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Multiple Lacerations of the Heart: When Grief Accumulates

by

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Multiple Lacerations of the Heart: When Grief Accumulates

A heart attack will rock your world. Recently, my (John) world was shaken by a moderate heart attack; the result of years of cholesterol accumulation. My heart simply said, “No more fried chicken,” and life is not as I once knew it.

Like the physical heart, the emotional heart “clogs-up.” Physically, cholesterol and other substances build up in the heart when there is an injury to the smooth lining of an artery. The wound allows plaque deposits to build up via the extra cholesterol in the bloodstream. Over time, the plaque causes the walls to narrow and thicken, eventually damming blood flow. The interruption in blood supply can result in a heart attack. Likewise, the lining of our emotional hearts is susceptible to injury from unhealed losses. Our living in a fallen world makes the accumulation of emotional cholesterol likely over the course of one’s life. Typically, the physical, emotional, social, and spiritual effects of loss are managed without consequence. For some, however, emotional plaque accumulates until finally these loss “deposits” produce an emotional heart condition. Whereas many people are resilient enough to recover from a single loss, multiple losses create undue demands and interfere with the person’s ability to return to normal functioning. Excess emotional cholesterol deposits create a higher risk for several types of psychiatric disorders including major depression, panic, generalized anxiety, posttraumatic stress, somatoform, and substance related disorders (Jacobs, Mazure, & Prigerson, 2000). The compounding effect of multiple losses is a theme among those who face chronic illness, addicts, the sexually abused, the elderly, and divorce survivors, to name but a few. Whether the wounds

have been inflicted by death, abuse, abandonment, or betrayal, there is a need to connect each previous loss with the current loss.

The idea of multiple lacerations of the heart is both personally and professionally a topic of great interest to us. Experience has taught us that far too many counselors fail to account for the aggravated condition of the heart as a result of multiple losses. The lure of the immediate loss or trauma from childhood can hinder one's ability to consider the amassed emotional cholesterol. As system thinkers advocate, the whole is greater than the sum of its parts. Subsequently, counselors need to be aware of how multiple losses accumulate and how such build-up manifests itself in a client's life. In this article, we hope to acquaint readers with a cursory understanding of the mechanisms of emotional cholesterol and treatment of this malady which we will refer to as therapeutic angioplasty.

Risk Factors of Emotional Cholesterol

The risk factors for emotional cholesterol are interrelated. For discussion purposes, however, we will describe six factors that make complications from loss more likely.

Perhaps the most significant mechanism of emotional cholesterol is the failure to accept the loss or painful feelings associated with the loss. The pain is so great that it overwhelms the person's normal coping ability, prompting the griever to place the afflicted feelings, and in some cases the event itself, in seclusion (Carmack, 1992). By walling the emotions off from conscious awareness, life seemingly goes on unaltered. Ironically, God wants to use the loss to alter life and redirect us. When someone consciously or unconsciously refuses to feel, however, they

either find ways to distract themselves from the pain or turn inward into a world of their own making. In the process, the Person and presence of God is lost from us as well. Which of us has not worked with clients who have medicated their grief with some form of distraction? For instance, some people fall prey to the perceived tyranny of the urgent. John's heart attack resulted from years of tight schedules with no margin. Fast food became the staple of his diet. Emotional cholesterol accumulates when people redirect the energy needed to grieve a loss to endeavors that insulate the person from their pain.

In contrast, turning inward seems to be another way people can insulate themselves from the pain. One form of withdrawal is dissociation; in which the griever defies reality by creating a new world that is more tolerable. Unfortunately, individuals who withdraw may experience a longer grieving process due to the self-protective shell that engulfs them (Biller & Rice, 1990). Whether through distraction or withdrawal, such disenfranchised grief (Doka, 1989) may lay dormant for years, only to be triggered by later losses. In the case of coping with my (Teresa) losses, both distraction and withdrawal provided needed relief. When my mother died in an automobile accident, as the oldest child I was able to distract by preoccupying myself with meeting the needs of my siblings and father. After all, they needed me. Dealing with my own grief would have to wait. Prior to distraction, I used withdrawal in an effort to deal with years of childhood sexual abuse. Both the grief of my mother's death and those latent memories of sexual abuse resurfaced following the death of my six-year-old son.

Another mechanism is failure to recognize the significance of the loss (Worden, 1991). For example, many losses are ambiguous such as those associated with childhood hurts, divorce,

job loss, and moving. These losses go unaddressed because they lack clarity, leaving the person with uncertainty about what has been lost, if anything at all.

