

UNDERSTANDING GUILT AND LOSS

By Merle Meyers

GUILT:

*The state or perception of having committed an offense.
Moral culpability. Deserving of blame.*

Distinguishing Guilt from Shame:

Guilt = "I made a mistake." | Shame = "I am the mistake."

Guilt is a common response to loss. Whether we lose someone close to us or an important aspect of our identity or lifestyle, it is natural to reflect and imagine what we could have noticed, said, or done differently. This regret over not recognizing things and acting sooner can build and become intensely consuming guilt.

Our cultural backgrounds, families, or peer groups often impose *shame*. It relies on "what the group thinks about us." Seeking acceptance often involves making a visible display of remorse, wounding, or acknowledgment of fault. Will they ever fully restore you? Probably not. In shame circles, they always remember you as "that guy" or "that gal" with that skeleton. Although shame offers neither complete forgiveness nor the chance to grow or improve, shame-based cultures have produced great engineers and spelling bee champions!

At the far end of the shame spectrum lies Cancel Culture, a mindset that allows zero forgiveness and no path to restoration. It permanently dismisses the value or potential contributions of the person being "canceled," casting that individual and related actions into a category treated as irredeemably wrong or evil.

In companioning work, we distinguish two categories of guilt: **Earned** and **Unearned**.

Typically, **earned** guilt is known in advance. For instance, when your traffic violation requires a court appearance and the ruling of a judge. In this article, however, we will focus on **unearned** guilt, prevalent in emotional trauma and grief.

Unearned guilt can be immediate and ever-present in these grief types:

ANTICIPATORY GRIEF – The grief before imminent death, experienced with impending natural death, and possible sudden or violent death. This can apply to a family with a loved one who is terminally ill, steeped in drug abuse, homeless, involved in criminal activity, challenged by mental health issues, including attempts or threats of suicide. The loved one could also be a first responder in fire protection or law enforcement or be serving in a combat zone.

Anticipatory grief can also manifest as the dread of hearing that knock on the door or the phone ringing for finally announcing the feared or expected death.

ACUTE GRIEF – Intense, initial reaction immediately after learning about or seeing proof of a loved one’s death, marked by powerful, overwhelming, and disorienting emotions.

EARLY GRIEF – A raw period of adjustment, typically zero to two years, to living without the physical presence of the deceased.

MATURE GRIEF – Grief changing shape, from one or two years following a loss, through the remainder of life.

DISENFRANCHISED GRIEF – Grief minimized by others due to a perception that the griever is or should be unaffected by the death. Examples: “*Yeah, they were living together but they weren’t married, so she isn’t really family.*” We see disenfranchised grief toward survivors in same-sex relationships, former spouses, stepchildren, stepparents, pets, and when the decedent was homeless, mentally ill, or struggled with substance abuse or addictions.

DELAYED GRIEF – Grief experienced or that intensifies after a gap of time following the death. Immediately following the death, the griever may intentionally seek distractions or lack a safe environment to express grief.

AMBIGUOUS GRIEF – Grief that is hard to identify, not immediately understood or readily accepted by others. This may involve the loss of health, lifestyle, an expected future unrecognized or unacknowledged by others, a change of perception or role in one’s life activities, or a decedent who was physically or emotionally distant.

INCONCLUSIVE GRIEF – There are no remains or a body to grieve. This can be someone MIA in a war zone, absent from a plane crash site, lost at sea or while on a wilderness hike, or other uncertain disappearance; any concluded death with no explanation or where no one recovers the actual body. Inconclusive grief can breed “what-if’s” and conspiracy theories.

COMPLICATED GRIEF – When grief intensifies because the griever may be stuck in emotional pain. The griever significantly delays or avoids integrating the pain of the loss, which can also result in “learned helplessness.”

TRAUMATIC GRIEF – This grief combines survival mode trauma responses with an extensive list of typical grief responses. It is mentally, emotionally, spiritually, and physically exhausting during waking hours and can become looping imagery or nightmares when asleep.

MASKED GRIEF – A grief reaction that presents itself in another way, often in a social setting. It can be an outburst of anger, dissociation (checking out), or appear as an illness or chronic health condition.

CUMULATIVE GRIEF – Experiencing multiple losses in a brief period, typically one to five years. This includes unattended or unprocessed grief from past losses.

SECONDARY LOSS – Grief of support system losses, e.g., financial, spiritual, connection, communication, or community, often resulting from the primary loss.

GRIEF, GUILT, AND BRAIN PHYSIOLOGY

People we have encountered with persuasive feelings of guilt in each type of grief mentioned above commonly exhibit these recognizable thought patterns:

1. With natural and unnatural death of a loved one, the brain works to protect us from full-on shock and often throws itself into chaos. It then looks for only one thing: **order**. Somebody must be accountable for shattering the griever's world because of this death. Blame makes more sense.
2. Conflicting emotions, "*I should have's*," looping death imagery, overwhelming sadness and loneliness, and curiosity around the event, all move constantly through the griever's thoughts. Information is looking for an orderly "landing place" in the brain.
3. Assigning guilt can restore a sense of control over life and reduce the randomness that comes with significant loss. The central nervous system treats the loss like an amputation of a limb and sometimes assigns an explanation that seems rational where none exists.
4. Too often, in the quest for order, the brain *wrongly* and *expeditiously* points to the griever as the offender responsible for, or a contributor to the death. This can occur because of *unreasonable expectations of perfection and foreknowledge*.
5. Self-blame is easier to process than no blame. So, without calculating the actual or probable guilt, the brain welcomes the rational, if erroneous, blame that has been self-assigned. Then we can begin to move on with our life.

