



Understanding Bereavement and Grieving

Information on common experiences and how it can affect people

Introduction

Bereavement and grieving are fairly universal experiences that affect most people at some point in their lives. The death of a significant other can be one of the most emotionally challenging events we face. Making some sense of what is happening to you and your experiences can help but knowing what is going on does not protect you from experiencing a range of emotions. You might also do some things or behave in a way you would not usually do.

What is Bereavement?

If someone you know dies or is presumed to have died, then you are described as being 'bereaved of them'. People will describe themselves as 'being bereaved' as a way of explaining to others what has happened to them.

The word bereavement is used by others when describing what has happened to someone else and commonly a context is used when describing someone as: -

'having had a bereavement recently' or 'has suffered a close bereavement' or 'has been suddenly bereaved of their husband/wife/partner/parent/sibling/child/grandparent/aunt/uncle/neighbour/work colleague/friend' (potentially anyone including pets).

Bereavement is what has happened and refers to the death of someone. Sometimes 'being bereaved of something' is also used to describe other types of losses which can evoke the same emotional responses commonly experienced following a death. Examples of this might be following a burglary, theft, a house fire or the ending of a personal relationship.

Being in a 'state of bereavement' is often used to describe someone who is mourning and experiencing grief.

Understanding Grief

'Grief' and 'Grieving' are the names given to the psychological, emotional and spiritual response to the bereavement. Sometimes the word mourning is used interchangeably with grieving to describe what is happening.

Common experiences and feelings during grieving: -

- **Shock and Numbness:** In the early days following a death. This is more likely if you were not prepared such as in a more sudden and unexpected death. This could be the result of an accident, misadventure or suicide. Shock and numbness are natural responses that serve as protective mechanisms to the psyche, allowing you to slowly absorb the reality of the situation.
- **Denial:** You might find it hard to believe that the person has gone. Denial is a common defence mechanism that serves to protect from the pain of the loss. Unconscious denial occurs when you go looking for the person and continue routines forgetting that the other person is no longer present - things like making two drinks automatically or hearing sounds that make you think they are present. Sometimes these occurrences will continue for some time after the person has died. This does not mean you are in denial of the death. Routines can be 'hardwired' and remain deep in the memory so that you are automatically programmed to do things as if the deceased was still present. It takes time for these processes to readjust.
- **Anger:** Anger is a commonly felt emotion. You may feel anger towards yourself if you think you could have done something that might have stopped the person from dying. Similarly, you could be angry at someone else for the same reasons. Some people feel anger towards the person who has died because they have been left to cope on their own.
- **Bargaining:** This involves making theoretical deals or promises in hopes of reversing or lessening the loss. It is often characterised by 'what if' statements. Some people describe being in a dream or sense of unreality. People wonder if they do something positive (for example praising their partner because they believe that is something they did not do when they were alive), then they will be rewarded such as waking up out of a dream to find the person is still alive.
- **Depression:** As the reality of the loss sinks in, you may experience deep sadness and low mood. This can be the most prolonged and intense part of grieving. It can become intermittent with some days worse than others. Some people describe having no motivation to do anything, a feeling of 'what's the point'.
- **Acceptance:** At some point the negative feelings and thoughts begin to lessen. There is a greater acceptance that the loss has occurred and the reality of contemplating a life without the deceased. Acceptance does not mean forgetting or being more okay with the loss but rather finding a way to live with it as part of your life and finding a way to move forward.

The above elements were described by Elizabeth Kubler Ross and became known as 'stages of grief'. There is no starting point or end point, these are generalisations. People often recognise their own experiences as the same or similar to some of the elements in the model. However, if you haven't progressed through all the stages, it doesn't mean you are not grieving normally. There are other 'models' of grief which can be helpful to some people, as a way of looking at grief. It is not necessary to 'fit' the model, because the way people grieve is different from each other.

Physical symptoms of grief

Grief can produce physical effects such as: -

- Fatigue and exhaustion, feeling that even small things require a lot of effort. Grieving uses up a lot of emotional energy especially when your brain cannot stop thinking. This uses a lot of calories and people can lose weight.
- Changes in appetite such as not feeling hungry or wanting to eat which adds to weight loss. The reverse can happen where people eat for comfort and binge often on foods that are high in fats and ultra processed which can lead to weight gain..
- Difficulty sleeping (insomnia) such as getting off to sleep, Only sleeping for short periods and waking early. Having difficult dreams, nightmares, flashbacks or panic attacks.
- Aches and pains especially of the same type the deceased might have had.
- A weakened immune system resulting in feeling unwell for longer periods of time with colds and flu symptoms.

