

Coping with Grief



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Introduction

We hope that you will find this booklet helpful during the next few days with all the arrangements that need to be made.

It is designed to provide practical advice and gives guidance on who can help and where further information can be obtained, as well as explaining procedures such as registering the death and arranging the funeral.

If you are not sure what to do, please ask for help or support from any of the following people: the ward staff, hospital chaplains, Bereavement Office Staff, your G.P. or local clergy.

Funeral directors are also very helpful and will guide you as much as they can.

The days following your bereavement can be very difficult, but it is important that formalities are dealt with promptly.

All the staff here at Aintree University Hospital wish to do all they can at this difficult time and to offer whatever practical help and support they can that you might need. Your General Practitioner can also support you.

The Stages of Grief

The different stages of grief are now fairly well recognised and include:

- Shock and disbelief
- Expressions of grief
- Depression and apathy
- Signs of recovery

Each stage will vary with each individual and you will not necessarily progress through each stage in a logical fashion, nor indeed through all of them. Your own personality and strength may help you to cope better with one stage than another.

You may find yourself see-sawing through bouts of misery, anger and depression all in one day, possibly even at a time when you, or friends and relatives, hoped you were showing signs of recovery. That's the sort of reversal that can happen when you are grieving.

Shock

Initial shock at the loss is often described as a numbness, a sense of disbelief. Sometimes the fact of death and the meaning of the loss may be denied by the bereaved. It's a natural reaction which cushions you against the loss and allows you to feel it more slowly. Don't try to block your feelings as this can delay healing.

Expressions of grief

Grief is not constant depression, but acute pangs of severe loss and pining which in time may come less often or only when they are jogged by a recollection, a photograph or waking up alone.

These periods of sudden, anxious yearning can make us restless and moody. They come because without being fully aware of it, we are searching for the person we have lost. This phase can be distressing and bewildering for of course we cannot, in a physical sense, get back the person we love.

Another painful expression of grief is guilt. Many of us blame ourselves because with hindsight, we wish that we had done things differently and now there's no chance to put matters right, nor any opportunity of "being forgiven".

We may even feel that we could have prevented or postponed the death if we had acted differently. These feelings of guilt may have to be talked through many times before any peace of mind can be reached. This is part of the healing process.

Anger and aggression are also expressions of grief. Anger at what has happened and the injustice of the loss; anger at the lack of proper understanding in others and anger at those who allowed the loved one to die. The source of the anger is usually at death itself and our hopelessness in the face of it.

The person who died may become a focus for this anger, but because it wouldn't be seemly to rage against the dead, the hostility is shifted to others, family, friends and hospital staff, for instance. Anger shouldn't be bottled up; if it is, it can gnaw away for years and rob you of peace of mind. Try to work through your feelings with someone you can confide in, preferably someone not emotionally involved in your own loss.

Remembering and reliving first the immediate past and then gradually more distant memories is part of the yearning period of grief. Remembering is painful because it can bring back many sad memories, perhaps reawakening the grief of former losses or periods of distress or unhappiness; but remembering is needed in healing and can bring back happy memories too, which are greatly comforting.

One effect of this is that your relationship with the person who has died begins to change. As you establish clear and satisfactory memories of the past, you begin to realise fully that your loved one will not come back, but later you will begin to feel that he or she is, in a special way, part of your life again.

Depression and apathy

The acute feelings of anxiety, guilt and anger will gradually give way to feelings of depression and apathy. This depression can be a reaction to too much emotion; it is a badly needed period of low emotion, a time when the spirit is at its lowest ebb and for some it spells hopeless despair, for others a joyless monotony. This is also a time when we probably begin to realise that we cannot now change things and bring back the person who has died.

At this point, people who have been bereaved often feel loss of identity and lack of self-confidence. A painful aspect of losing someone close is the way in which others regard us. Our social taboo of death means that it is often denied or ignored and because people are embarrassed to talk about death they often shun the newly bereaved. That can be an additional hurt, but sharing this hurt with others who have also travelled along this difficult road can bring relief and can be seen as a real gift.

Signs of Recovery

In your own time you will come to accept that the loved one you mourn is dead. This is perhaps difficult to believe while you suffer the early stages of the agony and bitterness of grief.

