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The Psychological Interpretation of the Grieving Process

Abstract.

This paper presents the psychological interpretations of the grieving process and examines how professionals from Sigmund Freud, Melanie Klein, Erich Lindenmann, Gerard Caplan, Alaine Polcz, and Emőke Bagdy through Erwin Ringel to Sara Bodó have interpreted grief. We find that all of them include in their definitions the concept of *loss*, which is “a reaction to the loss of a loved one or an abstraction that has taken place”. We then examine the differences between male and female grief, the ambivalent feelings associated with the fact of death, and the family dynamics that all testify to the family as the primary support when experiencing grief, pain,² and loss. In what follows, I will write about the linear stages of the grieving process: anticipation, shock, controlled and awareness stages, along with stages of uprising emotions, search and separation, and adaptation.

Keywords: *grief, psychology, ambivalent feelings, family dynamics, linear phases, pastoral psychology*

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² There are two types of pain in the literature: *phasic* pain and *tonic* pain, which are mediated by separate neural pathways in the brain. MELZAK, Ronald (1990): The Tragedy of Needless Pain. In: *Scientific American*. 262, 2. 27–33.



Possibilities for Understanding the Grieving Process

The first choral work to survive in written form is by Pérotinus Magnus,³ known as *Sederunt principes*, which calls out to God with verses 23 and 86 of Psalm 118, using four tenor voices, “save me for thy mercy’s sake”.⁴ In Plato’s *Republic*, Cephalus says, “when one feels the approach of death, he is seized with fear and anxiety for things he has hitherto cared nothing for”.⁵ According to Charlie Chaplin, “Man alone among all living creatures knows in advance that he is going to die, yet man alone can laugh. To make man laugh is to divert his attention from death.”⁶ But is it only laughter that helps us to accept death, or *ab origine* is it music as well? Peter Popper asks the question: “is it infantile moral behaviour to call oneself spiritually immortal in the hope of escaping all the horrors of death?”⁷ It is also clear from the examples mentioned that everyone has a different attitude to death and bereavement, and therefore “it is not possible to speak of a uniform process”⁸ because reactions vary: some people become angry, others helpless, some react aggressively, others feel paralysed by loss.

Sigmund Freud’s study entitled *Mourning and Melancholia* is the first paper in which the author puts forth a psychoanalytic model of grief⁹ and distinguishes between the two emotions. According to him, in grief work, the libido must be withdrawn from the object, since grief is always directed towards a concrete and conscious loss.¹⁰

³ Perotinus Magnus (c. 1155/60-1200/05), French composer and organist.

⁴ “Sederunt principes, et adversum me loquebantur: / et iniqui persecuti sunt me. / Adjuva me, Domine Deus meus: / salvum me fac propter misericordiam tuam.”

⁵ Plato: *Az állam*. <http://mek.oszk.hu/03600/03629/03629.pdf> (accessed on: 11.09.2024).

⁶ SCHICKEL, Richard (screenwriter) (2003): *Charlie: The Life and Art of Charles Chaplin*. USA. Documentary film.

⁷ POPPER, Péter (2005): *Lelkek és göröngyök*. Budapest, Saxum Publishing House. 242. [The translations of all, originally non-English quotations belong to the author of the article.]

⁸ BODÓ, Sára (2013): *Gyászidőben. A gyászoló lelkigondozásának lehetőségei*. Budapest, Calvin Publishing House. 68.

⁹ According to Sándor Márai, grief is “the greatest explosion in life”: In: MÁRAI, Sándor (2001): *Ég és föld*. Budapest, Helikon Publishing House. 20.

¹⁰ FIORINI, Leticia Glocer – BOKANOWSKI, Thierry – LEWKOVICZ, Sergio (2009): *On Freud’s “Mourning and Melancholia”*. London, Karnac Books. 74–77.

According to him, “mourning is usually a reaction to the loss of a loved one or of an abstraction that has taken its place”, with the characteristics of a painful mood, a turning away from achievements that are not in contact with the memory of the departed.¹¹ In this work, Freud created the concept of the “mourning process” in the psychology of mourning, a term that he introduced and which is still in use today. Melanie Klein,¹² a psychoanalyst whose eldest son died tragically in 1934,¹³ pointed out the importance of introjection and internalization in the grieving process, where the former refers to “object interiorization”,¹⁴ in which the “mourner not only mourns the person lost but also introjects his or her parents as an internal object, and the reconstruction of this internal world is the successful work of grief”.¹⁵

