



**THE ETIQUETTE OF GRIEF**  
Supporting Someone Who is  
Grieving the Death of a Loved One  
(Or Other Important Loss)  
For Summerville Family Health Team

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Family Health Team



**H.U.U.G.**

Help Us Understand Grief



# *Initial Thoughts*



**Grief is a normal, natural and necessary part of human life from birth onwards.**

**Most people fear talking about death, dying and grief.**

**Many miscommunications can occur between a griever and their support system.**

**We will explore what might be happening for the griever and the support people.**

**We will explore skills and tips for offering/receiving grief support.**

## *The Rule of Thirds*

Dr. Alan Wolfelt suggests that each grieving person can divide their circles into thirds as follows:

- 1/3 - Therapeutic (Good Listeners)**
- 1/3 - Neutral (Good for Socializing & Distraction)**
- 1/3 - Toxic (Good to Keep a Distance for a Time)**

In the grief journey it can be empowering to know who in your circles are who!

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## *Possible Experiences of a Grieving Person*

- In Grief 101 we learned all the possible experiences of a grieving person that will be felt uniquely for each person.
- The world looks very different – as though seeing with new eyes.
- A wish to cocoon and/or carry on as normal – “If I start to cry I’m afraid I won’t stop.”
- Feelings of isolation, being misunderstood and “invisible” because others are uncomfortable around them.
- Feeling like a burden to others; declining social engagements.
- Loss of personal identity – “I’m living with illness or grief – I am NOT illness or grief.”

## ***Possible Experiences of a Grieving Person (Cont'd)***

- Existential loneliness and abandonment – who is going to “get me” now – who is going to “have my back?”
- A need to share the story over and over but people do not want to listen anymore (“It’s time to move on ...”).
- Expects their circle of care to know what to say and do.
- Anger at the medical system as a form of protest.
- “Wearing a mask” in public
- Full acceptance of loved one’s death, possibly a sense of relief.

## ***Possible Experiences of the Circle of Care***

- The circle of care could be family, friends, neighbours, acquaintances, work colleagues, faith community, volunteers, healthcare professionals (doctor, nurse, social worker, spiritual care practitioner, etc.), or person at the “grocery store.”
- Fear, helplessness, “deer caught in the headlights,” about saying, doing or behaving in ways that may cause harm or suffering in another.
- Facing own mortality – “That could happen to me.”

## ***Possible Experiences of the Circle of Care (Cont'd)***

- **Fear about witnessing suffering (crying) in another and wishing to fix or stop it.**
- **Fear of breaking down yourself in front of the other (trigger)**
- **Making the assumption that the person wishes to be left alone.**
- **Getting tired of hearing the same story over and over but not sure of how to direct person to professional support.**
- **The need to be needed and “overdoing” it.**

## ***Connecting Through Compassion, Empathy, Kindness and Care***

***“When we suffer loss or face difficulties of any kind, there is a real desire deep in most people for human connection.”***

**Sheryl Sandberg, *Option B***

***“If your compassion does not include yourself it is incomplete”  
Buddhist Quote***

***“The very fact that we are conscious human beings experiencing life on the planet means that we are intrinsically valuable and deserving of care ...  
We don’t have to earn the right to compassion; it is our birthright.”***

**Dr. Kristin Neff (SW)**

## ***Finding the Words***

**When deciding what to say to someone who is grieving, consider:**

- **Level of the relationship (deep friendship, acquaintance)**
- **Cultural norms**
- **Spiritual/religious norms**
- **Family culture**
- **Your personality and the personality of the other**
- **Your experience of grief, loss and illness**
- **Misinformation about grief/loss**

## *Unhelpful Things To Say & Do*

- You've got to be strong
- You've got to move on with your life.
- Just be happy you are doing as well as you are.
- *N* would not want you to be sad
- *N* was sick for so long and you knew s/he was going to die so you should not grieve.
- You must accept every social invitation or people will forget about you.
- You must stop crying – it's time to move on and let go of *N*.