Genetic and environmental predisposition can also increase a person's vulnerability to heart disease. For me (John) it was not a genetic predisposition, but a lifetime of choices that led to my undoing. Life history also shapes one's ability to regulate the emotional distress that accompanies loss. Multiple losses overload those with attachment and personality issues; those who lack emotional and spiritual resiliency because their experiences failed to prepare them for loss.

Just as some foods are more harmful than others, certain losses are considered more devastating. Research indicates that particular variables are associated with complicated grief (e.g., Rando, 1993, 2000; Wolfe & Jordan, 2000). Timely deaths are more tolerable than untimely deaths; violent deaths are worse than natural deaths. Though each type of loss carries its own set of consequences, they are not necessarily equal. When losses occur in rapid succession, as in the case of Job, the sheer proximity of them can overload a person's coping capacity. It is akin to being knocked down by a big wave only to be hit again and even again before being able to stand up. The individual simply does not have time to recover from sequential stressors (Nord, 1996).

Finally, ignorance is not bliss. Just as we were once ignorant of the harmful effects of fatty foods, it is equally unhealthy to not know how to grieve. People can become habituated or desensitized to future losses because they are not self-aware.

Counselors must consider the likelihood of multiple losses across a client's lifetime. When the heart has been damaged by repeated lacerations, developing a plan that addresses each loss and their total impact is critical to success.

Emotional Therapeutic Angioplasty

A blocked artery often requires angioplasty, a surgical procedure in which the artery is expanded to dislodge the plaque and generate proper blood flow. Accumulated losses require counselors who are willing to help clients free their hearts from deposited grief. Emotional therapeutic angioplasty, however, is not accomplished in one surgical procedure. It is much more complex than its coronary counterpart. Though there is no universal cure all, effective angioplasty requires four components: an individualized treatment plan, perseverance over time, a caring community, and most importantly is experiencing the Person of God.

An individualized treatment plan must recognize that the experience of loss varies from person to person, like DNA. A collaborative plan must address the client's mechanisms of unhealed losses with the counselor engaging the client's readiness to actively participate.

In the case of grief, time does not heal anymore than a clogged artery spontaneously dislodges plaque. Working with those who have been battered by multiple losses requires seemingly unending patience. Grief reactions might be camouflaged, requiring time to surface in their physical, behavioral, psychological, or spiritual manifestations. Once discovered, journeying with the client across the terrain of tasks associated with grief (cf. Worden, 1991) can require months even years of work.

In addition to time, healing cannot occur in isolation (Sofka, 1997). It requires the support of a loving community that includes family, friends and the church body. Typically, people do not appreciate the amount of time needed to recover. Helping clients find healthy support to cushion grief is critical.

Lastly, it takes the Person of God to heal and stint the internal damage of loss. Regardless of the person's religious orientation, most grievors will wrestle with the Who, what, and where of God as in the story of Job. Though grieving is not sin, its loud and demanding accusations are often directed toward God. Clients need a sanctuary to express the depth of their pain, dispel the lies, and apply biblical truth. In time the bareness of their souls will be clothed with the irrational loving grace of God.

References

- Billier, R., & Rice, S. (1990). Experiencing multiple loss of persons with AIDS: Grief and bereavement issues. *Health and Social Work, 15*, 283-290.
- Carmack, B. J. (1992). Balancing engagement/detachment in AIDS-related multiple losses. *Image: Journal of Nursing Scholarship, 24*, 9-12.
- Doka, Kenneth J. (1989). Disenfranchised grief. In K. J. Doka (Ed.), *Disenfranchised grief: Recognizing hidden sorrow*. Lexington, MA: Lexington Books.
- Jacobs, Shelby, Carolyn Mazure, & Holly Prigerson (2000). Diagnostic criteria for traumatic grief, *Death Studies, 24*, 185–199.
- Nord, D. (1996). Issues and implications in the counseling of survivors of multiple AIDS-related loss. *Death Studies, 20*, 389-413.
- Rando, Therese A. (1993). *The treatment of complicated mourning*. Champaign, IL: Research Press.
- Rando, Therese A. (2000). *Clinical dimensions of anticipatory mourning*. Champaign, IL: Research Press.
- Sofka, Carla J. (1997). Social support 'Internetworks,' caskets for sale, and more: Thanatology and the information superhighway. *Death Studies, 21*, 553–574.
- Wolfe, Ben, & Jordan, John R. (2000). Ramblings from the trenches: A clinical perspective on thanatological research. *Death Studies, 24*, 569–584.
- Worden, J. William (1991). *Grief counseling and grief therapy* (2nd ed.) New York: Springer.