According to the psychiatrist Erich Lindenmann¹⁶ (who interpreted grief as a *crisis* and outlined its most important features), it is characterized by somatic distress, guilt,¹⁷ hostile reactions, loss of behavioural patterns, and absorption in the memory of the dead.¹⁸ His ideas were set out in four propositions: (1) “acute grief” is a set of symptoms that cannot be described by psychological and physical symptoms; (2) it “may appear after the crisis” but may be delayed, exaggerated, or hidden; (3) “distorted reactions” may appear instead of “typical symptoms”, (4) which can be successfully transformed by appropriate techniques and therapeutic procedures into normal grief reactions and thus processed.¹⁹

¹¹ FREUD, Sigmund (1997): Gyász és melankólia. In: Berényi, Gábor – Májay, Péter – Szalai, István (eds.): *Ösztönök és ösztönsorsok*. Budapest, Filum Kiadó. 131–132.

¹² Melanie Klein née Reizes (1882–1960), Austrian-English psychoanalyst.

¹³ MITCHELL, Juliet (ed.) (1986): *The Selected Melanie Klein*. New York, The Free Press. 146.

¹⁴ STONEBRIDGE, Lyndsey – PHILLIPS, John (ed.) (1998): *Reading Melanie Klein*. London – New York, Routledge. 180.

¹⁵ KISS, Kitty (2003): *Depresszió és gyász-reakció. A tüneti kép összehasonlítása, különös tekintettel a szuicid viselkedésre*. Doctoral dissertation. Budapest, Semmelweis Doctoral School. 10.

¹⁶ Erich Lindemann (1900–1974) was a German psychiatrist.

¹⁷ Peter Popper quotes Freud, who says that the essence of guilt is the fear of losing love. In: *Az önmagát kereső ember*.

¹⁸ LINDEMANN, Erich (1944): Symptomatology and Management of Acute Grief. In: *American Journal of Psychiatry*. 101, 2. 141–148.

¹⁹ LINDEMANN 1999, 13–26.

Psychiatrist Gerard Caplan calls the grief reaction *a coping crisis*,²⁰ where the bereaved can take stock of coping strategies that were available to them in the past.²¹ Since there can be differences in coping options and coping styles, there is also a difference between male and female grief.²² While in the case of parents grieving their children, women escape into depressive behaviours and allow themselves to experience a broad spectrum of feelings (including passivity), men throw themselves into work and “seek active substitute solutions to their grief”.²³ In what follows, we will summarize Gábor Hézsér’s thoughts on the difference between male and female grief.²⁴ The characteristics of male grief are: inward grief, community avoidance, withdrawal, cognitive loss processing. He formulates five typical male grief strategies: (1) Denial: “I pretend death never happened”, in which energy is directed towards suppressing emotions; (2) Anger: “I hate loss, death”, as anger and hatred are socially accepted as traits of the “strong man”. (3) Bitterness: loss refers to one’s own failures, it provokes a sense of shame, the consequence of which is to escape into the role of victim of an uncontrollable life, which at the same time endangers interpersonal relationships. Addiction (4): escaping from painful emotions into material, relational, behavioural passions. Control (5): “Problems are there to be solved (by us men).” Manifested in an actionist manner of death-related measures that evokes admiration and recognition in the environment (“strong man”). Basic characteristics of women’s grief: the chaos of loss is dealt with in a simultaneous, cyclical way by a variety of alternating, simultaneous cluster of emotions. Brain function changes: a process similar to depression is triggered. Typical women’s grief strategies: 1. Women’s grief is outwardly directed; women express their emotions verbally and non-verbally. 2. They seek community in grief, a community for emotional support. 3. The woman feels the grief and deals with the loss on an emotional level.

²⁰ SHAPIRO, Ester R. (1944): *Grief as Family Process: A Developmental Approach to Clinical Practice*. New York – London, The Guilford Press. 33.

²¹ BAKÓ, Tihamér (1996): *Vérem mélyén. Könyv a krízisről*. Budapest, Cserépfalvi Publishing House. 26.

²² VERSALLE, Alexis – MCDOWELL, Eugene E. (2004–2005): The Attitudes of Men and Women Concerning Gender Differences in Grief. In: *Omega*. 50, 1. 53–67.

²³ BODÓ 2013, 73.

²⁴ HÉZSER, Gábor (2017): Über das Altern und das Alter. Versuch einer Orientierung für die Seelsorge. In: *Studia Universitatis Babeş-Bolyai, Theologia Reformata Transylvanica*. 62, 2. 198.

