



FUNERAL CHAPEL

Dedicated To Those We Serve

Caring Connections:

People are not Goldfish

9 common myths and realities of grief

Writing to an advice columnist, a woman expresses these concerns about family members who are in grief:

"My brother and his wife lost a teenage son in an auto accident six months ago. Of course, this is a terrible loss, but I worry they're not working hard enough to get on with their lives. This was God's will. There's nothing they can do about it. The family has been patient and supportive, but now we're beginning to wonder how long this will last and whether we may not have done the right thing with them."

That woman's concern is shaped by a faulty understanding about bereavement. She, like many others, does not have accurate information about the grieving process. The woman incorrectly assumes that grief lasts a short duration and ends within a specific time frame. Whenever there is a death - spouse, parent, child, sibling, grandparent - griever's struggle with a variety of confusing and conflicting emotions. Too often their struggle is complicated by well-meaning individuals who say and do the wrong things because they are uninformed about the bereavement process.

Here are nine of the most common myths and realities about grief. Knowledge of these issues is extremely helpful for both the bereaved and those who want to help them. The bereaved gain assurance that their friends, religious leaders and other care-givers have the correct information about grief thus enabling them to respond more patiently, compassionately and wisely.

Myth #1:

It's been a year since your spouse died. Don't you think you should be dating by now?"

Reality:

It is impossible to simply "replace" a loved one. Susan Arlen, M.D., a New Jersey physician offers this insight: *"Human beings are not goldfish. We do not flush them down the toilet and go out and look for replacements. Each relationship is unique, and it takes a very long time to build a relationship of love. It also takes a very long time to say good-bye, and until good-bye really has been said, it is impossible to move on to a new relationship that will be complete and satisfying."*

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Myth #2:

"You look so well!"

Reality:

The bereaved do look like the non-bereaved on the outside. However, at the interior, they experience a wide range of chaotic emotions - shock, numbness, anger, disbelief, betrayal, rage, regret, remorse, guilt. These feelings are intense and confusing. One example comes from British author C.S. Lewis who wrote these words shortly after his wife died: "In grief, nothing stays put. One keeps emerging from a phase, but it always recurs. Round and round. Everything repeats. Am I going in circles, or dare I hope I'm on a spiral? But if a spiral, am I going up or down it?" Thus, when people comment in astonishment "You look so well," grievers feel misunderstood and further isolated. There are two much more helpful responses to the bereaved. First, simply and quietly acknowledge their pain and suffering through statements such as: "This must be very difficult for you." "I am so sorry!" "How can I help?" "What can I do?"

Myth #3:

"The best we can do (for the griever) is to avoid discussing the loss."

Reality:

The bereaved need and want to talk about their loss, including the most minute details connected to it. Grief shared is a grief diminished. Each time a griever talks about the loss, a layer of pain is shed. When Lois Duncan's 18-year-old daughter, Kaitlyn, died as a result of what police called a random shooting, she and her husband were devastated by the death. Yet, the people most helpful to the Duncans were those who allowed them to talk about Kaitlyn. "The people we found most comforting made no attempt to distract us from our grief," she recalls. "Instead, they encouraged Don and me to describe each excruciating detail of our nightmare experience over and over. That repetition diffused the intensity of our agony and made it possible for us to start the healing."

Myth #4:

"It's been six (or nine or 12) months now. Don't you think you should be over it?"

Reality:

There is no quick fix for the pain of bereavement. Of course, grievers wish they could be over it in six months. Grief is a deep wound which takes a long time to heal. That time frame differs from person to person according to each person's unique circumstances. Glen Davidson, Ph.D., professor of psychiatry and thanatology at Southern Illinois University School of Medicine tracked 1,200 mourners. His research shows an average recovery time from 18 to 24 months.

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Myth #5:

"You need be more active and get out more!"

Reality:

Encouraging the bereaved to maintain their social, civic and religious ties is healthy. Grievers should not withdraw completely and isolate themselves from others. However, it is not helpful to pressure the bereaved into excessive activity. Erroneously, some care-givers try to help the grieving "escape" from their grief through trips or excessive activity. This was the pressure felt by Phyllis seven months after her husband died. "Several of my sympathetic friends who happen to have not yet experienced grief first hand have suggested that I interrupt my period of mourning by getting out more," she recalls. They say, solemnly, 'What you must do is get out among people, go on a cruise, take a bus trip. Then you won't feel so lonely.' I have a stock answer for their stock advice:

I am not lonely for the presence of people, I am lonely for the presence of my husband.

But how can I expect these innocents to understand that I feel as though my body has been torn asunder and that my soul has been mutilated? How could they understand that for the time being, life is simply a matter of survival?"

Myth#6:

"Funerals are too expensive and the services are too depressing!"

Reality:

Funeral costs vary and can be managed by the family according to their preferences. More importantly, the funeral visitation, service and ritual create a powerful therapeutic experience for the bereaved.

In her book, "What to do When a Love One Dies", (Dickens Press, 1994) author Eva Shaw writes:

"A service, funeral, or memorial provides mourners with a place to express the feelings and emotions of grief. The service is a time to express those feelings, talk about the loved one, and begin the acceptance of death. The funeral brings together a community of mourners who can support each other through this

Myth #7:

"It was the will of God."

Reality:

The Bible makes this important distinction: life provides minimal support but God provides maximum love and comfort. Calling a tragic loss the will of God can have a devastating impact on the faith of others. Consider Dorothy's experience: "I was 9 years old when my mother died and I was very, very sad. I did not join in the saying of prayers at my parochial school. Noticing that I was not participating in the exercise, the teacher called me aside and asked what was wrong. I told her my mother died and I missed her, to which she replied: 'It was the will of God. God needs your mother in heaven.' But I felt I needed my mother far more than God needed her. I was angry at God for years because I felt he took her from me." When statements of faith are to be made they should focus upon God's love and support through grief. Rather than telling people "It was the will of God," a better response is to gently suggest: "God is with you in your pain." "God will help you day by day." "God will guide you through this difficult time." Rather than talking about God "taking" a loved one it is more theologically accurate to place the focus upon God "receiving and welcoming" a loved one.

Myth #8:

"You're young, you can get married again." Or "Your loved one is no longer in pain now. Be thankful for that."

Reality:

The myth is in believing such statements help the bereaved. The truth is that cliches are seldom useful for the grieving and usually create more frustration for them. Avoid making any statements which minimize the loss such as: "He's in a better place now." "You can have other children." "You'll find someone else to share your life with." It is more therapeutic to simply listen compassionately, say little, and do whatever you can to help ease burdens.

Myth #9:

"She cries a lot. I'm concerned she is going to have a nervous breakdown."

Reality:

Tears are nature's safety valves. Crying washes away toxins from the body which are produced during trauma. That may be the reason so many people feel better after a good cry. "Crying discharges tension, the accumulation of feeling associated with whatever problem is causing the crying," said Frederic Flach, M.D., associate clinical professor of psychiatry at Cornell University Medical College in New York City.

"Stress causes imbalance and crying restores balance. It relieves the central nervous system of tension. If we don't cry, that tension doesn't go away."

Care-givers should get comfortable at seeing tears from the bereaved and be supportive of crying.