

Here are 10 of the most common myths and realities about grief.

Knowledge of these issues is extremely helpful for both the bereaved and those wishing to help them. The bereaved gain assurance that their responses to a death are quite normal and natural. Simultaneously, family, friends, religious leaders and other caregivers have the correct information about grief, thus enabling them to respond more patiently, compassionately and wisely.

Myth #1. "It has 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, 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 goodbye, and until goodbye has really been said, it is impossible to move on to a new relationship that will be complete and satisfying."*

Myth #2. "You look so well!"

Reality. The bereaved do look like the non-bereaved on the outside but inside, they experience a wide range of chaotic emotions - shock, numbness, anger, disbelief, betrayal, rage, regret, remorse, guilt, etc. 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, griever's feel misunderstood and further isolated when people comment in astonishment, "You look so well!" Helpful responses should 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?" or "What can I do?"

Myth #3. "The best thing 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 minutest details connected to it. Grief shared is 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 because of what police called a "random shooting," she and her husband were devastated. 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 healing."

Myth #4. "It has 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, griever's wish they could be over it in six months. Grief is a deep wound and takes a long time to heal, and that time frame differs from person to person according to their 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.

Myth #5. "You need to 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 caregivers 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 have not yet experienced grief firsthand 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 or take a bus trip. Then you won't feel so lonely.' I have a stock answer for their 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 Loved One Dies*, 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 difficult time. Many grief experts and those who counsel the grieving believe that a funeral is a necessary part of the healing process and those who do not have this opportunity may not face the death."

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 nine 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 to day," or "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 are young, and 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 that minimize the loss such as, "He's in a better place now," "You can have other children," or "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 that 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," says 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." Caregivers should get comfortable at seeing tears from the bereaved and supporting their crying.

Myth #10. "Grief support groups are too depressing and not helpful."

Reality. Groups formed specifically to provide support for grieverers are extremely helpful for the bereaved. Most who attend describe the meetings as anything but depressing. There, grieverers receive encouragement, sympathy, practical advice and emotional support from people who have "been there." Also, those early in the grieving process see and hear from others who are further along and adjusting in healthy ways to the loss. Such individuals become strong role models for the recently bereaved.