

# Understanding your grief



# Cruse Bereavement Care Scotland

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# Grief is very personal

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## Understanding Grief

Everyone experiences bereavement at some point in their life – whether it's the death of a parent, family member, friend or a child.

Grief describes the feelings that we may have when someone close to us dies.

The death of someone close can be a shattering experience and whether the death has been sudden or expected, we can find ourselves confused by the mix, and strength, of emotions.

The early days following death can be a chaotic time as we try to come to terms with the death, and cope with the grief of other family members or friends. Along with this, we may also have to deal with all the practical issues.

There is no right way to grieve. Grief is very personal and even within a family, group of friends or colleagues, people can experience very different feelings and reactions to the same death.

At the same time, there are some experiences that are not uncommon and it can be helpful to know that others have shared these.

Grief is normal – it is part of what it is to be human and to have feelings.

Grief is the price we pay for love – we feel this pain because the person who died meant so much to us.

Grief is a process through which we travel – but we will emerge from it.

There is no right way to grieve – other people's advice may be helpful, but how each person grieves is personal.

There are no shortcuts – grief takes time, often much longer than we think, and certainly longer than many people around us expect.

It is normal to both grieve and live – when we find

ourselves not thinking about the person who has died, that is alright.

Grief is hard for other people – they often don't know what to say, and may say the wrong things, but it is usually because they care.

Grief can be lonely – and can lead to depressing thoughts and even thoughts of suicide. It is alright to experience, and to express, these thoughts.

The turmoil of our emotions may make us feel as though we are going mad – this is normal.

One way to help yourself might be to find someone who will listen – and then to talk.



## Try not to let others rush you

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### At first...

People sometimes describe the early days of grieving as being like a nightmare – we think we will wake up and find it has been a bad dream.

It takes time to accept the reality of what has happened, and it is important to allow yourself that time. Talking about the person who has died, looking at photographs and sharing stories will often help.

Among all the feelings of sadness and loss, there can often be a feeling of panic about the things that need to be done.

People may want to help but there may be things which need your attention and which you wish to take control of yourself – try not to let others rush you into making decisions.

It might help to make a list of the various tasks, then decide what you want to do yourself and what others could do for you.

You may have family and friends visiting, and while it is helpful to talk with them, there may be times when you just want peace.

**Those who care about you will offer advice – sometimes conflicting advice.**

In the midst of all that, it can be quite hard to find time to be quiet and alone!

# We can feel that our emotions are in turmoil

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## Understanding the feelings

There is no one right way to grieve – you need to do things your way. There is no easy way to get through these early days of grieving.

Faced with the loss of someone close to us, we find that all the markers of what was normal seem to have changed.

Some people feel as though they are on a rollercoaster and find it hard to make sense of it all.