We have seen that there are many answers to the question of what mourning is. According to Alaine Polcz, “the essence of grief is loss and sorrow”,²⁵ and according to Emőke Bagdy, “the final and irreparable loss of a loved one, which is fulfilled in death, necessarily triggers a crisis in spiritual processes. Mourning represents the course of this process and the way of its resolution”.²⁶ According to psychiatrist-professor Erwin Ringel, “grief is very important work for the soul”.²⁷ According to Sándor Márai, *mourning is an explosion, the biggest explosion of life*, when one is part of, among other things, *the cold and controlled expressions of condolence*.²⁸

To conclude, we quote Sara Bodó, who says that grief is a painful crisis in which one can win or lose.²⁹ As a pastor, I have also experienced the complex spiritual process of facing death, processing grief as a process of letting go, and coming to terms with the finite character of life.³⁰

Ambivalent Feelings about the Facts of Death

As a pastor, I have experienced that after a death, painful loss and grief is accompanied by a sense of relief. When a bedridden patient who has been cared for, washed and fed for many years passes away, the loss is also an unspeakable release of burden for the family, expressed in phrases such as “death was a relief for him”, “he is no longer suffering”, “he no longer wanted to be a burden”. The mourners are ashamed to express a sense of relief and are even concerned about the failures of the dead and the punishment that may follow: have I done all I could for the patient? If I had the chance again, I would do otherwise, etc.

²⁵ POLCZ, Alaine (2000): *Gyászban lenni*. Budapest, Pont Publishers. 13.

²⁶ BAGDY, Emőke (1998): Határmezsgyén. A halál és a gyász. In: Jelenits, István – Tomcsányi, Teodóra (eds.): *Tanulmányok a vallás és lélektan határterületéről*. Szeged, Semmelweis University. 219.

²⁷ BARNARD, Christiaan (2000): *50 Wege zu einem gesunden Herz*. Munich, ECON Ulstein List Verlag. 276.

²⁸ MÁRAI 2001, 20.

²⁹ BODÓ 2013, 75.

³⁰ Michellangelo Buonarrotti expresses similar thoughts in his poem *Az élet alkonyán* (Trans. György Rónay): In: HORVÁTH, Lóránd (ed.) (1994): *Szent Szonettek. Válogatás a világ- és a magyar irodalom istenes szonettjeiből*. Budapest, Calvin János Publishers. 126.

Mourners hope for some form of continued contact with the deceased. This is a phenomenon that has recently been expanding in the literature and has taken root in Protestant soil, drawing on other world religions. In Hinduism, the soul is eternal, but the body is temporary. *Karma*, according to this view, is the law of cause and effect,³¹ which is not created by God but by each person for himself,³² and which determines their “life” after death. A similar idea is emphasized by Plato, who also drew on ancient Indian sources³³ and who, in his *Phaedo*, argues that the body and the soul are separated at death. But he does not connect this idea with the orphic idea of reward and punishment.³⁴

Bertalan Pándy’s work entitled *Lélekvándorlás* [Transmigration of the Soul] is the first work in Hungarian that “with a biblical foundation, taking into account psychological and parapsychological knowledge”,³⁵ tries to draw the reader’s attention to the fact that God did not create man for death but for life, who in Christ can confess that there is no eternal death. The post-death experience is also the subject of the Hungarian reportage film, *Csillogás*, which includes three conversations on the experience of death, passing, and rebirth. Péter Nádas, a Kossuth Prize-winning writer, László Dobronay, a film director, and Judit Gesztelyi Nagy, a musician and well-known figure in Hungarian public life, talk about “clusters of feelings” and another dimension found at the border between life and death.³⁶

But death does not only mean passing away, the loss of a relationship, but also the emergence of new relationships and even forbidden desires. Of course, a bereaved person who has lost a loved one may also have the idea of meeting their deceased partner in the

³¹ According to Abraham Kaplan, laws are universal generalizations about columns of facts: KAPLAN, Abraham (1964): *The Conduct of Inquiry*. San Francisco, Chandler. 91.

³² MASUMIÁN, Farnáz (1995): *Life after Death. A Study of the Afterlife in World Religions*. Los Angeles, Kalimat Press. 1–15.

³³ STONEMAN, Richard (2019): *The Greek Experience of India. From Alexander to the Indo-Greeks*. Princeton – Oxford, Princeton University Press. 346.

³⁴ PLATO. *Phaidon*. http://uacg.bg/filebank/att_4038.pdf (accessed on: 07.09.2016).

³⁵ PÁNDY, Bertalan (2000): *Lélekvándorlás. Többször megismételt földi élet?* Budapest, Csicséri Református Gyülekezet. 8.