THE AMYGDALA: "HEALTHY" & "UNHEALTHY" STORYTELLING

The Amygdala region of the brain is the television set that tells us our story. Often the story is inaccurate.

You are walking through your tool shed and your brain immediately tells you, "*THERE'S A SNAKE COILED UP, READY TO STRIKE!*" Before you can even think about it, you leap out of the way. That message went from the amygdala right to the fight, flight, or freeze region of your brain stem, circumventing the frontal cortex (the thinking or problem-solving part of your brain). You are in **survival mode**. On careful review, you see that the perceived snake is only a garden hose. The amygdala can tell the story that the sky is falling, or life is grand, or a snake will strike. It can keep us safe but not always based on reality (see <https://youtu.be/2xeDcPBD5Fk>).

ANGER

Anger is a healthy emotion and the indicator that says, "*Something is wrong inside.*" Expressing anger is okay if you do not break people, including yourself, or things, alienate people, or rob yourself or others of life's joys. Unhealthy anger can undermine personal peace, health, and the well-being of those around the griever. Grievors often use anger to mask raw underlying emotions like fear, guilt, shame, anxiety, disappointment, and others they have not addressed. Anger is an explosion that can hide the personal imperfections of the griever.

People can also express anger through *normal and natural distresses* like grief and trauma. As anger may also be a symptom or response to a physical medical condition, it could likewise be a symptom of depression, substance abuse, or bipolar disorder.



“Anger is a city we may have to drive through. You don’t want to have to drive around it. You don’t want to be there long enough to make an appointment with a realtor and buy a house in that city. We don’t want our anger to establish roots.” – Eric Scalise, PhD.

OUTCOME-BASED GUILT

A woman whose husband had taken his life expressed overwhelming feelings of guilt. After officials found his body, she reflected on years of personal intervention, contacting hospitals, law enforcement, the medical examiner’s office, friends, and coworkers searching for him. This wonderful woman believed she personally could have prevented his suicide. Guilt was consuming her.

When we met and talked about guilt being a difficult part of her grief journey, I asked her, *“Without changing the outcome, and I say this because nobody controls when someone else dies, what*

would you want to have done differently?” After deeper reflection, she said, “I would have wanted to hold his hand.”

At that moment, she realized her feelings were rooted in *unearned* guilt. She had done all she could to support him in life and in his death. Still, she longed to have done one more thing. Recognizing this helped her understand that the guilt she felt stemmed from wishing she could have changed things, not from any real fault.

Other relevant examples¹ we have heard include:

- “Did your loved one get an official cause of death (from the medical examiner or funeral director)?” “Yes.”
- “Was the cause of death determined to be because you didn’t have time to get a second opinion before your husband’s emergency surgery?” “Why, no.”
- “Was the cause of death determined to be because you didn’t ride with her at the time of the car crash?” “No.”

To properly integrate the pain of the loss in our life, we must work to *distinguish **guilt** from **disappointment***.²

“We do better when we know better.” Certain feelings are self-condemning, while others—when we pause to observe them—can foster wisdom and growth. Reflecting on our disappointments can be especially instructive, offering insight we might otherwise miss. This part of the journey need not be solitary; you can share it with the right friends and trusted listeners.

Experiencing unwarranted self-accusation (i.e., “I should have.... If only I had...”) in our minds is like facing charges in court. When we recognize this accusatory thinking, objectively compiling evidence designated as Exhibits A, B, and C that represent factual realities can help us break the cycle of negative self-talk. Research suggests that *unearned guilt* can undermine the “is” and the “yet to come.”

COPING WITH GUILT AND DISAPPOINTMENT

1. Distinguish one from the other and process with someone you trust.
2. Practice great compassion towards yourself and work intentionally to forgive yourself.
3. Write about it and give yourself ample time to process it.
4. Acknowledge truths about the relationship that may have been less than ideal, which involved choices by all parties, not just your own.

A GRACE SPACE

Do you allow yourself enough grace, tolerance, and forgiveness? If you are late and lock your keys in your car, you might say, “You idiot! What, on earth, were you thinking?” Is that okay? If your best friend locked her keys in the car, would you say the same thing to her? Or would you offer her grace and tolerance? Allowing yourself the great amount of grace we would offer someone else can be a challenge, but helpful.

1. Care for yourself. Exercise, nap, breathe deeply, read, attend a music event. Recharge in whatever way helps you.
2. Build in time to practice compassion towards yourself and work intentionally to forgive yourself, if applicable. Remember, forgiveness serves you first before others, making it important to do when needed.
3. Share your feelings with others, trusted listeners, or a counselor. No one expects us to carry this by ourselves!

BE KIND

In a world filled with love, loss is inevitable. If we cared for no one and nothing—not even ourselves—we might avoid the painful emotions that accompany it. But we are human and made for connection. How we navigate our communities and survive losses in them relies heavily on our ability to “put on our own oxygen mask first.” You have intrinsic permission, therefore, to be boundlessly kind to yourself, explore what you need to function well, and do things that brighten your own path. When re-ordering your life, kindness always wins.

I hope this discussion has inspired you to embrace all the good things life offers, allowing you to enjoy them fully and share your experiences with others.

¹David Kessler Grief Educator Course 2025

²Counseling and Guilt Earl D. Wilson, Ph.D. - pg. 18