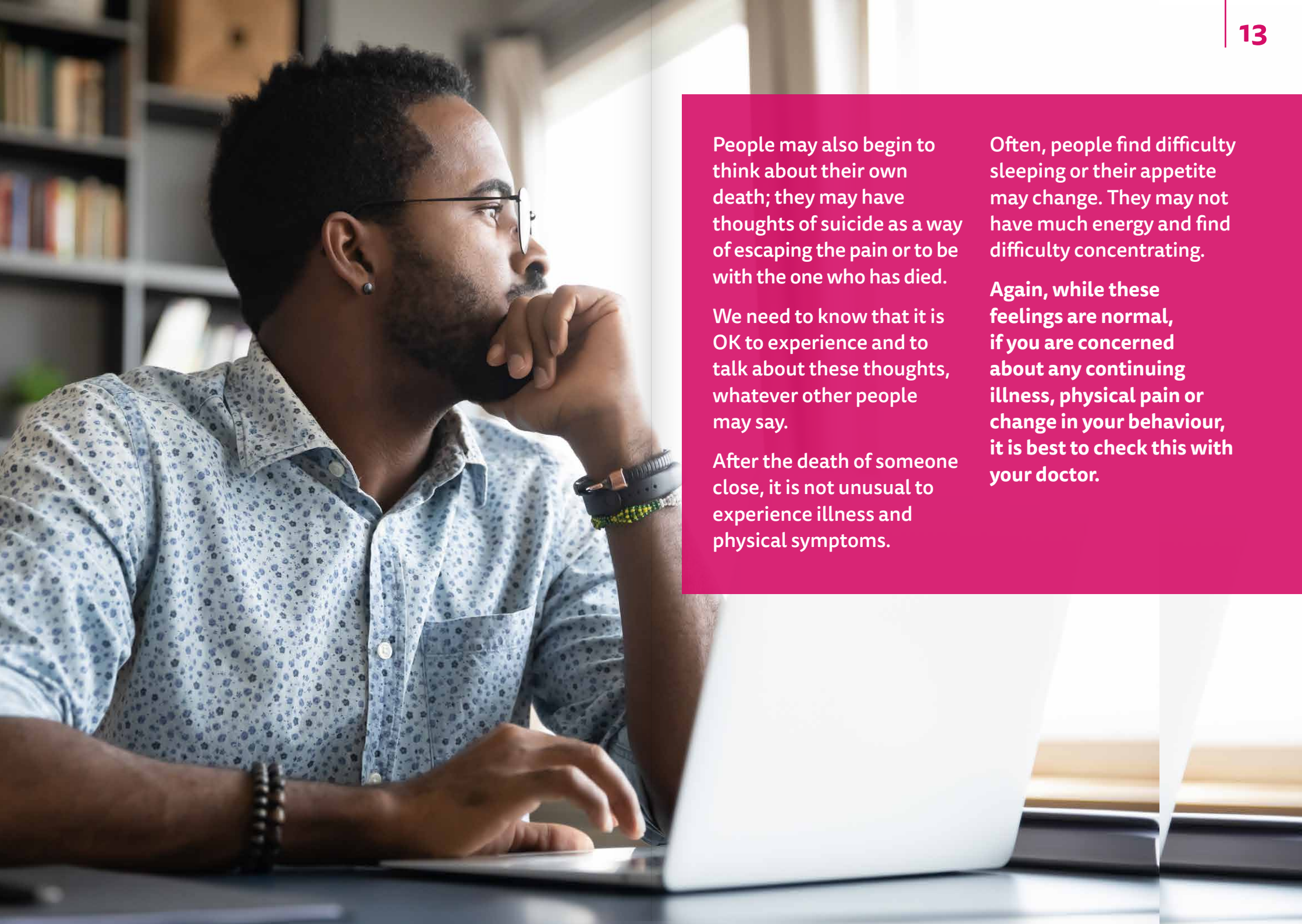
People often report a range of different feelings including:

- shock
- numbness
- disbelief
- helplessness
- a feeling of being overwhelmed

As we swing between the sadness of our grief and remembering the good times, we can feel that our emotions are in turmoil and wonder if they will ever settle again.

While some people may busy themselves in different aspects of their life, others may find it difficult to maintain any kind of routine. This is normal.

Even when we are able to respond to the demands of our everyday life there will be times when we may be overtaken by strong emotions such as longing, helplessness, sadness, anger and guilt.



People may also begin to think about their own death; they may have thoughts of suicide as a way of escaping the pain or to be with the one who has died.

We need to know that it is OK to experience and to talk about these thoughts, whatever other people may say.

After the death of someone close, it is not unusual to experience illness and physical symptoms.

Often, people find difficulty sleeping or their appetite may change. They may not have much energy and find difficulty concentrating.

Again, while these feelings are normal, if you are concerned about any continuing illness, physical pain or change in your behaviour, it is best to check this with your doctor.