³⁶ FLIEGAUF, Benedek (2008): *Csillogás*. Hungarian reportage film. Budapest.

afterlife and continuing their life together,³⁷ but there may also be the often shameful attitude of being offered the opportunity of a new relationship. This feeling is given literary form in István Horváth's work *Kiáltás halál ellen* [Cry Against Death],³⁸ in which the lines “flushed women” and “woman who touches me, to caress me like this” also reveal that there can be room for the desire for a relationship and a partner within mourning.

The ambivalence of the bereaved may also be generated by their environment, which may classify as undesirable natural manifestations of grief that may disturb their peace of mind.³⁹ The mourner who is appreciated is the one who bears his or her difficult fate without tears,⁴⁰ complaints, or sobs and behaves as they should: controlling their feelings and remaining strong. Often the pastor expects this behaviour from church members whose faith shows weakness when they weep and crumple by the coffin, and even punishes them by distancing themselves from and withdrawing from the “mourner who cannot behave”. Meanwhile, we forget that Jesus also wept (John 11:35): when he came to Lazarus's tomb, the disciples mourned Stephen the Deacon (Acts 8:2) and Dorcas (Acts 9:39). Middle Eastern cultures are familiar with mourning women (תְּקוּנָה – Jer 9:16) as a *traditional performance community*,⁴¹ who were women of the family or even professional weeping women, who gathered at the time of mourning to weep for the deceased, accompanied the funeral procession, and were present at the grave. Their task (beyond the formalities) was to help the mourner to make way for her feelings, to express them, and to share and commune with her in her grief.

³⁷ “And even happier that you are together in the other world! And too happy that there is love in the other world, that you love each other there as you do here on earth!” In: BOCCACCIO, Giovanni (2005): *Dekameron*. Trans. by József Révay and Zoltán Jékely. Budapest, Kossuth Kiadó. 42.

³⁸ HORVÁTH, István (1973): *Kiáltás halál ellen* [A Cry against Death]. Cluj-Napoca, Dacia. 32, 69.

³⁹ HÉZSER, Gábor (2007): *Pasztorálpszichológiai szempontok az istentisztelet útkereséséhez. Elméleti és gyakorlati lehetőségek* [Pastoral Psychological Aspects of the Search for the Path of Worship. Theoretical and Practical Possibilities]. Budapest, Calvin János Publishers. 191.

⁴⁰ According to Valérie Capdevielle and Caroline Doucet, we can speak of a complaint when “the suffering is directed towards someone”; accordingly, the addressees can be doctors, friends, parents, etc. CAPDEVIELLE, Valérie – DOUCET, Caroline (2001): *Clinical Psychology and Psychopathology*. Trans. Zsuzsanna Gécség. Budapest, Osiris. 101.

⁴¹ BRENNER, Athalya – Henten, Jan Willem van (eds.) (1999): *Recycling Biblical Figures: Papers Read at a NOSTER Colloquium in Amsterdam, 12–13 May 1997*. Leiden, Deo Publishing. 74.

We Are Not Alone in Our Grief – Family Dynamics

András Batizi's⁴² *A keresztyén tudományról való rövid könyvecske* [A Short Book on Christian Science] was published to “comfort the faithful”,⁴³ to provide support and help to church members in mourning. Since „*one of the requirements of the church service is that the family be invited*”,⁴⁴ family members visit the pastor or the pastor visits the family home prior to the church funeral service, where a pastoral care discussion takes place. The experience of personal grief is also shaped by family influences, as public or hidden “rules” have determined for generations how to mourn and how not to mourn. In this moment, too, there is a microcosm and a macrocosm, an “inextricable link between the part and the whole”,⁴⁵ which the pastor and facilitator can view in their totality.

The following are verses from the Book of Psalms that express how the mourner's relationship with himself, his friends, and family has changed: “My strength is dried up like a potsherd; and my tongue cleaveth to my jaws; and thou hast brought me into the dust of death” (Psalm 22:15). The feeling of loneliness and solitude is expressed in the following lines: “they that did see me without fled from me. I am forgotten as a dead man out of mind: I am like a broken vessel” (Psalm 31:11–12). Finally, two verses in which the specific attitude of friends and relatives is also expressed: “Thou hast put away mine acquaintance far from me; thou hast made me an abomination unto them: I am shut up, and I cannot come forth.” (Psalm 88:8); “Lover and friend hast thou put far from me, and mine acquaintance into darkness” (88:18). Aware of all this, the pastor's attention extends not only to the “primary mourner”, i.e. the child or widow, but also to the other members of the family, since the family community can be an effective support for one another in mourning.

⁴² András Batizi (1510–?): reformer, catechist, poet.

