

Dispelling 5 Common Myths about Grief

Many people have a real desire to learn more about the experience of death and grief. Without a doubt we have witnessed an upsurge in interest in bereavement care giving. However, many well-intentioned, yet misinformed people are still victims of some widely held myths regarding grief.

The purpose of this article is to identify, describe, and dispel five common myths about grief. Providing quality care to the bereaved requires that we as a society work to dispel these myths outlined below. People who have internalized these myths become incapable of helping a griever's move towards healing.

These myths are not intended to be all-inclusive or mutually exclusive. Observation suggests that many people who believe in any one of these will also believe in many, if not all, of the others. Our joint task is not to condemn these people, but supportively encourage them to broaden their understanding of the complex experiences of grief and mourning.

Myth #1: Grief and mourning are the same experience.

Fact #1: Grief and mourning are not the same experience.

The majority of people tend to use the words grief and mourning synonymously. However, there is an important distinction between them. We have learned that people move toward healing not by just grieving, but through mourning. If we want to help the bereaved we can work to understand the semantic distinctions of these commonly used terms. Simply stated, grief is the thoughts and feelings that are experienced within oneself upon the death of someone loved. In other words, grief is the internal meaning given to the experience of bereavement. Mourning is taking the internal experience of grief and expressing it outside of oneself. The specific ways in which people express mourning are influenced by customs of their culture. Another way of defining mourning is to state that it is "grief gone public" or "sharing one's grief outside of oneself." In reality, many people in our culture grieve, but they do not mourn. As opposed to being encouraged to express their grief outwardly they are often greeted with messages along the lines of "carry on," "keep your chin up," and "keep busy." So, they end up grieving within themselves in isolation, instead of mourning outside of themselves in the presence of loving companions. Now that these terms have been defined in a more formal sense, let's take a moment to acknowledge that grief and mourning are much

more personal experiences than their words describe. Actually, this author finds words inadequate to convey what grief and mourning are all about. Grief and mourning are much more than words. Experiencing the thoughts and feelings of grief is often movement through an unknown territory that is embraced by an overwhelming sense of pain and loss. Only through encouraging ourselves will we become a catalyst for healing.

Don't just grieve, mourn too, and be proud of your capacity to do so!

Myth #2: There is a predictable and orderly stage-like progression to the experience of mourning.

Fact #2: There is not a predictable and orderly stage-like progression to the experiencing of mourning.

Stage-like thinking about both dying and mourning has been appealing to many people. Somehow the "stages of grief" have helped people try to make sense out of an experience that isn't as orderly and predictable as we would like it to be. Attempts have been made to replace fear and lack of understanding with the security that everyone grieves by going through the same stages. If only it were so simple! The concept of "stages" was popularized in 1969 with the publication of Elizabeth Kubler-Ross' landmark text On Death and Dying. Kubler-Ross never intended for people to literally interpret her five "stages of dying." However, many people have done just that and the consequences have often been disastrous. One such consequence is when people around the grieving person adopt a rigid system of beliefs about grief that do not allow for the natural unfolding of the mourner's personal experience. We have come to understand that each person's grief is uniquely his or her own. As helpers we only get ourselves in trouble when we try to prescribe what someone's grief experience should be.

Just as different people die in different ways, people mourn in different ways. Expecting anything less would be to demonstrate a lack of respect for the uniqueness of the person. This author prefers a helping attitude that conveys the following: "Teach me about your grief and I will be with you. As you teach me I will follow the lead you provide me and attempt to be a stabilizing and empathetic presence." To think that one's goal as a caregiver is to move people through the stages of grief would be a misuse of counsel. A variety of unique thoughts and feelings will be experienced as part of the healing process. For example, disorganization, fear, guilt, and anger may or may not



occur. Often, regression occurs along the way and invariably some overlapping. Sometimes emotions follow each other within a short period of time; at other times, two or more emotions are present in the grieving person simultaneously.

Do not prescribe how someone should grieve, but allow them to teach you where they are in the process.

Myth #3: It is best to move away from grief instead of toward it.

Fact #3: It is best to move towards and through grief.

The unfortunate reality is that many grievers do not give themselves permission or receive permission from others to mourn, to express their many thoughts and feelings. We continue to live in a society that often encourages people to prematurely move away from their grief instead of toward it.

The result is that many people either grieve in isolation or attempt to run away from their grief through various means. During ancient times, stoic philosophers encouraged their followers not to mourn, believing that self-control was the appropriate response to sorrow. Still today, well-intentioned but uninformed people carry on this long-held tradition. A vital task of the helper is to encourage and support the movement toward an outward expression of grief. One of the reasons for many people's preoccupation with the very question, "how long does grief last?" often relates to society's impatience with grief and the desire to move people away from the experience of mourning. Shortly after the funeral (if a funeral is held) the grieving person is expected to "be back to normal."