The death of someone close can bring many different feelings and emotions. It is normal to experience some, or all, of the following:

**Anger**

- At what has happened
- At the person

**Confusion**

- Nothing makes sense
- Difficulty in concentrating

**Disappointment**

- At losing what might have been

**Disbelief**

- That the death is real

**Gratitude**

- For the good times together

**Helplessness**

- Not knowing what's next
- Feeling that we cannot cope

**Fear**

- Of what lies ahead
- About our own life - or death

**Guilt**

- About things we could or should have done
- About how we feel

**Loneliness**

- Missing the person's physical presence
- Feeling that part of us has gone

**Regret**

- At things said or not said
- At things done

**Relief**

- That their suffering is over

**Sadness**

- Deep and painful emptiness
- Feelings that cannot be put into words



## Try to protect some time for you

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## Looking after yourself

One of the best ways we can help ourselves on the journey of grief is to talk – to share with others the story of the person who has died and to speak about our relationship with them.

We may do this with friends or family, with a doctor or someone from a faith group, or any trusted person in whom we can confide.

We may feel guilty when we stop grieving, but we need to live as well as to grieve. It is an important part of the journey of recovery from grief to start to reconnect with other people and with our life before the death.

Initially, other people may try to involve us before we are ready, and it is easy to get into a habit of saying “no” to invitations.

If you do not want to go somewhere, or do something, explain that the time is not right, but ask people to invite you again.

When you are ready, take people up on their offers and accept the help they can give.

If you are involved in supporting other members of your family, friends or colleagues in their grief, then it is important to remember that you also need to look after yourself.

Try to protect some time for you – time when you can be in touch with your own emotions and visit your own memories.

Sometimes illness and physical symptoms can follow the death of someone close.

There may be some difficulty in sleeping, a change in appetite, a lack of energy or difficulty in concentrating.

Again, all of this is normal, but if you are worried about your own health you should speak with your doctor.



When we are struggling to come to terms with the death of someone, we can be very vulnerable in a number of ways:

### **Accidents**

Because concentration is difficult, it may be that accidents are more likely. It is important to take extra care, even in simple tasks like making a cup of tea.

### **Alcohol**

It may seem helpful to ease the pain of grief by having a drink. However, alcohol may make us more depressed, and it is easy to become overly dependent on alcohol as an escape.

### **Drugs**

The use of prescribed drugs to dull the pain of grief in the short term may be helpful, but be guided by your doctor. It is easy to become overly dependent on drugs of any kind as an escape.

### **Driving**

When our concentration is not as sharp as usual, and thoughts of what has happened can flood our minds, driving can be dangerous.

Better to ask someone else to drive. If the person who died was the usual driver, you may want to consider taxis for a while.

### **Eating**

Appetite may be reduced, or it may be just too much effort to make a meal. However, we need nourishment to continue to cope – even if it is just a healthy snack.

Some people may “comfort eat” but this can also be unhealthy.

### **Illness**

Grief can make us more vulnerable to illness. It can also cause a variety of physical symptoms, such as back pain and stomach upsets.

If these persist, speak with your doctor.

### **Nightmares**

Dreaming about what has happened and about the person who has died is normal.

However, if you find yourself having continuous nightmares following a traumatic death, speak with your doctor.

### **Sleeping**

Grief frequently disturbs normal sleeping patterns, and can bring unusual or disturbing dreams, and the lack of sleep can be exhausting. If this persists, then speak with your doctor.

### **Suicidal**

It is common to question the meaning of our own lives following a death, and thoughts of suicide are not unusual.

However, if the thought persists, then speak with your doctor.

## Talk to someone about your grief

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### Grief takes time

Remember that grief takes time. Other people may suggest you should be “getting over it” but only you know what pace is right for you.

If you feel you would like to talk to someone about your grief – we are here to help. Our carefully trained, experienced and compassionate volunteers are here to offer this kind of support.

### Going back to work?

It can be difficult returning to work after a bereavement and it may be helpful to discuss with your workplace what you would like people to know and what would help you to make the return easier for you.

There is information for workplaces on our website which may be of help to them in supporting you.



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