Feelings of misery and pain will grow less acute as you accept that your situation has changed and you will take up your life again without the deceased. Here again, the experience and support of others, including those who have suffered a similar loss, will help you to work your way through to recovery.

If the depression seems endless; if each day brings only sadness and there are no better times when the pain and darkness lift, then do contact your doctor. Clinical depression is treatable and it would be a pity to suffer needlessly.

Coping with Grief

Remembering

Everyone will have their own ways to remember the person who died. Talk about them, mention their name as often as you can and put the emphasis on the good things that happened when they were alive.

Members of the family or close friends might appreciate a photograph or a small object as a reminder. The lighting of a candle from time to time can also be a helpful thing to do.

Most important will be your own memories.

The need to mourn

In times gone by there was more formality in mourning and ritual expressions of grief were part of the lifestyle of our grandparents. Nowadays, with the passing of that formality, we may overlook the need to mourn, but it is essential to our well-being and our recovery. We need to allow ourselves time to mourn and to grieve and we should allow it in others and seek to help them.

Many can find additional solace through religion and this is not only for regular attendees at places of worship. If you have always had strong religious beliefs, you may find that your faith is shaken when someone you love dies.

Whatever your personal situation, your local religious leader is there to offer you advice and support. Don't be afraid to ask for help even though you do not regularly attend worship. Personal faith and philosophy or outlook can be of enormous comfort in bereavement.

If you want to speak to members of the hospital chaplaincy, the number is 0151 529 3195.

Physical and emotional demands

The stress of grief makes enormous physical and emotional demands upon us. Stress also makes us accident-prone. That's why it's very important to take extra care and look after yourself. Be sure to keep warm. Try to eat nourishing meals even though you may either have little appetite or find yourself eating too many sweet things for comfort.

Take extra rest even if you can't sleep. Accept that your normal daily pattern won't be the same. Make your bedroom really comfortable and take hot drinks to bed with you. Be gentle with yourself. Give yourself treats.

Fresh air and exercise will help you to relax and reduce tension far better than turning to drugs and alcohol. But if you are worried about your health in any way, or you have a persistent complaint, you should consult your doctor.

Share your fears

As we grow older we may become beset by fears. In bereavement we may experience the return of childhood fears as well as new fears; fear of the dark; fear of the unknown future; fear of having to move house; fear of not being able to cope with household chores, finances, the garden or pets; the fear of being alone after many years of loving companionship, perhaps the greatest fear of all is having to face our own death. Fears are real but can be shared; the support of your family and friends will help to quell those fears.

Specialist organisations such as those listed in this book can also provide help, so do keep their addresses and telephone numbers in handy places.

Keep up your contacts

If you have any grandchildren or distant relatives, contact them frequently, or contact friends. Plan ahead. Try to have something in your diary for next month. Write your memoirs, keep a diary. That's a good idea because it will help you to measure your progress through grief.

Write down the history of interesting family possessions. Write down your family traditions, these will be of interest to future generations. Keep up contacts with friends and if they live some distance from you, arrange to stay overnight when you visit. Invite your friends in for coffee or tea. Find out about local groups, social clubs, day centres and adult education classes.

Your local library will have details. Offer to babysit for the young couple in the next house. Think about the companionship of a pet. Think about having a holiday. If needed, get in touch with the organisations that offer help in bereavement.

When to seek professional help

The following is a list of symptoms and feelings often associated with grief. Whilst these can be a normal part of grieving, if they persist and make it difficult to manage day to day tasks, you may wish to seek professional help if you:

- Are always feeling exhausted, anxious, suicidal, depressed, helpless, experiencing uncontrollable anger, sleeplessness or feeling stressed
- Are becoming withdrawn and unable to speak to or spend time with family and friends, or finding it difficult to cope at work, school, etc.
- Are becoming dependent on drugs or alcohol
- Have little desire to get involved in activities you once enjoyed

Practical Do's and Do Not's

Do

- Choose a funeral director with whom you feel comfortable
- Express your emotions – it won't help to hide your feelings
- Please talk about what has happened with your family or a close friend or a sympathetic group
- Take great care of yourself. Do eat properly. Do rest.
- Do try to guard against accidents in the home
- Make sure your home is secure
- Be sure to consult your doctor if your health is a worry
- Remember to call CRUSE, the Samaritans or other agencies

