



talking about
bereavement

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This booklet reflects many discussions, suggestions and comments made by health professionals, professional bodies, lay and voluntary organisations, people experiencing bereavement and their friends and family.

NHS Health Scotland would like to thank all of those who contributed in any way to the development of this booklet, for so willingly giving their time, and sharing their expertise and experience.

All the quotes in this booklet are from real people.

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introduction

The loss of someone we love is likely to be one of the most painful experiences we will ever have to face. Yet in the natural course of our lives it is likely that we will experience it at least once, and may even do so several times.

We tend to talk very little about death and bereavement even though it is such a natural and inevitable part of life. When we lose someone important to us we can be overwhelmed by our pain and distress and worry that those feelings will never pass. Our reactions can be frightening both for us and for those around us because the pain and distress we experience can result in us thinking, feeling and behaving in unfamiliar ways.

This booklet is for people who have recently been bereaved and for their friends and families. It contains suggestions for how you can get help and lists organisations, books and websites that provide further information.

what is bereavement?

When someone we love dies, we are likely to feel bereft. Disbelief and numbness, painful searching for the lost loved one and deep sadness are just some of the reactions that make up the experience of bereavement. It can help, perhaps, if we think of bereavement as a wound that needs time to heal. This healing process cannot be hurried and affects each of us differently.

'The children reacted in such different ways. One seemed to take it in her stride but sought extra attention to cover her insecurity. The other said nothing for a couple of days but then worked it all out and explained it to us.'

There is no right or wrong way of grieving. We need to acknowledge our feelings and express them as we wish. Grieving is itself part of the recovery, of coming to terms in so many different ways, and in so many different situations, with the loss of the person we love.

understanding bereavement

First reactions

Whether death comes suddenly and unexpectedly, or after a long illness, it is likely to leave us in a state of shock.

We may feel very numb. Everything may seem unreal as if we're in a dream. Sometimes the shock itself can carry us through the first few days and enable us to make the practical arrangements for the funeral. Sometimes we feel the full impact of the loss straightaway and may need help and support from others to deal with practical matters.

If the death is expected, perhaps as a result of a long illness, we may have had time to prepare for what is to happen and the shock may last for less time.

The funeral is an important part of the bereavement process. It offers a chance to say goodbye to the person who has died, in the company of others who knew them. It can also help us acknowledge our own loss and express our feelings. This is best not avoided for too long, as it is all part of healing and recovery. It is important that the funeral reflects your own wishes as well as being a remembrance for the person who has died. Having your own input into the preparation of the funeral can help you come to terms with your loss.

Sudden loss of a loved one as the result of a tragedy, or perhaps the loss of a baby through early miscarriage, may mean that there isn't a body for the funeral. The lack of a body may make it harder to accept that the person is dead. Grief needs a focus. A ritual such as a memorial service can allow friends and relatives to come together and begin the mourning process.

And later...

How we feel when we are bereaved will depend on the

relationship we had with the person who has died and how we felt about them. We may also find that this death awakens feelings within us about other losses in our life.

'At first I just wanted to die and it took me two years to start feeling better. For a long time you wake up and your first thought is that she's dead.'

The circumstances of how they died may affect how we feel. If the death comes after a long period of illness we may feel relieved that their suffering has come to an end.

We may feel angry with the person who has died for abandoning us, or angry with the doctors, nurses and other people we feel might have done more for them. We may even be angry with ourselves for being angry.

We may also feel guilty about things we did or didn't do before the death. We may feel we could have visited more or sorted out some quarrel or misunderstanding. We might even feel, in some indirect way, responsible for their death – although there is usually no need to feel guilty. This is a common reaction for young people who may also wonder where the deceased has gone, when they will come back or even worry that they too are going to die.

Bereavement can leave us feeling despondent and deeply distressed. We may find ourselves crying uncontrollably or experiencing sharp pangs of grief and yearning. Sometimes strong feelings will be stirred by thoughts or memories of our loved one. At other times, a trivial event, apparently unrelated to the loss, may provoke deep upset. It is as though we have to face the enormity of our loss many times and in many different ways.

While the natural process of grieving will take time, it may help to know that strong feelings are normal and that it can help to cry, or talk to others about how we feel.

Our grief can make us feel detached from everything around us and we can have difficulty putting our feelings into words. We may experience sleeping problems, a loss of appetite or other physical symptoms. It may be impossible for us to concentrate on daily tasks at work or at home.

