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# Talking about grief: conversational partners sought by bereaved people



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**Abstract:** The bereavement literature acknowledges the importance of talking about grief. There is, however, a discrepancy between the scientific notions and practical guidelines on the need to communicate grief on the one hand, and the everyday reality of bereaved individuals, who have to deal with difficulties in talking about grief, on the other. Based on an online survey, I identified the range of conversation partners bereaved people sought out while grieving, and the problems they encountered in talking openly about grief. The findings reveal that concerns of being a burden to others were the most important obstacle to communication about grief.

**Keywords:** Bereavement, grief, communication, social network, conversation partners, online survey

## Introduction

‘The bereaved will always want to talk. Most of the time they will always be disappointed’ (Ironsides, 1996, p132).

Grief can be characterised as being both an interpersonal and inner process (Stroebe, 1997). The urge to tell the story of grief and the need to talk about the lost person are typical experiences of bereavement (Walter, 1999). Scientific models of grief, and those who offer grief counselling and bereavement care therefore often highlight the importance of talking about feelings of grief and about the deceased (Walter, 1996). The importance of such communication is also acknowledged in the guidelines of the charity Cruse Bereavement Care, which state that taking care of oneself includes ‘talk[ing] to people about the person who has died’ (Cruse; see also Dying Matters and Baddeley, 2010). Talking about grief is considered to be one of the most helpful remedies in the case of bereavement.

What are the benefits of talking? The value of talking with others as part of the grieving process lies in the opportunity it provides to obtain different perspectives, share memories, or sort out feelings by verbalising them

(Reachout.com). Talking also allows bereaved people to make sense of their experiences through social sharing of their stories (see below). People who know bereaved individuals are encouraged to listen and enable them to talk. They are advised, however, to avoid using clichés such as ‘time heals’ or ‘it is time to move on’ because they fail to offer comfort (Cruse; Dying Matters; Baddeley, 2010). Studies further indicate a positive association between social support, social networks and the psychological well-being of the bereaved, especially widows and widowers (eg. Stylianios & Vachon, 2006). Nonetheless, many bereaved people have a sense that their feelings are not affirmed by those close to them (Walter, 1999). There is a discrepancy between the scientific notion of the importance of talking about grief and the practical guidelines on the one hand, and the everyday reality of bereaved people, who have to deal with various difficulties of communicating grief, on the other. This observation is the starting point for a deeper analysis of who conversation partners are, and what are the specific problems of talking openly about grief. These issues were explored as part of a larger online survey conducted in Germany and the German-speaking part of Switzerland. In addition to what has been observed in previous qualitative research about communicating grief (eg. Goodrum, 2008),

the present study provides quantitative findings on the frequency of bereaved individuals talking about grief with others, the networks available to bereaved people, and the barriers they identify when talking about grief. In so doing, the study contributes to understanding the gap between the advice given to those who have to deal with grief and their actual experiences of talking about it, and makes suggestions on how to improve the guidelines for bereaved individuals and their conversation partners.

## Communicating grief

The death of a loved one is usually the most severe loss experienced in a lifetime. This personal crisis is based on the inability of humans to continue in their accustomed way in the face of such an event (Nisbet, 1970). Death implies a loss of control and a threat to the continuity of everyday life and identity (Marris, 1986). Grief can be experienced as a powerful and volatile emotion that leads to shock and disruption of present, past and future life (Walter, 1999; Ironside, 1996). As Goodrum states:

Grief represents a difficult emotion for those feeling, expressing, and witnessing it. Feeling grief disrupts our internal order, expressing grief disrupts the social order, and witnessing grief often disrupts social interaction (Goodrum, 2008, p429).

These experiences often remain hidden to other people and confined to the inner world of bereaved individuals. In this context, Callero emphasises the general role of narratives in the case of major life changes: 'When disruption is perceived it must be explained, and narratives provide a framework' (2003, p124). Narratives can serve as strategies for constructing meaning in the process of coping (Neimeyer, 2001). Grief can be understood as a 'symbolic code' that allows the grieving person to reconstruct his or her biography and engage in self-reflection by talking about the loss (Winkel, 2001, p67).

