Myths about grief
Grief is a response to any loss, not just the death of a loved one; traumatic changes in our lives, illness, divorce, and job changes are all losses that can affect us deeply. In discussing grief and bereavement during a Hospice Foundation of America's conference, Cokie Roberts said:

“Over time, people learn to live with the loss, but it’s not something you get over. The grieving process is a series of ups and downs, and often it’s more intense in the early years.”

Shattering eight myths about grief

Myth 1: We only grieve deaths.
Reality: We grieve all losses.

Myth 2: Only family members grieve.
Reality: All who are attached grieve.

Myth 3: Grief is an emotional reaction.
Reality: Grief is manifested in many ways.

Myth 4: Individuals should leave grieving at home.
Reality: We cannot control where we grieve.

Myth 5: We slowly and predictably recover from grief.
Reality: Grief is an uneven process, a roller coaster with no time line.

Myth 6: Grieving means letting go of the person who has died.
Reality: We never fully detach.

Myth 7: Grief finally ends.
Reality: Over time most people learn to live with loss.

Myth 8: Grievers are best left alone.
Reality: Grievers need opportunities to share their memories and grief, and to receive support.

“The thing that we need to remember is that you never have to like a loss,” Roberts said. “You just have to learn to accept it and deal with it.” A more accurate understanding of the way grief affects us can facilitate healing.

HFA web site: www.hospicefoundation.org
Personal Experience of Bereavement

‘How people die remains in the memory of those who live on’ Dame Cicely Saunders. Thinking and planning ahead can mean that peoples’ choices are upheld. People will still experience grief, but it can be ‘softened’ by knowing that people died ‘well’ and that everything possible was done.

‘Over the last few years, with my growing interest and involvement in end-of-life issues and seminars, the subject of ‘bereavement’ has been referred to frequently. At the listening events, people have voiced their problems, having suffered a bereavement, sometimes recently. An analysis of the various aspects of bereavement reveals the diversity of circumstances surrounding the subject and people’s reactions to it. Whilst all people react differently, there are often characteristics common to most cases. In thinking about people’s reactions to bereavement, I am greatly influenced by my own response when I suffered the closest bereavement ten years ago.

At a time of loss I believe that the bereaved suffer from shock - often delayed - having concentrated on caring, followed by funeral arrangements. Then, quite suddenly, the activity has gone and the inactivity almost produces a vacuum. The carer then requires the care. It is in this state that a bereaved person can actually be unwell, without knowing the reason or even realising that they are unwell.

Advice from well wishers can sometimes be totally inappropriate with comments such as ‘snap out of it’ or ‘time will heal.’ A bereaved person can’t snap out of it to order and, whilst time will heal, the healing process can be long and private. Bereavement and grief are, to some extent, synonymous. Some well-intentioned advice can actually be counter-productive and perpetuate the grief. Mental and physical activities are often the most effective way of filling the void of loss. Certainly, voluntary work provides a useful purpose and, simultaneously, can benefit others.’

Don Thompson - peer educator

Further reading

A web based resource which allows people to share and access personal experiences of serious and life limiting illnesses provides a useful resource for nurses to think about the different ways in which suffering is experienced.

http://www.dipex.org

Visit this website and follow some of the links to listen to the personal accounts recorded. Think about the different ways in which suffering is experienced and what different individuals found helped them or did not help them.