Don't

- Let family or friends hurry you into making decisions until you are ready, such as clearing out all your partner's belongings before you are ready to tackle that task yourself
- Enter into any financial arrangement you don't understand
- Turn to drugs, alcohol or smoke to excess
- Allow the funeral to be rushed or unnecessarily expensive
- Move home whilst you are still grieving
- Hurry the healing process, take it at your own pace

Loss of a Child

Our message to you

The loss of your child is possibly one of the worst things that can happen to you. No-one will be able to tell exactly how it feels, as everyone feels and acts differently. Your child may have been a toddler or a fully grown adult. They were still your child.

There is no right or wrong way to grieve. Experience of grief involves a range of feelings of numbness, disbelief, anger, guilt, sadness, emptiness, relief and denial. Many feelings may be so mixed up that you wonder if you are going mad or will ever be able to enjoy life again. This is a perfectly normal reaction to the range of emotions involved.

Please don't feel that you have to face this grief alone.

You will find the contact addresses for some support agencies at the back of this book.

Traumatic Deaths

This section of the booklet focuses on traumatic or violent deaths or deaths caused by suicide. Staff at Aintree's Urgent Care and Trauma Centre are at hand to support you through these difficult circumstances.

Sudden or unexpected death is a painful experience for anyone but when a death occurs through traumatic or violent circumstances, or through suicide, it can be particularly devastating and can cause many feelings on top of the grief usually felt after a death.

As will be discussed in this leaflet, there are a number of reactions or feelings that you may experience after being informed of the sudden or unexpected death of someone close to you. It is likely that you may experience many, if not all of these feelings or reactions in the coming days, weeks or months. However it is important to remember that your own experiences may differ to those around you and that there is no correct way to grieve.

When a death has occurred through an act of violence, or if the circumstances surrounding a death are believed to be unlawful or suspicious, a criminal investigation will need to take place.

In these instances Police Officers from Merseyside or Cheshire Police Service will be in attendance. A dedicated police officer who has undertaken further training to support bereaved families in these circumstances, known as a Family Liaison Officer (FLO), will be allocated to you. The Family Liaison Officers role is to provide two-way communication between the family and the investigative team. They are a consistent contact for the family to gain updates regarding the criminal investigation. They can also provide support and knowledge regarding the process from here on in, which is outlined below.

A formal identification will need to take place. Our staff will be with you to support you through this process as will the FLO or another Police Officer. This may happen in one of our clinical bays within the department or in our dedicated viewing room where you will be able to view the deceased in a quiet non-clinical area. Unfortunately depending on the nature of the death it is unlikely that you will be able to have any contact with the deceased, this is to reduce the risk of cross contamination or the accidental removal of vital forensic evidence.

Our staff will be unable to return any items of clothing or any personal affects. This is because they may hold vital information pertinent to the criminal investigation and the events leading up to the death. As such these items will be cared for by Merseyside or Cheshire Police and will be returned to you at the earliest opportunity.

In any criminal investigation, a post mortem will need to take place to determine the exact cause of death. We will not be able to issue a Medical Certificate of Cause of Death from the hospital in these circumstances.

Arrangements will be made for the deceased to be transferred to the mortuary at the Royal Liverpool and Broadgreen University Hospital Trust. This is the dedicated mortuary for any post mortems that have been ordered by the Coroner and where forensic investigations take place.

In these circumstances there may be a delay in you being able to organise your funeral arrangements. This will be due to ongoing Police investigations. Your Family Liaison Office of the Senior Investigative Officer (SIO) in charge of the case will be able to give you more information regarding this.

Dealing with a traumatic death either caused by accidents, violence or suicide can be profoundly difficult and can leave you with many unanswered questions. If at any point either now or in the future you would like to speak with a member of staff who was involved in the care of the person close to you, please ask.

It is likely that not many people you know will have experienced death in circumstances such as these and as such this may lead to you feeling isolated. You may find it more difficult to talk people about what has happened particularly if you were involved in the accident, were witness to the events or if there has been media interest. If you are finding it difficult to cope please seek assistance, along with the other support services outlined in this booklet, there are a number of agencies and charities that support those affected by traumatic, violent or unlawful deaths or deaths caused by suicide. Your GP is also an excellent resource for both clinical and psychological support.

