



**THE MOST IMPORTANT THINGS EVERY  
PASTORAL CARE FACILITATOR NEEDS  
TO KNOW ABOUT...**

# Grief

**TIP SHEET**

**peoplecare.GLOBAL**

# What is grief?

Grief is a normal human response to loss. It may be experienced as bereavement when a loved one (or pet) dies; heartbreak over the loss of a friendship or romantic relationship; or even despair at the loss of a job or dream. Everyone grieves in their own unique way (there is no set pattern). Grief may impact a person in one, some or all of the following ways:

EMOTIONALLY	MENTALLY	PHYSICALLY
Anger; Despair; Guilt; Hopelessness; Irritation; Loneliness; Numbness; Rage; Regret; Relief; Sadness; Shock; Worry	Ranging from Disbelief and Denial through to Rumination (repetitive, negative-focused thought associated with depression)	Chest pain; Digestion problems; Fatigue; Increased or decreased appetite; Headaches; Sore muscles; Sleeping problems
RELATIONALLY	BEHAVIOURALLY	SPIRITUALLY
Ranging from neglecting responsibilities (caring for loved ones) through to renewed family-priorities and rekindled friendships	Aggression/Hostility; Poor productivity; Nightmares; Passive-Aggressive; Restlessness; Difficulty concentrating; Withdrawal	Ranging from doubts and questions (or even losing one's faith) through to turning to God as a source of strength and comfort

# Healthy vs. unhealthy grief

When a person is overwhelmed by grief, normal mental and emotional expression can become 'complicated', resulting in the possibility of psychological and physical illness. Depression raises the risk of health complications, social isolation, relationship breakdown, loss of employment and loss of faith. In healthy grieving, a person is typically impacted in waves of mental and emotional distress, followed by periods of reprieve. When mental and emotional distress becomes pervasive and persistent, grief starts to interfere with a person's long-term ability to function and fulfil responsibilities (i.e. caring for family, retaining employment), and may erode one's hope for the future (i.e. will to live).

## Mourning Time

A person's grieving may be regulated by a whole range of personal and situational factors. As such, there's no 'normal' length of time to grieve. In simple terms, grief takes as long as it takes! The good news is that over time, a person can be expected to rediscover joy in the midst of their pain. As peace and well-being returns, people are able to re-engage in daily living and pursue aspirations for a positive future. However, when grief is 'complicated', a person may be unable to accept the reality of their loss and be hindered from getting on with their life. Rather than the pain of loss coming to an end, mourning time is considered 'too long' when grief impairs or interferes with long-term functioning. In such cases, professional assistance should be sought.

## Post-grief wellbeing

There's a common misperception that once grief has run its course, a person will eventually return to their old self again. However, grief doesn't always work that way. When a person has suffered major loss (i.e. death of a spouse or child) their life is forever altered. A widow doesn't 'get on with their life' simply by getting remarried, any more than grieving parents move on by having another baby. When a single piece in a jigsaw puzzle is lost, even if a similar-sized piece from another puzzle is found to replace it, the picture will never quite look the same. In this light, grief is a protest about that missing piece. Rather than replacement, post-grief well-being occurs when a person comes to accept the loss they have encountered and make their peace with moving on.

## Are we helping or hurting

When people we love or work with have suffered extreme loss, their raw emotions are on display for all to see. In such time, we can feel stuck for words. Without knowing how to respond to the unfiltered feelings of grief, we may be tempted to reach for well-worn clichés like "it's going to be ok" or "things will get better". Sometimes we make the mistake of trying to relate by sharing problems of our own, or worse, downplaying the magnitude of the problem by highlighting the plight of others that are even worse off. Other times, we just want to change the subject all together. In each instance, the response we offer a grieving person is actually a sub-conscious attempt to regulate our own awkward feelings.

It's only human nature to want to either redirect the conversation or try make a grieving friend or client feel better. However, trying to 'minimise pain' or 'cheer a person up' may not be as altruistic as it seems. When confronted with a person's raw emotions, a small pocket of nerve cells in our own brain (mirror neurons) become activated, causing us to feel the pain that someone else may be experiencing. While empathy in this instance should facilitate even greater care and understanding, our sub-conscious desire to mitigate our own pain (experience when observing distress in another), triggers an automatic response to help them feel better (so that we, in turn, can also feel better). Unfortunately, this can leave a person feeling invalidated, misunderstood and uncared for.

## EMPIRICAL STUDIES

Research into the effects of grief has found one of the greatest protective factors against physical and psychiatric illness, and one of the most effective ways to recover from the experience of loss, is when a grieving person finds someone who actually 'allows' them to grieve (express raw emotions). More than having responsibilities to focus on (i.e. children to care for, jobs to go to), resources to draw on (i.e. financial security) or religious beliefs to fall back on (i.e. a belief of reunification in the next life), the single greatest differentiating factor between those who grieve well versus those who don't, is finding someone to safely process unfiltered feelings with. Beyond the love and practical support of a friend or facilitator, the ability to sit with a person's pain and draw out what otherwise may be buried deep within, is what assists a person to grieve well.

# Helping Fallacies

If you find yourself in the position of having to visit, work with or console someone who is grieving, you are occupying the role of a helper. But what does 'help' actually look like? When it comes to grief there are a number of misconceptions. Consider some of the 'HELPING FALLACIES' below.

## 01

**The goal of talking to (or working with) someone who is grieving is to help them feel better.**

The goal of helping someone work through their grief is to (a) communicate care, (b) provide practical support, and (c) create a safe place for the expression of raw emotions (validating concerns and allowing unfiltered feelings to be processed).

## 02

**There are 5 stages of grief that people must go through before they can bounce back and make a full recovery.**

Grief is far too complex to rigidly classify into simple categories. While denial, anger, bargaining, sadness and acceptance may indeed be experienced by many, people experience grief in different ways. Healthy processing doesn't rely on 'stages'.

## 03

**Unless you've been through it yourself, you can't relate, and therefore, can't really help someone who is grieving.**

If this were true, in order to be of any help, professional counsellors would first have to experience the most horrible lives. The good news is 'doctors don't need broken legs in order to fix them'. Help starts with the right attitude, not the right experience.

## 04

**Grieving is self-indulgent and used as an excuse by emotionally weak people for not getting on with their lives.**

Grief is a quest to find 'meaning in the madness'; it's a necessary function to help a person reconcile their past, accept their present reality, and get on with their future (important for long-term mental, emotional, physical, relational, behavioural and spiritual health).

# Know what to say:

## **EXPRESS CONCERN**

“I’m so sorry to learn about what happened.”

## **ACKNOWLEDGE PAIN**

“I can only imagine how difficult this must be for you.”

## **VALIDATE EXPRESSION**

“It’s completely okay to cry.”

## **BE HONEST**

“I’m not sure what to say, but I really do care about you.”

## **OFFER SUPPORT**

“Whatever you need, I’m here to help. Call on me anytime.”

## **BE PRESENT**

Remain silent. It’s okay to say nothing. Just being there says it all.

## **ENGAGE FOND MEMORIES**

(Talk about their loved one) “Do you remember that time when...”

## **GET TO THE HEART**

“I can see it’s weighing you down. Do you want to talk about it?”

## **SPIRITUAL CARE**

“I am praying God wraps his arms around you like never before.”

## **COURAGEOUS CARE**

“Do you feel up to talking about what happened?”