Clinician’s Corner—What about Ruminative Grief?
by Christine Lewis

With a nod to Webster’s Dictionary, an understanding of ruminative grief is helped by the origin of the word: “to chew the cud; to chew again what has been chewed slightly and swallowed.” In fact, the word is derived from rumen, which is the first of four stomachs of ruminant animals such as cows. If there is one skill griever master well, it is ruminations! When we ruminate, we are saying, “I’ve tried to swallow it, but actually digesting it will take a lot more time and work.”

Perhaps the researcher best known for investigating ruminations is Susan Nolen-Hoeksema, who argues that rumination lengthens and worsens grief by enhancing the effect of negative mood on thinking, interfering with “instrumental behaviors” (i.e., everyday acts that promote well-being and a sense of control), and interfering with effective problem-solving. The researcher defines ruminative coping as thoughts and behaviors that focus attention on symptoms of distress, and the meanings and consequences of these symptoms. (R. Niemeyer, p. 63)

Therese Rando lists, as one of her “Clinical Indicators of Complicated Mourning,” persistent obsessive thoughts and preoccupation with the deceased and elements of the loss. She brings up Gorer’s (1965) question of whether it might result from “a duty to the dead.” Rando provides detailed directions to clinicians in this scenario, some of which include: assessment must be done before intervention; help the mourner realize that grief does not equal love or loyalty, nor does it keep the deceased alive; examine the person’s support system; encourage the mourner to identify secondary losses; assess for substance use.

John Bowlby’s Attachment Theory should never be far from our awareness in this work. How often might ruminations be a quiet form of protest—yearning-searching which Bowlby says goes on in any animal, humans included, when there is separation from a needed other. It is primitive, universal. The distress of that protest—yearning-searching cycle is painful to witness; no wonder we helpers wish it would be over, would be resolved.

One must also consider whether a griever’s ruminating is actually the processing of the trauma of loss. We should be prepared to see the typical oscillation between intrusive thoughts and memories, and the numbing or avoidance of them, which defines the post-trauma state. Trauma reactions are so often co-existing with grief, but misidentified as maladaptive mourning. Trauma and grief are parallel but separate burdens.

Here I share a list of some approaches I have used in my therapy practice to assist moving beyond ruminations:

- Asking, could it be a way of maintaining a connection, like any “linking object?” Could it be a form of ritual? If so, can other rituals be designed? Does the griever acknowledge the ruminating? And if so, does she/he believe it is excessive? Look for what else is going on besides ruminating; is the person eating, going to work, driving, paying bills, and so on? But remember, though our culture values competence and action, some other cultures guide grievers to reduce their activity so they can ruminate, as long as they need to.

Introducing other ways of “seeing” the loss often energizes the process: dream journaling, letters to and from the one who died, Elizabeth Johnson’s idea of writing with the non-dominant hand, looking at photos, asking what the deceased would want the griever to think about and do, making a timeline of the griever’s life, offering paper and crayons, sand-tray, walking during therapy sessions, guided imagery.

I have seen the mourning of a widowed waterfowl. Is thinking in circles any different from flying in circles?

- John Schneider’s three “transformative questions,” so helpful to ponder, almost require ruminations; “what is lost?,” “what is left?,” and “what is possible?,” will need time and frequent revisiting.

William Worden quotes Konrad Lorenz’s description of a grieving goose: “The goose moves about restlessly by day and night, flying great distances and visiting places where the partner might be found, uttering all the time the penetrating trisyllabic long-distance call…The searching expeditions are extended farther and farther and quite often the searcher itself gets lost, or succumbs to an accident…All the objective observable characteristics of the goose’s behavior on losing its mate are roughly identical with human grief.”
loansing movies about loss, reading poems, assigning homework to find “good grief songs.” I am sure you all have additions to this list.

Be sure to assess sleep quality, usually impaired during mourning. Without enough good sleep, brain functions are diminished and productive thinking cannot occur. Temporary sleep medication is useful then.

Prescribers in the griever’s healthcare system can offer SSRI antidepressants, which can be quite effective in reducing obsessiveness and lifting mood.

Rando’s third “R-process of mourning,” a normal and necessary step, is “recollecting and re-experiencing the deceased and the relationship.” Her description of what this really means is stunning. “Remembering realistically involves a complete review of all recollections about the deceased and the mutual relationship. “All” means precisely what it says: the full range of memories of needs, feelings, thoughts, behavior and interaction patterns, hopes, wishes, fantasies, dreams, assumptions, expectations and beliefs. Along with this must come a review of all of the meanings that various aspects of the deceased and the relationship, alone or in combination, held for the mourner.”

Behold, then, the ruminations of grief.

References

Ruminations continued from page 3

Johnson, Elizabeth, RN, *Writing Through Grief* class, Minneapolis.
Naparstek, Belleruth. CD *Healing Trauma and CD Ease Grief*, available from [www.healthjourneys.com](http://www.healthjourneys.com).

Websites
[www.bobbiemel.com/blog/?](http://www.bobbiemel.com/blog/)
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[www.cragman.com/rumination.htm](http://www.cragman.com/rumination.htm)