Contrary to psychological (stage) models of grief that imply that grief can be resolved, the alternative approach of *continuing bonds* conceptualises grief as a process of maintaining ongoing connections with the deceased, including talking about them with others. (Walter, 1996; Klass *et al.* 1996). The grieving process is characterised by talking about the deceased with family members or friends and bringing together various memories (Walter, 1996). There are four manifestations of continuing bonds that provide continuity with the past: sensing the presence of the dead, talking with the dead, conceiving of the dead as moral guides, and talking about the dead (Klass & Walter, 2007). However, as Walter (1996) points out, modern society constrains the possibilities of talking about the dead. Geographical mobility separates friends and family

members, the loss of religious rituals causes insecurity in negotiating grief and bereaved individuals, the separation of home and work or the existence of different grieving styles within a single family complicates social interaction around grief (Walter, 1996). Consequently, social, geographical and family structure can hinder communication, for example, by making it difficult to find someone within reach who knew the deceased, and who the bereaved person can share this emotion with (Walter, 1999).

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The most common strategies of bereaved people are to restrain grief and to pretend to feel good. This behaviour aims to reduce the discomfort of others...

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Empirical studies highlight the limitations of talking openly about grief. In her qualitative study of grief management, Goodrum (2008) refers to the complexity of techniques used by would-be listeners, such as avoiding the topic or saying, 'It is time to move on' (Goodrum, 2008, p430). The most common strategies of bereaved people are to restrain grief and pretend to feel good. This behaviour aims to reduce the discomfort of others and to prevent them from also being burdened by sadness (Goodrum, 2008). Often, bereaved individuals are advised to distract themselves from grief in order to regain control of their emotions, reduce their vulnerability, and become able to function again in everyday life (Harris, 2009).

Talking about grief is often stigmatised as weak or pessimistic. Accordingly, bereaved people are often encouraged to 'return to life' and face the future (Ironside, 1996, p121). Ironside provides material rich in examples demonstrating the avoidance and inattentiveness of people who talk to the bereaved. The inability to understand grief often leads to remarks that are intended to be helpful but are actually insensitive, such as 'you'll get over it', 'time will heal' or 'look to the future' (1996, pp118-119). Morgan also reports communication problems between widows and members of their social network. For example, widows felt anger because others did not acknowledge their grief and vulnerability, but solely emphasised their strength (1989). The actual experiences of failed communication and the lack of opportunities to talk about grief challenge the recommendations given by bereavement care providers.

## Methods

The paper is based on an explorative study about grief as part of a larger research project carried out at the University of Zurich in Switzerland. In spring 2013,

we conducted an online survey in Germany and the German-speaking part of Switzerland using the software SurveyMonkey (Jakoby, Haslinger and Gross, 2013). Internet research constitutes an innovative technique in the context of bereavement studies that is especially suitable for explorative research questions. Compared to face-to-face, telephone, or mail surveys, online research methods have several advantages, including faster implementation and analysis, a better accessibility of geographically widespread participants, cost efficiency, and the anonymous completion of the questionnaire without any interviewer effects. For the purpose of our survey, we developed a standardised questionnaire with a total of 54 questions referring to themes such as general attitudes towards mourning (eg. 'I feel uncomfortable crying in front of other people'), attendance of the funeral, or the communication of grief. The present study focuses on talking about grief, the barriers to doing so, and the conversation partners used if bereaved people did choose to talk about it. The online survey was published on social networks and distributed via electronic mailing lists that were available at the University of Zurich or could be accessed through different research networks and bereavement institutions (palliative.ch, gute-trauer.de). The characteristics of this method meet some of the ethical concerns of bereavement research (Parkes, 1995). For example, online surveys are conducive to autonomous decision making since the respondent can fill out the questionnaire at his or her own pace without any direct interaction with an interviewer (contrary to face-to-face or telephone surveys). Further, I would like to point out the sociological setting of the study. In this respect, the questionnaire is similar to a general social survey.

