**Coping with Loss and Grief**

**Part 2: A closer look at bereavement and loss**

**For: Everyone**

In Part 1 we explored what is meant by grief and identified the emotional and physical sensations commonly experienced by those who are grieving. We also learnt that there is no ‘right’ way to grieve and that it will be different for each one of us.

We hear daily about the current numbers of people who have been admitted to hospital with COVID-19 infection. It is important to note that many of those admitted to hospital will recover and will return home. However, for some the infection will overwhelm them and may lead to an earlier death. In the media, we also hear the personal stories of those who are currently suffering from life threatening and life limiting conditions, such as cancer, who may also die during this time at home or in hospital.

As such, death seems uncomfortably close at present and this feels unsettling, distressing and deeply upsetting. Before this situation resolves it is likely that we all have relatives, friends, colleagues and neighbours who will have been touched by COVID in some way. This may mean that we find ourselves having to support others, as well as ourselves, in coping with sudden and unexpected bereavement.

In part 1 we were briefly introduced to the stages of grief outlined by the Psychiatrist, Elisabeth Kübler-Ross (1969). In this post we will examine these a little more closely.

**The stages of grief and bereavement:**

Kübler-Ross’s 5 stages of grief primarily came from her research with terminally ill patients in the 1960’s. However, these stages also resonate with any major change or loss we may experience today, such as divorce or organisational change.

The 5 stages are as follows:

**Denial – a stage in which we often describe ourselves as feeling numb/overwhelmed and ‘in- shock.’ Denial serves as a protective function, helping us to process and pace our feelings, as well as giving us time to let the distressing information sink in. As we make sense of the situation, we often begin to ask questions and feelings, we previously didn’t allow ourselves to feel, begin to surface.**

**Anger – This may seem a negative emotion, but is a very necessary one. We should allow ourselves to feel it. Underneath this there will be other emotions that will surface in time. Anger can make us snap or lash out at people, which may not be how we would normally respond. However, anger is another way of expressing pain and can act as a temporary anchor, helping to give structure and meaning to numbing feelings of loss experienced.**

**Bargaining – the ‘what if’ or ‘if only’ stage, often accompanied by feelings of guilt. We will do anything to not feel the hurt we are feeling, as we try to negotiate ourselves out of this pain. What we want is for life to return to normal again, but it cannot.**

**Depression – an appropriate response and one which demonstrates the depth of our despair. A time when we may withdraw from others, lose interest in life as we experience profound sadness and emptiness. This stage is not necessarily a sign of mental illness, rather it is natural and normal response, part of the adjustment we need to make in order to heal. It would be unusual not experience it. However, we can get stuck in this stage and may need support to get move on. Depressive feelings and thoughts that persist for 4 weeks or more should be shared with your GP, who can support you to manage your feelings and reassure you.**

**Acceptance – not to be confused with feeling ‘ok or right’ about the situation. Life will not be the same again, rather it will be different. This stage is all about adjustment. Adjustment is about finding a ‘new norm’, learning to live a life in which the individual is missing. This may mean making new connections, relationships or friendships, perhaps taking on roles that were previously undertaken by the deceased. The loss will never go away, but we can learn to live with it over time.**

**How can I begin to heal?**

Kübler-Ross never intended these stages to be seen as a prescribed or set way in which to grieve. They are intended to be viewed as set of collective responses that many individuals experience when faced with loss. **Not everyone feels these in the order in which they are set out and you may find you move back and fore between stages, such as swing between anger and depression. As stated in Part 1, it is important to understand that these feelings are normal and that they will usually pass in time.**

**To help with healing:**

* **Go with the emotions and allow yourself to experience them. Some people will cry, others want to talk or express anger. Find someone you can confide in and who will just listen to you. Don’t worry about feeling stupid or appearing ‘less strong’. Losing control of your feelings for a while is often a way of learning to manage them.**
* **Don’t forget the individual and/or block them from your thoughts. Allow yourself to remember, both the good, the bad, the funny and the sad. Memories will be important reference points for you later and will continue to help you heal over time.**
* **Although it will be quite normal to use coping strategies, such as increasing alcohol intake or smoking in the short term, know that these are not sustainable or healthy in the longer term. Try to avoid self-medicating for too long and seek support through other means, such as talking to your GP,** the MOJ network of [Mental Health Allies](https://intranet.justice.gov.uk/guidance/hr/support-and-wellbeing/mental-wellbeing/mental-health-allies/) [PAM Assist](https://intranet.justice.gov.uk/guidance/hr/support-and-wellbeing/employee-assistance-programme/) or National Helplines, such as Cruse Bereavement Care(Freephone 0808 808 1677).

**Please note that contact details for PAM Assist and Mental Health Allies are included in the Staff Support Quick guide**