SAMM Merseyside (Support After Murder & Manslaughter)

www.samm-merseyside.org.uk

contact@samm-merseyside.org.uk

0151 207 6767

PETAL (People Experiencing Trauma And Loss)

www.petalsupport.com

info@petalsupport.com

01698 324502

Victim Support

www.victimsupport.org.uk

0808 1689 111

Guidelines for Parents, Carers and Professionals

Responding to Children Bereaved By Sudden Death

We need to be honest with children about death and dying, however difficult this might be for us as adults.

In doing this we might meet with disapproval from others, but honesty is vital in establishing trust.

Children need to be given information as close to the time of the death as possible by someone they know and trust.

The way in which they react and understand will be influenced by their age, their life experience, their emotional maturity and their family's cultural and spiritual beliefs.

Although a child's age does not necessarily give an automatic level of understanding, the following are offered as broad guidance.

Children under the age of 5

- Find it difficult to grasp the permanence of death and will need help in understanding the person who has died will not be coming back
- Have limited understanding which may lead to a possible lack of reaction when told about a death

Children between the ages of 5 and 11

- Begin to develop the understanding that death is permanent
- May have a preoccupation with the practicalities surrounding death and may need to have the facts over and over again. This helps them feel safe, allows them to begin to process the information and builds trust in the adults around them
- Having an increasing awareness of their own mortality which may give rise to fears for their own safety

Adolescents

- Understand that death is inevitable, universal and irreversible. Their reaction to death may be complicated by the struggles of adolescence
- May talk at length about the death, but seldom to those closest to them in the family
- Often have their own strongly-held views as to what is right or wrong and will challenge beliefs and explanations offered to them by others

It is important to remember that most children, of whatever age, are capable of taking in and making some sense of more information than we, as adults, realise.

A child or young person's reaction will also depend on:

- How close the child is to the person who died
- How the death happened
- Press and media attention

It is natural to want to protect children, particularly around a sudden and traumatic death, but by protecting them we can often exclude them. Children have explained that however difficult it may be for them to hear the news, not knowing leaves them frightened, anxious and insecure.

Children instinctively know when something traumatic has happened in a family, but may bottle things up as they can be overwhelmed by their own emotions. They may also feel responsible for the death or feel that they could have prevented it, and may need overt reassurance to correct the thought that they are in some way to blame.

The following guidelines are based on what families faced with such situations have found helpful. Their experience has been that the sudden nature of the death increases the sense of disbelief for all involved, and it is especially important to help children accept the reality.

Throughout these guidelines children, young people and adolescents are referred to as "child" as a means of avoiding repetition. The guidelines are applicable to any aged child or young person.

Explaining to a child

- The environment is important, preferably somewhere quiet and private
- Use words like "dead" and "died" and avoid phrases that may soften the blow but can be confusing to children
- Explain as truthfully and simply as possible, in words the child can understand
- Information needs to be factual and known to be correct. Be honest about what you do not know. Tell children how you feel
- Link explanations to things the child may have noticed already
- Ask children what they want to know about what happened
- Children who witnessed the death may need careful explanation as to what they saw and any misconceptions corrected. These children may need specialist support
- Children are helped when information is repeated more than once and the adult checks what the child understands
- Encourage children to express their feelings in whatever way is appropriate to them. Children are not always able to find the words so don't expect them to always speak.
- Sending children away to friends or more distant family members in order to protect them is not necessarily in their best interests. Ideally, children need to stay in the family environment and do the things they normally do as far as possible
- Children may fear for the safety of other important people in their lives. Offer continuous reassurance if you are away from them for periods of time. Let them know how long you are likely to be and when you expect to be back
- Be prepared to listen ... again and again and again. Children may need to tell the story over and over as a way of understanding what has happened

Publicity around a death

- Avoid over-exposure to distressing media images and reassure children as to their personal safety and the likelihood of an event occurring again

- While graphic television or newspaper images can make everything seem unreal, like watching a film, repeatedly viewing distressing scenes can lead a child to think what has happened is getting closer, happening in their town, their street