The following results are based on a sample ( $n=338$ ) that is not representative of the overall population. The descriptive analysis nevertheless sheds light on the individual experiences of grief, the conversation partners of bereaved people and the difficulties in everyday conversations about grief. In total, 28.2% men and 71.8% women participated. Of the respondents, 61.6% were German, 35.1% Swiss and 3.3% came from other countries (eg. Austria). The mean age was 35 years. The questionnaire addressed individuals who had experienced a loss. At the time of the survey, an average of six years had passed since the occurrence of the death in question. This included, among others, the death of a grandparent (31.9%), a parent (29.9%), a friend (8.5%), an aunt or uncle (5.1%), a child (4%), a partner (3.7%), an acquaintance (4%) or a sibling (3.4%). After the death of such a person, 84.8% of the respondents felt intense or very intense grief.<sup>1</sup>

<sup>1</sup> Question: 'How intense was your grief?' (Very intense, intense, less intense, not intense at all).

## Empirical results

Focusing on communication and the networks available to grieving people, the results show that 63.2% (223) of the respondents felt the desire to talk about their grief with others, 33.4% (118) had no desire to do so, and 3.4% (12) did not feel any grief at all.<sup>2</sup> Table 1 shows the variety and distribution of the conversation partners of bereaved individuals. The listeners belong to the social network of the family and friends of the respondents, but may also include professionals and experts (eg. counsellors) as well as family and friends of the deceased or even strangers. People who talked with others about grief predominantly mentioned their family (76.3%, 257), friends (68.2%, 230) and their partner (51.9%, 175) as listeners. About one-quarter (24.9%, 84) also talked to acquaintances (from leisure activities or other areas of life). Only a minority of 5.6% (19) of the respondents did not talk to anyone at all.

**Table 1: With whom did you talk about your grief?**

	Per cent	Frequency
Your own family	76.3	257
Your own partner	51.9	175
Your own friend(s)	68.2	230
Your own acquaintance(s)	24.9	84
Your own colleague(s)	18.4	62
Your own neighbour(s)	8.0	27
Your own doctor	6.2	21
Family of the deceased	21.1	71
Friend(s), acquaintance(s), colleague(s) or neighbour(s) of the deceased	12.2	41
Doctors or care team of the deceased	3.3	11
Pastor/priest	10.1	34
Psychological counsellor	11.6	39
Stranger(s)	3.9	13
I did not talk to anyone about my grief	5.6	19
Others	3.6	12
n = 337, multiple answers possible		

Data: Online Survey Grief UZH

Family and friends are the most cited as conversation partners. The table furthermore reveals the importance of external resources such as professionals who are specially trained to listen and respond to grief stories (psychological

<sup>2</sup> Question: 'Did you feel the need to talk about your grief with others?'

counsellor, pastor/priest, doctor). The wider network also plays an important role as listeners: 21.1% (71) of the respondents talked to the family of the deceased – this is particularly the case when friends die – and 12.2% (41) spoke to friends or colleagues of the deceased.

Although 62.7% (212) were able to talk to everyone they wanted to, there is still a relatively high percentage of respondents who were restricted in their ability to talk to others about grief. Table 2 shows those relationships in which the respondents could not talk to others.