⁴³ BÍRÓ, Sándor – BUCSY, Mihály – TÓTH, Endre – VARGA, Zoltán (1995): *A Magyar Református Egyház története. History of the Hungarian Reformed Church*. Sárospatak, Theological Academy of the Reformed College of Sárospatak. 439.

⁴⁴ KOZMA, Zsolt (2000a): *Liturgia*. Cluj-Napoca 2000, Református Misztótfalusi Kis Miklós Sajtóközpont. 73.

⁴⁵ HÉZSER 2007, 192.

Mark Ketterer, Professor of Cardiology at Henry Ford Hospital in Detroit, along with his colleagues, highlighted the importance of not suppressing your emotions. In their study of 178 patients, they concluded that men who suppressed their emotions were the most likely to have heart attacks.⁴⁶ Therefore, it is the duty of the counsellor to explain during the family visit that “grief for the Christian man is not a shame of weakness”⁴⁷ but “a natural reaction to loss”,⁴⁸ an opportunity and a chance for the bereaved to express their feelings and not to suppress the painful experience of a “profound wound”.⁴⁹ These feelings will elicit different reactions from each person, which is why some have written about grief as “an individual response to loss”.⁵⁰ This is important because bereavement can be accompanied by other events, and therefore other emotions at the same time, which the counsellor needs to be aware of, as there may be a risk of crisis. In parishes, the pastor may often encounter the phenomenon that, while the family is preparing for the funeral of a grandparent, the time is approaching for the birth of a grandchild, or others in the family are preparing for a wedding. In the tension of the “discrepancy between birth and death”, the pastor’s task is to support the living in the midst of this duality and to represent the emancipation of both emotions (sorrow and joy).

The counsellor is aware that the grieving process in the family is different for the individual and the family community. While the family may find a new way of life sooner, *prolonged grief* in the individual may manifest as *a disorder* that is “a combination of separation distress and the cognitive, emotional and behavioural symptoms that follow the loss of a close person”.⁵¹ This may be compounded by the fact that the

⁴⁶ KETTERER, Mark W. – KENYON, Lori – FOLEY, Barbara A. – BRYMER, James – RHOADS, Ken – KRAFT, Philip – LOVALLO, William R. (1996): Denial of Depression as an Independent Correlate of Coronary Artery Disease. In: *Journal of Health Psychology*. 1, 1. 93–105.

⁴⁷ BODÓ 2013, 10.

⁴⁸ BONANNO, George A. – PAPA, Anthony – O’NEILL, Kathleen (2002): Loss and Human Resilience. In: *Applied & Preventive Psychology*. 10, 3. 193.

⁴⁹ POLCZ, Alaine (2000): *Gyászban lenni*. Budapest, Pont Publishers. 28.

⁵⁰ CORR, Charles A. – CORR, Donna (2009): *Death and Dying, Life and Living*. Belmont, Wadsworth. 239.

⁵¹ WITTOUCK, Ciska – AUTREVE, Sara Van – JAEGERE, Eva De – PORTZKY, Gwendolyn – HEERINGEN, Kees van (2011): The Prevention and Treatment of Complicated Grief: A Meta-analysis. In: *Clinical Psychology Review*. 31, 1. 70.

bereaved person is distressed by how quickly family members have “acclimatized” to the new life situation and are coping without the deceased, while he they themselves are still experiencing the separation and “beginning to embed it in his or her newly emerging life structure”.⁵² We can also use the words of Lukas, who says that the mourner and sufferer’s chance lies in the way “he bears his suffering, in the way he sets the value of his suffering”.⁵³

Let us conclude this subchapter with advice from the English psychiatrist Colin Murray Parkes, which is also helpful for the pastor in visiting the bereaved family and supporting the bereaved: “Do nothing to prevent the natural expression of grief. The bereaved has a painful and difficult task from which we cannot save them or even speed up the process. The real help is one that recognises this so that the bereaved can sort out what is needed to process the loss in their own way.”⁵⁴

Linear Phases of the Grieving Process: Anticipation, Shock, Control, and Awareness

While recent literature questions the definition of the stages of the grieving process,⁵⁵ it is worth reviewing those that make the phasing didactically understandable. In the following the model of psychiatrist János Pilling,⁵⁶ I will present the expert’s definitions of the stages: “anticipatory grief, shock, controlled stage, awareness, reworking and adaptation”.⁵⁷

⁵² KAST, Verana (1995): *A gyász. Egy lelki folyamat stádiumai és esélyei*. Transl. by Vera Mérei. Budapest, T-Twins. 72.