We can also find ourselves reacting unexpectedly in ways that we had thought we'd left behind us – old family feuds reignited for example – and bitterly regret how we have acted afterwards. It can be puzzling for those around us because we appear to act quite out of character and at times unreasonably.

Sometimes the only way we can cope is to carry on with familiar duties, to try to hold our world together.

Some people find spiritual practice helps either in the context of organised religion, or in something less structured, such as meditation. In a group setting, it can provide the additional benefit of social support.

Very often people can find themselves searching for the person who has died. It is not unusual to think we see them, perhaps across the street, or hear the person calling to us or behave as though the person is still alive, setting a place at the table or expecting it to be them when the phone rings.

'I kept looking for him and expecting him to come into the room.'

The death of someone we love often makes people think about their own death – and may raise thoughts of suicide. This is a normal reaction, either because we want to be with the person or because our life seems to have little meaning after they have died. These reactions can be very distressing but are extremely common. Usually they fade away with time, as the reality of the person's death sinks in.

Coping with the reactions of others can also be stressful. We may be tempted to think that people close to us who react differently are not truly grieving. Most people generally prefer to know how someone else feels. Although it can be hard to talk about our feelings we may need to make an extra effort for the sake of those around us. At times, we may also have to be especially patient to give others a chance to reach the point of being able to express their grief.

People at work or in our neighbourhood may be unsure what to say to us, and may need a little prompting. They may accidentally say things that upset us and dealing with these comments can be very difficult.

We may have to mention the dead person's name first, but most people will be glad to talk to us about him or her once the initial barriers are broken down.

All the experiences and feelings we have during bereavement will come and go at different times. As healing takes place, they usually become less intense and overpowering.

Over the worst

Coming to terms with someone's death is bound to take time. For some people the first anniversary of the death marks a watershed, but other occasions such as birthdays or wedding anniversaries can re-awaken our sadness.

'It's the small and unexpected things that hurt, and anniversaries are awful.'

There will usually be practical matters that need attention, for example dealing with our loved one's clothing and personal possessions, or selling the family home. Sometimes these can feel almost unbearable. Losing those tangible reminders can feel like a double blow at a time when we think we are starting to recover a little from our loss. However, this is also part of the normal grieving process and sometimes, to our surprise, can indicate a phase of less-intensive grieving. It is impossible to predict the course of your grieving – different people will deal with things at different stages, as feelings and circumstances determine what's appropriate.

It is unlikely we will be able to identify an actual day when we have stopped grieving. From time to time, feelings we thought we had dealt with may return with frightening intensity for no apparent reason.

But we may find ourselves beginning to make plans for the future and to take a more active interest in things. When we now think about the person who died, it may not always be with sadness. It's important not to feel guilty about looking ahead. We will not forget the person who died, but we cannot go back to the way it was before.

Sometimes when we are bereaved we can rush into decisions about our future that we may later regret. However much we may want to move away from an area that reminds us so painfully of the person who died, or leave a job that seems trivial and pointless, we should think carefully before acting. Our job and contact with other people can offer valuable support at this time.

'My daughter keeps nagging me about getting rid of my wife's clothes to a charity shop. But, to be honest, I don't need the space, and the clothes actually remind me of my wife. In fact, sometimes I hold one of her blouses and I can smell her perfume, and that makes me feel she's very close.'

At times, the pain of grief can feel unbearably intense. Usually, this will pass, but there are occasions when we get stuck and the process of recovery remains incomplete.

Coping by avoidance – drinking too much, working longer hours and even immersing ourselves in the funeral arrangements or not attending the funeral at all – may be storing up problems for the future.

Perhaps we find ourselves still grieving deeply a long time after the death. Or we may be unable to express our feelings at all. We may then need to find some help.

what you can do

Like everyone else, people experiencing bereavement need to look after themselves. That means eating healthily, drinking at most in moderation and being physically active. The 'feel good' factor can also be helped by learning new skills, taking time to relax, enjoying different creative activities and keeping in touch with friends or making new ones by joining a club or volunteering.

It may be difficult to socialise if you lose a partner. Old friends will invite you to dinner bringing with them many years of memories you shared with your loved one. Unfortunately, sometimes invitations may dry up from those who feel awkward inviting a single person to a dinner party of couples.

Some of us may immediately seek out our closest friend for support and consolation. Some of us may feel we have to carry on as normal and play down our true feelings. It is probably more helpful in the long run if we can find a way of expressing our worries and feelings to other people, rather than bottling them up and putting on a brave face. Those not so comfortable sharing feelings with others might choose to work through their grief by writing thoughts down and keeping them in a safe place. Keeping a diary, or a book of creative writing or poetry, can help. Gardening can also be therapeutic.