**Table 2: With whom did you wish to talk about your grief but couldn't?**

	Per cent	Frequency
Your own family	12.7	43
Your own partner	9.5	32
Your own friend(s)	8.9	30
Your own acquaintance(s)	1.2	4
Your own colleague(s)	1.5	5
Your own neighbour(s)	0.3	1
Your own doctor	0.6	2
Family of the deceased	5.6	19
Friend(s), acquaintance(s), colleague(s) or neighbour(s) of the deceased	2.1	7
Doctors or care team of the deceased	1.2	4
Pastor/priest	1.8	6
Psychological counsellor	3.6	12
Stranger(s)	0.9	3
Others	2.7	9
I talked to everyone with whom I desired to talk.	62.7	212
n = 338, multiple answers possible		

Data: Online Survey Grief UZH

In total, 12.7% (43) wished to talk to their own family, 9.5% (32) to their partner, 8.9% (30) to friends and 5.6% (19) to the family of the deceased but could not do so. It is interesting to investigate the reasons for this discrepancy between the need to talk about grief and the actual communication with people who were important to the respondents. Table 3 shows the specific reasons given by the respondents for not talking about grief with the people who were important to them.

The predominant reason given (by 42.9%, 51) was that they did not want to stress and burden their interaction partners. This could be due to the fear of discomfiting or alienating the conversation partner, as Goodrum (2008)

**Table 3: You did not talk about your grief to all the persons who were important to you. What were the reasons for this? (Please tell us about your three main reasons).**

	Per cent	Frequency
The person(s) was/were not available.	28.6	34
I did not want to burden the person(s).	42.9	51
I would have liked to talk with the person(s), but I didn't dare.	21.0	25
I would have liked to talk with the person(s), but I didn't think it was appropriate.	18.5	22
In my opinion, everybody should cope with grief on their own.	3.4	4
The person(s) did not ask about my grief.	32.8	39
There wasn't the right time to talk.	25.2	30
Other reasons	22.7	27
n = 119, multiple answers possible		

Data: Online Survey Grief UZH

points out. Bereaved individuals did not dare to talk about their feelings (21.0%, 25) or thought talking about them was inappropriate (18.5%, 22). Many of the respondents, however, mention that others did not ask about their grief (32.8%, 39). Of the people bereaved people wanted to talk to, 28.4% (34) were 'not available'. This could be traced back to geographical distance or some other lack of physical accessibility that inhibited communication (Walter, 1996). However, we cannot rule out that some of the respondents referred to emotional unavailability or distance in answering this question.<sup>3</sup> Closer analysis of the category 'other reasons' reveals a deeper layer of problems in talking about grief, as evidenced in statements mentioning the 'insensitive reactions of friends' or 'abrupt shift in subjects to vacation and other things' or in the following quotes:<sup>4</sup>

'My parents were shocked, but the most important thing to them was that I function. My feelings were not really important to them, and they did not want to hear about them.'

<sup>3</sup> I would like to thank one anonymous reviewer for pointing that out. From a methodological perspective, the category has to be specified with regard to these dimensions (geographical or emotional unavailability).

<sup>4</sup> The quotes were translated from German into English.

'It was not enough. For example, I did talk to my partner, but I realised that he always felt uncomfortable. That's why I kept it to myself again ...', he also indicated that he did not want to hear about it.'

## The strongest cause of difficulties in talking openly about [bereavement] can be traced back to concerns about being a burden

The answers reveal the tendency of people to avoid the topic, and a lack of empathy, together with expectations placed on the bereaved person to 'function'. In this case, the characterisation of grief as a 'network crisis' (Stylinanos & Vachon, 2006, p397) becomes apparent. These results show clearly that grief is still a difficult issue in contemporary society. Barriers exist to talking openly about grief with family and friends. This finding is supported by Goodrum (2008), who also emphasises the lack of emotional support for bereaved individuals.