Seeing the person who had died

- Always ask the child if they want to see the person who has died. It is more complex if the body is seriously injured, but there may still be a part, for example a hand, which can be seen
- Prepare the child for the place where they will see the body. A hospital chapel of rest is usually best and where this is situated should be described to the child beforehand
- Timing is important, as soon as possible after death but before a post-mortem examination is best, as the body will change even more after a post-mortem examination
- Offer children the opportunity to take something to leave with the person who has died, but ensure it is not something which might later be regretted. Children can draw or write a goodbye whether or not they choose to see the body
- Children may want to touch or kiss the person who has died. Give them permission. Little children may need to be picked up
- Allow time, do not rush. It is important children are given as much time as they need
- Leaving behind the person who has died can be very difficult for children. Make sure there is time afterwards to be together and ask the child what they would like to do next
- Children are unable to stay with painful feeling for long and may want to do something that is fun. This is their way of managing

The funeral and afterwards

- Involve children in the planning of the funeral
- Give children the opportunity to be involved by telling them what is likely to happen, what they will see and who will be there to support them.
- Understanding that the person who has died doesn't feel anything anymore is helpful when explaining about burial or cremation.
- Find someone close to the child who can support them at the funeral and take them out should they decide they don't want to stay.
- Young children can benefit from being there, but will need something to help occupy them. It can be helpful to take crayons, books, etc.
- Do talk about the funeral afterwards. Who came, who cares, and it all helps in building security for the future.
- Talk to the child about how they would most like information about the death to be made public, what support they would like at school and who they would like to support them. Remember, children are sensitive about being different.
- Talk to the child's teacher and school about what has actually happened and how the child is managing.
- Look at photographs and other mementos with the child; encourage them to perhaps compile a scrapbook or a memory box.

Children may

- Overhear adult conversations and feel frightened or worried
- Ask repeated questions and need to hear what has happened many times over
- Need to be kept informed at each stage as to what will happen next
- Talk in a very "matter of fact" way about the death and want lots of information about exactly what happened, what will happen to the body, etc.
- Be more babyish and distract themselves from their grief by pretending or withdrawing
- Seem to take things in their stride, which can be hurtful to grieving parents
- Show naughty or disruptive behaviour that appears not to be related to the loss. This is usually an indication that the child is hurting. Bullying is usually an indication of an unhappy child.
- Need more cuddles and turn to their pets for comfort
- Be unable to express their feelings in words, but show them through their play, their drawing or their behaviour
- Need repeated reassurance that they were not to blame, as children may feel responsible for the death
- Need discipline and routine, which provides structure and comfort, but try to avoid confrontations by using distractions
- Go "in and out" of their sadness, this is a normal response and does not indicate a lack of caring or understanding.

And Finally

Thinking about you

- Prepare yourself when talking to a child about a sudden death. Obtain as much information as you can and be sure of your facts, such as what injuries there are, what the person looks like, skin colour, etc. Speak to the funeral director or coroner.
- If taking a child to see the body of someone who has died, go in first so you can prepare yourself as much as possible.
- Don't be afraid to share your own sadness, children learn to grieve by watching the adults around them.
- This is a daunting and difficult task. As adults we want to protect children from such painful experiences. Be aware that you may need someone to support you and remember, emotions are catching!

It is hoped that the information contained within this booklet will be of assistance to you, but if there is any point or problem that you may experience, which is not covered - please ask, we would very much like to help you.

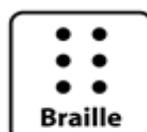
If you have any comments on the service you have experienced, you can make your comments to the person in charge of the ward/department, or you can write to or telephone:

Patient Advice and Liaison Service

Aintree University Hospitals NHS Foundation Trust, Tower Block, Lower Lane, Liverpool L9 7AL
Tel: 0151 529 3287
(answer phone 0151 529 2400)

Alternatively if you have any other concerns you may wish to write to:

The Chief Executive
Aintree University Hospitals NHS Foundation Trust
Aintree House
Lower Lane
Liverpool L9 7AL



**If you require a special edition of this leaflet
This leaflet is available in large print, Braille, on audio tape or disk and in other
languages on request. Please contact:**

Tel No: 0151 529 2104

Email: interpretationandtranslation@aintree.nhs.uk