⁵³ LUKAS, Elisabeth (2007): *Szenvedésnek is van értelme*. Trans. by István Kollárs. Szeged, Agapé: Ferences Nyomda és Kiadó Kft. 108.

⁵⁴ PARKES, Colin Murray (1986): *Bereavement: Studies of Grief in Adult Life*. Harmondsworth, Penguin Books. 174.

⁵⁵ MACIEJEWSKI, Paul K. – ZHANG, Baohui – BLOCK, Susan D. – PRIGERSON, H. G. (2007): An Empirical Examination of the Stage Theory of Grief. In: *JAMA*. 297, 7. 716–723.

⁵⁶ János Pilling (1969–), Institute of Behavioural Sciences, Semmelweis University.

⁵⁷ PILLING, János (2003): A gyász lélektana. In: Pilling, János (ed.): *Gyász*. Budapest, Medicina Kiadó. 27–54.

Phase 0: Anticipation Phase

There are illnesses and events that foreshadow death (serious accidents, incurable cancers, hospice patients, wars, natural and air disasters), so Lindemann rightly states that the grieving process does not begin at death.⁵⁸ Relatives and family members anticipate the possibility that death will occur, so the grieving process may begin in those affected before the death occurs. The patient and carer can develop an extremely deep connection that can help them recognize their own feelings and become more accepting of the loss.⁵⁹

Phase 1: Shock

Spiegel calls the first phase of grief the shock phase, and Kast calls it the stage of denial,⁶⁰ which means paralysis, denial of the “it cannot be true” kind, denial of the facts of death, self-reproach, self-contained silence, and disbelief. According to David B. Cheek, the mourner can enter *a negative trance state*, which they experience “as if time had stood still”.⁶¹ The phase can last from a few minutes to a few hours but can also last for a day or two, during which time the bereaved must be made to feel that they are not alone, that there are others around them trying to help.⁶² The activities around the funeral can be an activating experience to some extent, which can distract the bereaved from the grief itself⁶³ and lead up to the next stage.

⁵⁸ LINDEMANN, Erich (1999a): Az akut gyász tünettana és kezelése. In: *Kharon – Thanatológiai Szemle*. 2, 4. 13–26.

⁵⁹ TOYAMA, Hiroko – HONDA, Akiko (2016): Using Narrative Approach for Anticipatory Grief among Family Caregivers at Home. In: *Global Qualitative Nursing Research*. 3, 3. 14.

⁶⁰ BODÓ 2013, 87.

⁶¹ CHEEK, David B. (1969): Communication with the Critically Ill. In: *American Journal of Clinical Hypnosis*. 12, 2. 75–85.

⁶² Endre Gyökössi writes, “the shock phase is not penetrated by words” – in: GYÖKÖSSY, Endre (1998): *Magunkról magunknak*. Budapest, Szent Gellért Kiadó. 223.

⁶³ KOZMA, Zsolt (2000b): *Pojmenika*. Cluj-Napoca, Misztófalusi Kis Miklós Sajtóközpont. 107.

Phase 2: Controlled Phase

The bereaved experiencing *depersonalization* feels that the events did not happen to them⁶⁴ and that the change in the world seems unreal (*derealization*). Similar feelings of life are expressed in László Németh's novel *Iszony* [Dread]: "I was so foggy myself. I had to carry a wax doll on me; people's condolences and glances were received by that mask. And I myself seemed to be emerging from the world I had been in; then I had to consort with some motionless nuns who sat beyond the walls, among the orange-fringed clouds of dawn."⁶⁵ At the same time, the mourner can also become active and start to take care of the pre-funeral arrangements: going to the pastor, the mayor's office, the cemetery, the funeral parlour, the gift shop, to try to distract himself from the grief. Others take the opposite attitude and remain passive.

Phase 3: Awareness – The Regression Phase

The period after the funeral is the most difficult time of mourning, as after the departure of relatives, friends, and acquaintances who were still present at the funeral, the bereaved are in most cases left "alone", as "grief is always individual",⁶⁶ and the bereaved experience it most fully alone. In what *some researchers call the regression phase*⁶⁷ – *considered by some to be a necessary part of grief*⁶⁸ –, the bereaved reverts to coping strategies that are narcissistic: turning to coping mechanisms that have previously helped

⁶⁴ YATES, Stephen (2018): *Between Death and Resurrection, A Critical Response to Recent Catholic Debate Concerning the Intermediate State*. London, Bloomsbury Publishing. 155.