### Discussion

Before the implications of the study are discussed, the explorative and non-representative nature of the online study must be remembered. We must also bear in mind that the data is restricted to a German-speaking environment. It remains unclear if the findings can be transferred to different cultural contexts. The results should be compared with those from other European countries. Cross-national research about the ability to talk about grief is clearly needed. We can state, however, that the findings are in line with the American study by Goodrum (2008). The results support the objectives of public awareness campaigns in the UK (eg. *Dying Matters*). They can lead the way for other countries such as Germany or Switzerland where there is a lack of public and institutional death education.<sup>5</sup>

The recommendation that bereaved individuals should talk about grief must be backed up by providing support. Speechlessness and a lack of understanding can complicate the grieving process and put additional stress on bereaved people that may intensify feelings of loneliness and despair. Talking and listening, however, are difficult tasks that can cause frustration, misunderstandings, and withdrawal on part of both the bereaved and the conversation partner

when interaction fails. Therefore, the guidelines for bereaved people and the ones close to them published on the Internet, in booklets, or in flyers should be expanded. For example, the detail and thoroughness of the advice for talking with dying people offered by *Dying Matters* (eg. 'fear of talking,' 'how to listen well') has to be transferred to the task of talking to grieving individuals. They should more specifically address the barriers that exist to talking openly about grief with others.

The findings show that the education of listeners should especially account for the bereaved individuals' fear of being or becoming a burden. Helping them overcome this fear is one of the most important tasks of the social network. Correspondingly, bereaved people should be encouraged to talk about the anxiety of stressing others. Only an open conversation can calm this fear. However, as Cruse proposes in its guidelines, it is important for conversation partners to find a balance between encouraging the bereaved individuals to talk about grief without pushing them to do so.

### Conclusions

The present online study provides findings about the frequency of bereaved individuals talking about grief, their various conversation partners, and the barriers that keep them from talking about it. In the future, there is a need to conduct a representative study about the communication process of grief. A closer examination of gender, age, or educational differences can be expected to shed light on interpersonal variations in the ability to talk about grief. Further research should also address characteristics of these conversations such as content, context, or frequency. Despite these limitations, the study highlights the daily experiences of bereaved people. Only a small percentage of the respondents were isolated, whereas 63.2% (223) felt the desire to talk about their grief with other people. Moreover, 62.7% (212) were able to talk to the persons who were important to them. A minority of 5.6% (19) of the respondents did not talk about their grief to anyone at all. Besides the common notion of friends and family as the main support givers, the study reveals the diversity of conversation partners. Members of the bereaved individuals' wider social network, such as acquaintances, colleagues, and professionals, must be acknowledged as sources of support as well. In this context, the offering of Bereavement Awareness Training for companies (such as that offered by Cruse) could be of particular importance due to the fact that respondents often talk to colleagues about their grief. A current report UK report *Life After Death* reveals the lack of support for bereaved people in the workplace.

Although most bereaved individuals were able to seek consolation in talking to others, the study nevertheless identifies several challenges in the communication process

<sup>5</sup> There is one exception. In 2012, the public-service broadcasting companies in Germany (ARD, ZDF) had a special theme week titled 'You will die. Let's talk about it' featuring TV shows and radio programmes on death, dying and bereavement ([http://web.ard.de/themenwoche\\_2012/](http://web.ard.de/themenwoche_2012/), accessed 16 February 2014).

between those grieving and their consolers. A total of 37.3% (126) of the respondents stated that they were not able to talk to everyone to whom they desired to talk. The strongest cause of difficulties in talking openly about it can be traced back to concerns about being a burden. Calming this fear should be addressed as a 'do' in the recommendations for helping bereaved people (Cruse). Bereaved individuals often did not dare to talk about their feelings. But they also experienced avoidance, and felt others did not understand them because they did not ask about their grief. In this respect, the results contribute to understanding the discrepancy between the advice to talk about grief on the one hand, and the actual experiences of bereaved people who were restricted in their ability to talk, on the other. The study supports the goal of creating public awareness, as exemplified by the campaigns of Cruse and Dying Matters, which address the difficult 'task' of talking about grief. They have recognised the importance of approaching both parties, the bereaved and their conversation partners. Both sides have to overcome the 'fear of talking', ie, the insecurity, awkwardness, and constraints involved, and must be encouraged to talk and listen. ■

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