If your work is affected – perhaps you can't sleep and have poor concentration – speak to your employer. They should make allowances for you, including allowing you to take time off.

While grief has many symptoms, if you are worried about your health you should always consult your doctor.

support groups

'It's been good to get to know others who have been through it.'

It can be very comforting to meet other people in similar circumstances to find out how they cope with the same kind of difficulties. Support groups can also be a very important source of practical advice and information. If you have been looking after the person who died, many of the organisations that work on behalf of major illnesses (for example Alzheimer's Scotland or Chest Heart and Stroke Scotland) may provide support for life beyond being a carer.

counselling and psychotherapy

People sometimes find it hard to talk about their difficulties but it is important to seek help and support. Counselling and psychotherapy give people the chance to talk through their problems. Both focus on present feelings and difficulties, which may be current or rooted in the past. They can help us to take more control of our life and to cope in the longer-term.

Such a process can start many years after a loss. Counselling and psychotherapy are particularly helpful when a person feels they are stuck in their grief and still experience regular distressing symptoms after several months. Your doctor will be able to help you find a qualified therapist in your area. Some voluntary organisations provide free counselling so it's worth contacting those listed at the end of this booklet to find out if a trained counsellor is available.

medical treatment

There is no 'healthy' or 'unhealthy' way to grieve – individuals have a right to grieve in their own way. Those going through bereavement may experience some feelings of anxiety and depression. About 33 per cent of bereaved people have symptoms of depression one month after the loss, and 15 per cent are still depressed a year later. But, with careful handling, personal insight and the understanding and support of others, even the most depressive of feelings will pass.

Doctors and healthcare specialists will be in a position to offer help and advice, and there will be times when medication is appropriate. He or she may prescribe antidepressants to help you cope for a short period of time, but may also advise against taking them in case they interfere with the natural grieving process. Antidepressants can be used at the same time as counselling and psychotherapy. Sleeping tablets may also be prescribed for a short time for those who are having difficulty sleeping. On occasion, however, the doctor may suggest a referral to a psychiatrist, psychologist or mental health team.

the role of partners, friends and family

When someone has suffered bereavement, it can be important for them to share their feelings with others. Often bereaved people will tell the same story several times, but this is important as each telling helps to establish what has happened as a reality.

Families and friends can often help just by being available and ready to listen. The bereaved person may want to talk about their memories of the dead person, or events surrounding their death, or decisions which need to be made about the future. This is all part of coming to terms with what has happened and can take a long time.

It can be difficult to give this kind of support, and to know what to say, particularly if we are grieving ourselves. But it is not really about finding the right words. It is about listening, being patient and showing concern.

'People were very kind at the beginning but they think I should have got over it now. The world seems to go on regardless.'

When we are grieving ourselves, we may feel that we need to be strong for a partner or family member who is also grieving. However, sometimes our strength may appear threatening. Being honest about our own grief and sharing common feelings may be more helpful.

Some of us find it easier to help in more practical ways with household tasks. This can also be of great help if someone is feeling unable to cope.

Of course the person who is bereaved is important, but there is a danger that the lives of friends and relatives come to revolve totally around the person's bereavement and that does not help anyone. Supporting others can be difficult and demanding. If possible, get others to help and if you feel unable to cope talk to your doctor about your concerns. Encourage the bereaved person to seek help too.

the future

Grieving is about learning to live with loss. The time it takes to grieve is different for each person. Gradually, as time passes, the pain of loss normally lessens and it may be possible to think about other things and to consider the future.

We may be mourning for a planned future together and face the task of creating a new life. Not thinking about the person all the time doesn't mean we have forgotten them – it is possible to be happy and still miss a person.

other sources of help

Sometimes we need to look for help beyond the family and our circle of friends. They will know what resources are available locally, including counselling for bereaved people. We may want to call on the help of those who can provide spiritual or religious support. Other sources of help and information are provided overleaf. Much of the work in bereavement support is undertaken by voluntary organisations. Many of the organisations will be able to put you in touch with a group in your area.

useful addresses

Your family doctor, funeral director, local Citizens' Advice Bureau or DSS office can guide you through all the practical matters associated with death.