How grief affects people differently

Grief affects people in different ways and there is no set pattern. It is important to recognise that everyone's experience is unique. Factors influencing grief include the nature of the relationship with the deceased, the circumstances of the death, individual personality traits and previous experience of grieving.

Emotional Impact

Grief can lead to a wide range of emotional responses as already described. Some people may feel might feel a sense of relief if the death followed a long illness. Some people feel conflicting emotions especially where the relationship with the deceased was not always good.

Social Impact

Grieving can affect social interactions and relationships with family and friends. Some people may withdraw from social activities, while others may seek comfort in the company of friends and family. It is important to communicate that you are feeling low or awkward when you don't feel like being with people or going out. Try not to withdraw completely and instead plan a shorter outing with just one or two people. This could be something like going

for a walk or a drive perhaps outside of your usual area if you want to minimise the risk of bumping into someone you know if you are not ready for that.

If you have always been seen by others as a person who coped with things it can be difficult to keep up a pretence that you are okay if you are not. A short explanation to let people know that you are not going to be your usual self should be enough to forewarn others.

Mental Health Impact

Grief affects your mental health for all the reasons described. It may exacerbate existing mental health issues or lead to new ones, such as a prolonged depression or anxieties. It is a good idea to seek professional help earlier by talking to your GP and accessing counselling or support groups.

How to Cope with Grief

There are many ways to cope with grief. What works for one person may not work for another. Here are some strategies that may help:

- **Allow Yourself to Grieve:** Trying to distract yourself away from difficult feelings might mean that they only resurface later or come out in other ways. Give yourself permission to feel low or to cry. Writing your thoughts and feelings in a diary or journal is a way of expressing them when you are on your own.
- **Seek Support:** Maintain regular contact with friends, family, or support groups. Sharing your feelings with others will help them understand you, can provide comfort and reduce feelings of isolation.
- **Take Care of Yourself:** Maintain a healthy routine, including regular sleep, balanced meals, and physical activity. Taking care of your body can help support your emotional well-being.
- **Find Meaning:** In time when you are ready, you might find it helpful to engage in activities such as creating some type of memorial to the deceased or participating in a cause they cared about. People who do this often feel a sense of reconnection in a way that honours the life of the deceased and gives meaning and purpose.
- **Try not to use alcohol or illicit substances or drugs as a way of coping** since this could lead to dependency on them. It is better to work through psychological pain than trying to suppress it.
- **Seek Professional Help:** If your grief feels overwhelming or prolonged.

Your options for professional support.

- Your GP can help by assessing whether you are grieving normally or need further support and what might help. They can signpost and refer you to NHS mental health support services, national charitable services that might be specific to your type of bereavement and the counselling service provided by Shipston Home Nursing.

- If you are employed check if your employer provides access to counselling services via an Employee Assistance Programme (EAP). Larger companies often have this available via their occupational health department. If your company does not have an occupational health department managers or a union representative usually know what support is available. EAP schemes are usually paid for by the employer and typically provide up to 6 sessions with a counsellor usually by telephone or video call and often available in the evenings.
- If the funeral directors for the deceased are members of the National Society of Allied and Independent Funeral Directors (SAIF) support is available via their bereavement care service. Freephone 0800 917 7224 OR <https://saifcare.org.uk>
- CRUSE bereavement support <https://www.cruse.org.uk> OR 0808 808 1677 is a national charity providing information on bereavement and coping with grief via telephone, on-line support groups and a network of local services.
- If you find yourself in a crisis of coping or with thoughts of self-harming or suicide and your GP surgery is not open then call 999 to speak to the ambulance service or 111 for out of hours urgent care. If you prefer you can also call The Samaritans from any phone, 24 hours a day on 116 123.

Shipston Home Nursing counselling service is available to provide support to patients, carers or family members. This support is available pre and post bereavement. You can access this service by asking any member of Shipston Home Nursing staff who, with your permission, will pass your details to the counsellor.

If you are no longer in touch with Shipston Home Nursing but would like some support, please call them directly on 01608 664850.