly on the future for them and their children in so many ways.

We know that Kubler-Ross' stages are not experienced in a strictly linear fashion and people tend to go in and out of and to revisit stages they thought they were done with. The process to recovery after separation and divorce is not always a straight road and it is influenced by many factors, including the way the other party processes his / her loss.

There is a helpful diagram annexed, which illustrates the normal grieving process for a couple where one party (Person A) has ended the relationship against the wishes of the other (Person B). The origin of this diagram was the Family Court's then Mediation Section. I find it useful in explaining the "normal" grief process to parties at mediation and clients attending post separation counselling.

Normalising grief and loss is a positive thing for family law professionals to do for their clients, some of whom will have never experienced anything as traumatic as the breakdown of their primary relationship and family and will be finding the loss of control over their lives frightening and distressing.

We all need to remember, however, that grief and loss do not always take a "normal" course and clients may become "stuck" in any of the stages of grief and loss referred to above. They can develop a wide range of mental health issues as a result and will be more likely to react pathologically if they have pre-existing personality or other mental disorders.