The Samaritans are always available to help you with the emotional side of bereavement. The following organisations should also be of help:

Breathing Space

Tel: 0800 83 85 87

(Mon–Thu: 6 pm–2 am,

Fri 6 pm–Mon 6 am)

www.breathingspacescotland.co.uk

Breathing Space is a free, confidential phonenumber that you can call when you are feeling down. The phonenumber is open from early evening right up until 2 am.

Cruse Bereavement Care Scotland

Helpline: 0845 600 2227

Email: info@crusescotland.org.uk

www.crusescotland.org.uk

Branches throughout Scotland.

The Compassionate Friends

Helpline: 0845 123 2304

www.tcf.org.uk

Advice and information for bereaved parents and their families.

One Parent Families Scotland

Helpline: 0808 801 0323

info@opfs.org.uk

www.opfs.org.uk

Advice and information for single-parent families.

NHS 24

Tel: 111 (24 hours a day, 7 days)

www.nhs24.com

NHS 24 is a 24-hour health service for Scotland.

Samaritans

Tel: 08457 90 90 90

Email: jo@samaritans.org

www.samaritans.org

Talk things over in confidence with an experienced listener or send an email. Phone to find your nearest branch.

Stillbirth and Neonatal Death Society (SANDS)

Helpline: 020 7436 5881

Email: helpline@uk-sands.org

www.uk-sands.org

Winston's Wish Head Office

Helpline: 08452 03 04 05

Email: info@winstonswish.org.uk

www.winstonswish.org.uk

**Bereavement Services
Association (BSA)**

Tel: 01223 217769

www.bsauk.org

This organisation, based in England, has a national directory of bereavement support and loss services, and can help direct you to local support.

**British Association for
Behavioural and Cognitive
Psychotherapies (BABCP)**

Tel: 0161 705 4304

www.babcp.com

**British Association for
Counselling and Psychotherapy**

Tel: 01455 883300

www.bacp.co.uk

**Counselling and Psychotherapy
in Scotland (COSCA)**

Tel: 01786 475140

Email: info@cosca.org.uk

www.cosca.org.uk

useful websites

www.childbereavement.org.uk

Child Bereavement UK

www.dsscotland.org.uk

Downs Syndrome Scotland

www.mind.org.uk

Mind

www.miscarriageassociation.org.uk

Miscarriage Association Support

Scotland Helpline: 01924 200 799

www.myh.org.uk

Muslim Youth Helpline

www.rcpsych.ac.uk

The Royal College of Psychiatrists

www.rd4u.org.uk

Cruse Bereavement Care's youth involvement project

www.scottishcotdeathtrust.org

Scottish Cot Death Trust

www.tht.org.uk/

Terence Higgins Trust (for gay and lesbian bereavement care)

suggestions for reading

There are many publications about bereavement and your doctor or local library will be able to suggest some for you. Here are a few that might help.

Goodbye, Dearest Molly

by Kevin Wells.

Published by Hodder Paperbacks, 2005.

ISBN-13 978-0340897911

A Special Scar: The Experience of People Bereaved by Suicide

by Alison Wertheimer.

Published by Routledge, 2001.

ISBN 041-522027-0

The Early Days of Grieving

by Derek Nuttall.

Published by Beaconsfield, 2006.

ISBN 978-0-23252-644-8

New Journeys Now Begin: Learning on the Path of Loss

by Tom Gordon.

Published by Wild Goose Publications, 2007.

ISBN 978-1-90501-008-0

Supporting Bereaved Young People

by Lynne Edwards, Janet Powney and Ann Dockrell.

Published by SCRE (Scottish Council for Research in Education), 2000 and commissioned by The Diana, Princess of Wales Memorial Fund.

A copy of the booklet can be downloaded at www.scre.ac.uk/bereavement/

You'll Get Over It:

Rage of Bereavement

by Virginia Ironside.

Published by Penguin Books, 1997.

ISBN 978-0-14023-608-8

Disclaimer

Every effort has been made to ensure that this publication is as up-to-date and accurate as possible. However, new research can sometimes mean that information and recommendations change very quickly. Changes and alterations will be made at the next reprint to reflect any new information.

While the booklet represents the consensus of good practice, please remember that different circumstances and clinical judgement may mean that you have slightly different experiences.

If you have any doubts, worries or fears, then do not hesitate to contact your doctor for reassurance and further explanations.

Other topics covered by the *Talking about...* series are:

- Anxiety disorders
- Attention deficit hyperactivity disorder (ADHD)
- Bipolar affective disorder
- Depression
- Eating disorders
- Panic attacks
- Personality disorders
- Phobias
- Postnatal depression
- Schizophrenia
- Self-harm
- Stress

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