Persons who continue to express their grief outwardly are often viewed as "weak," "crazy," or "self-pitying." The common message is "shape up and get on with your life." The reality is that many people view grief as something to be overcome rather than experienced. The result of these kinds of messages is to encourage the repression of the griever's thoughts and feelings. Refusing to allow tears, suffering in silence, and "being strong" are thought to be admirable behaviors. Many people in grief have internalized society's message that mourning should be done quietly, quickly, and efficiently. Returning to the routine of work shortly after the death of someone loved, the bereaved person relates, "I'm fine," in essence saying, "I'm not mourning." Friends, family, and co-workers often encourage this stance and refrain from talking about the death. The bereaved person having an apparent absence of mourning (having moved away from grief instead of toward it) tends to be more socially accepted by those around him or her.

However, this type of collaborative pretense surrounding grief does not meet the emotional needs of the bereaved person. Instead the survivor is likely to feel further isolated in the experience of grief, with eventual onset of the “going crazy syndrome.” Attempting to mask or move away from the grief results in internal anxiety and confusion. With little, if any, social recognition related to the pain of the grief, the person often begins to think their thoughts and feelings are abnormal. As a matter of fact, the most frequent initial comment of grieving persons at our Center for Loss and Life Transition in Colorado is the statement, “I think I’m crazy.” Our society encourages people to prematurely move away from their grief instead of toward it. If we want to help bereaved people we must remember that it is through the process of moving toward pain that we move toward eventual healing.

Myth #4: Following the death of someone significant to you, the goal is to “get over” your grief.

Fact #4: Following the death of someone significant to you, the goal is to adjust to your loss.

We have all had the unfortunate experience of hearing people inquire of the bereaved person, “Are you over it yet?” Or, even worse yet, we hear people comment, “Well, they should be over it by now.” To think that we as human beings “get over” our grief is ludicrous! The final dimension of grief in a number of proposed models is often referred to as resolution, recovery, reestablishment, or reorganization. This dimension often suggests a total return to “normalcy” and yet in my personal, as well as professional experience, everyone is changed by the experience of grief. For the mourner to assume that life will be exactly the same as it was prior to the death is unrealistic and potentially damaging. Recovery as understood by some persons, mourners and caregivers alike, is all too often seen erroneously as an absolute, a perfect state of reestablishment. Reconciliation is a term this author believes to be more expressive of what occurs as the person works to integrate the new reality of moving forward in life without the physical presence of that person who had died. What occurs is a renewed sense of energy and confidence, an ability to fully acknowledge the reality of the death, and the capacity to become re-involved with the activities of the living. Also, an acknowledgement occurs that pain and grief are difficult yet necessary parts of life and living.

As the experience of reconciliation unfolds, the mourner recognizes that life will be different without the presence of the significant person who has died. A realization

occurs that reconciliation is a process, not an event. Beyond an intellectual working through is an emotional working through. What has been understood at the “head” level is now understood at the “heart” level—the person who was loved is dead. The pain changes from being ever-present, sharp, and stinging to an acknowledged feeling of loss that had given rise to renewed meaning and purpose. The sense of loss does not completely disappear yet softens and the intense pangs of grief become less frequent. Hope for a continued life emerges as the griever is able to make commitments to the future, realizing that the dead person will never be forgotten, yet knowing that one’s own life can and will move forward. We never “get over” our grief but instead become reconciled to it. Those people who think the goal is to “resolve” grief become destructive to the healing process.

Myth #5: Tears expressing grief are a sign of weakness.

Fact #5: Tears expressing grief are not a sign of weakness.

Unfortunately, many people associate tears of grief with personal inadequacy and weakness. Crying on the part of the mourner often generates feelings of helplessness in friends, family, and caregivers. Out of a wish to protect the mourner from pain, those people surrounding the mourner may serve to inhibit the experience of tears. Comments similar to “tears won’t bring him back” and “he wouldn’t want you to cry” discourage the expression of tears. Yet crying is nature’s way of releasing internal tension in the body and allows the mourner to communicate a need to be comforted. Another function of crying is postulated in the context of attachment theory wherein tears are intended to bring about reunion with the lost person. While the reunion cannot occur, crying is thought to be biologically based on a normal way of attempting to reconnect with the person who has died. The frequency and intensity of crying eventually wanes as the hoped-for reunion does not occur. While research in this area is still limited, some investigators have suggested that suggesting suppressing tears may decrease susceptibility to stress-related disorders. This would seem to make sense in that crying is an exocrine process, such as sweating and exhaling, the fact is that they all involve the removal of waste product from the body. Crying may serve as a similar function. The expression of tears are not a sign of weakness. The capacity of the mourner to share tears is an indication of the willingness to do the “work of mourning.”



Final Thoughts

Again, be aware that the above myths are not intended to be all-inclusive. This author suggests the reader develop a list of any additional “grief myths” observed in our society. Being surrounded by people who believe in these myths invariably results in a heightened sense of isolation and aloneness in the grieving person. The inability to be supported in the “work of mourning” destroys much of the capacity to enjoy life, living, and loving. Only when we as a society are able to dispel these myths will grieving people experience the healing they deserve.

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