⁶⁵ NÉMETH, László (1981): *Iszony*. In: *Novellák, regények*. Budapest, Szépirodalmi Könyvkiadó. 763. Later on, he writes: "At the funeral, as I was walking in the procession, I remember I had a rather strange impression. It was as if I weren't a person but a statue, a kind of wooden Mary or the kind that celebrating savages carry around in the movies. My feet were walking; if I looked down, I could see them treading the road beneath me, but it was completely alien to the sway of my body above the crowd." Op. Cit. 1057.

⁶⁶ ZENGŐ, Péter (2011): *Törvényes viszonyok. A komplikált gyász Németh László Iszony című regényében*. In: *Kharón – Thanatológiai Szemle*. 15, 2–3. 18.

⁶⁷ Freud distinguished three types of regression: *topical, temporal, and formal*.

⁶⁸ HAGMAN, George (2016): *The Role of the Other in Mourning*. In: Hagman, George (ed.): *New Models of Bereavement Theory and Treatment*. New York, Routledge. 98.

them overcome the experience of loss. His thinking is also characterized by an archaic childhood pattern (“a bird was singing at the window of my room, and I felt it coming back to me in the form of a bird to comfort me”). Initial emotions (loneliness, sadness, emptiness) may be replaced by anger (at God, the deceased, the doctor, or perhaps at oneself). The will to live may be diminished, but thoughts of the afterlife may become important, fear and anxiety may be heightened,⁶⁹ and sometimes mourners may even forget to take their own much-needed medicines.⁷⁰ I believe that at this stage music can be offered to the bereaved that helps to “stir the soul and the emotions”.⁷¹

Linear Phases of the Mourning Process: Emotional Outbursts, Search and Separation, Adaptation

Phase 4: The Releasing of Emotions Stage

Swiss psychotherapist Verena Kast calls this stage “the stage of emotional outbursts”, in which the mourner’s accusatory outbursts of anger and rage take the form of despondency, depression, and anxiety fears. The mourner is impatient to find the culprit to blame for the loved one’s passing, but this anger is mostly projection,⁷² directed either at the deceased or at themselves.⁷³ Regular churchgoers, on the other hand, are ashamed of themselves, for humility, resignation, and acceptance are among the characteristics of the Christ follower – in contrast to anger and rage. We forget that Jesus cracked the whip and drove the moneychangers and merchants out of the temple (Mt 21:12–13), and Job endured trials and pains for a long time, but the losses finally broke out in him with such force that he cursed the day of his own birth (Job 3).

⁶⁹ People suffering from *generalized anxiety* experience constant agitation and restlessness, irritability, fatigue, difficulty in constriction, muscle tension, and sleep problems for months on end. KESSLER, R. C. – MCGONAGLE, K. A. – ZHAO, S. – NELSON, C. B. – HUGHES, M. – Eshleman, S. – WITTCHEN, H. U. – KENDLER, K. S. (1994): *Lifetime and 12-Month Prevalence of DSM-III-R Psychiatric Disorders in the United States*. In: *Archives of General Psychiatry*. 51, 1. 8–19.

⁷⁰ BARNARD 2000, 276.

⁷¹ HARMAT, László – TARDY, József (2013): *A gyógyító zene*. Budapest, Új Ember Kiadó. 169.

⁷² KOMLÓSI, Piroska (2014): *Változások és veszteségek kezelése*. In: Komlósi, Piroska (ed.): *Családi életre és kapcsolati kultúrára felkészítés*. Budapest, L’Harmattan. 181.

⁷³ KAST 1995, 67–68.

The bereaved may feel guilty and feel that they could have done more for the deceased, but at the same time the feeling may be “caused by the ambivalent, conflicted nature of the relationship between the bereaved and the deceased”.⁷⁴ Guilt, whose sacred coefficient is the tears of a believer,⁷⁵ is complex in mourning: the mourner’s failings are foregrounded while idealizing the deceased. In my nearly two decades of pastoral ministry, I have repeatedly witnessed the mourner describe even the rude and alcoholic deceased as “a good man who loved his family”. The bereaved, while idealizing the deceased, would criticize themselves. Idealization is inherent in mourning, even if “idealisation can hinder the work of mourning”.⁷⁶ Alaine Polcz writes that an extreme form of guilt may also appear in the bereaved, in which the desire for reunion predominates, and as a result the bereaved may become ill or even die.⁷⁷

Phase 5: The Stage of Search and Separation, Adaptation

According to Verena Kast, a special kind of relationship can be established between the bereaved and the deceased, in which “the bereaved incorporates all that the deceased meant to them into their newly emerging life structure”.⁷⁸ According to Emőke Bagdy, when “we have lost someone we loved, the soul is healed by identification”,⁷⁹ i.e. our movements, our daily habits, our lifestyle, a single phrase or word, our everyday rituals and gestures (e.g. folding a napkin) mimic the deceased. In this way, we “resurrect

⁷⁴ KISS, Szilvia Anna (2012): *Megérint a gyász. Az érintési szokások a gyász feldolgozásában.* In: *Kharón – Thanatológiai Szemle.* 16, 4. 3.

⁷⁵ MCENTIRE, Sandra (1987): *The Doctrine of Compunction from Bede to Margery Kempe.* In: Glasscoe, Marion (ed.): *The Medieval Mystical Tradition in England. Exeter Symposium IV.* Cambridge, St Edmundsbury Press. 78.

⁷⁶ BRITZMAN, Deborah P. (2000): *Deferred Action, Ambivalence, and Difficult Knowledge.* In: Simon, Roger I. – Rosenberg, Sharon – Eppert, Claudia (eds.): *Between Hope and Despair. Pedagogy and the Remembrance of Historical Trauma.* Oxford, Rowman & Littlefield Publishers, INC. 34.

⁷⁷ POLCZ, Alaine (1999): *Éjjeli lámpa.* Pécs, Jelenkor Kiadó. 161–162.

⁷⁸ KAST 1995, 72.

⁷⁹ BAGDY, Emőke (2013): *Önismeret, tudatosítás, lelki önvédelem.* In: Gutman, Bea (ed.): *A lélek dolgai.* Budapest, Kulcslyuk. 40.

something of the one who has gone”,⁸⁰ thus preserving something of them, and thus incorporating a mosaic of the life of the deceased into our daily lives.

The period of adaptation is the end of the grieving process, in which the bereaved person accepts their new life situation and that the loss is now permanent.⁸¹ Difficult periods are made more difficult by anniversaries, memories that occasionally arise, or objects found by chance and linked to the deceased. The bereaved learns to live with their grief and becomes “able to move on”.⁸²

In their study *The Myths of Coping with Loss*, Camille Wortman and Roxane Silver point out that, contrary to previous literature suggesting that “normal” people respond to loss with an agitated grief response, the lack of expected signifiers of grief is not a pathological phenomenon.⁸³ The researchers studied and interviewed one hundred and nine widowed people and found that “only” thirty-five per cent of them had depression. This did not change significantly in subsequent measurements (months 4 and 13). In his studies, George A. Bonanno pointed out that some people quickly regain mental equilibrium after physical and mental suffering and difficult life situations, a capacity he called *resilience*.⁸⁴ Therefore, it is very difficult to answer how long grief lasts, but I agree with Gábor Szendi who says, “the longer the paralysing grief lasts, the worse the coping ability”.⁸⁵ Ernő Kunt, an ethnographer, has written that infants and young children were mourned by our ancestors for six weeks, girls for six months, and adults for a year.⁸⁶ It is no coincidence, then, that in the Roman Catholic liturgy a funeral mass is celebrated on the anniversary of the death, and in the Reformed Church a memorial

⁸⁰ Ibid.

⁸¹ BODÓ 2013, 100–102.

⁸² BENCZÚR, Lilla (2015): A gyász lélektana. In: Kiss, Enikő Csilla – Sz. Makó, Hajnalka (eds.): *Gyász, krízis, trauma és a megküzdés lélektana*. Budapest, Pro Pannónia Kiadói Alapítvány. 15.

⁸³ WORTMAN, Camille – SILVER, Roxane (1989): The Myths of Coping with Loss. In: *Journal of Consulting and Clinical Psychology*. 57, 3. 349–357.

⁸⁴ BONANNO, George A. (2004): Loss, Trauma, and Human Resilience. Have We Underestimated the Human Capacity to Thrive after Extremely Aversive Events? In: *American Psychologist*. 59, 1. 20–28.

⁸⁵ SZENDI, Gábor (2013): *Veszteségből nyereség*. In: *A lélek dolgai*. 116.

⁸⁶ KUNT, Ernő (1987): *Az utolsó átváltozás. A magyar parasztság halálképe*. Budapest, Gondolat. 181–182.

bell is rung to remember the absence of the dead and to ask God for help. It was the end of a year in which the mourner had lived through holidays, anniversaries, birthdays, and other celebrations without a loved one.

Our next incursion will be examining what type of music can help the bereaved to process their grief⁸⁷ during this difficult time.

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⁸⁷ One way of dealing with grief is the certainty of seeing the loved ones again in heaven. FREEMAN, Morgan (2016): *The Story of God with Morgan Freeman, beyond Death*. Documentary film. USA.

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