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## *Unhelpful Things To Say & Do*

- Since you are a professional, you should be able to sail through the grief journey.
- When are you going to get back to normal?
- I know exactly how you feel (and then share your story)
- It could be worse.
- S/he lived such a long life
- It was God's plan
- S/he is in a better place.
- God needed him/her more than you did.

Generally, speaking in absolutes is not helpful.

Generally, offering unsolicited advice is not helpful.

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## ***Helpful Things to Say & Do (with Genuine Care)***

**I don't know what to say but I just had to call you.**

**How is your day going today?**

**I'm here to listen if/when you wish – no pressure.**

**Just thinking of you – feel free to call back if you wish – no worries if not**

**It's not fair.**

**I'm so sorry for your loss.**

**Is it OK if I call/text from time to time?**

**I would love to hear more about your N ... what were they like?**

**Your feelings are normal and natural ... there is nothing wrong with you!**

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## ***Helpful Things to Say & Do (with Genuine Care)***

- Send a text, email or card as soon as you hear; it is up to the support person to initiate contact.
- Leave a voicemail, “Thinking of You.”
- Think about what you like about your friend or colleague and name that quality(ies) in a card.
- Honour confidentiality of the individual who is grieving – if not sure, ask them.
- It is OK to laugh with grieving person.
- Accept graciously when/if a person wants to give back to you.
- Offer Acts of Kindness such as buying a gift, making a donation, delivering a meal or restaurant gift card, offer to care for children or walk the dog) that fits the nature of your relationship. Be respectful of the person and of what is possible in your own life.
- Ken Doka – L D R (Listeners, Doers, Respite People)  
Say nothing ... offer listening presence ... ask gentle questions.

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# *Listening and Presence*

## Non-Verbal Communication

### Body language

Facial Expression    Eye Contact

Posture

Body position (placement of hands)

Personal Space

Tone of Voice

Silent Pauses

Pace

Touch

They say that 95% of communication is non-verbal

It is not so much **WHAT** you say as **HOW** you say it  
(personally and professionally).

## *Considerations for Grief in the Workplace*

- **Organization's Bereavement Policy**
- **Become a System Navigator**  
(Know the resources and community partners in Peel and surrounding areas)
- **Compassionate Communities Philosophy**
- **Arrange a Group Debrief for Staff or Consult with HHH**
- **Reduce Stigma of Grief by Creating Culture of Healing**

## *In Summary*

**If you know someone (including yourself) who is grieving, will you:**

- **Reach out or offer support?**
- **Know your own and others' uniqueness, talents, gifts, time availability, etc.**
- **Operate from a position of compassion, care, dignity and respect for all including yourself?**
- **Forgive yourself and others if attempts are not perfect?**
- **Have faith and trust in the process of grief?**

## ***How to Access Grief Support at HHH***

HHH Bereavement Program serves the Region of Peel (Mississauga, Brampton and Malton) and includes:

- **1:1 Professional Grief Counselling**
- **1:1 Bereavement Volunteer Support**
- **8-Week Closed Bereavement Support Groups**
- **Grief Chat Circles**
- **Social Walking Groups**
- **Education Workshops**
- **Group Debriefs for Community Partners**
- **HUUG (Help Us Understand Grief) for Children and Youth**
- **Access to Health and Wellness (Complementary Therapies, Guided Meditation, Vibrational Sound Healing)**

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**All services provided free of charge.**

# *Heart House Hospice Contacts for Grief*

For Consultation or Self-Referral to Heart House Hospice call:

Intake

(905) 712, 8119, Ext. 241

Peggy Moore, MPS, CSCP, RP  
Coordinator of Bereavement and Spiritual Care  
[mmoore@hearthousehospice.com](mailto:mmoore@hearthousehospice.com)

Ext. 232

Alexandra Horsky, MDiv, SCP, RP  
Bereavement Counsellor  
[ahorsky@hearthousehospice.com](mailto:ahorsky@hearthousehospice.com)

Ext. 247

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## ***Helpful Resources***

***The Etiquette of Illness* by Susan Halpern**

***What's Your Grief* (Blog)**

***Option B (Book and Blog)* by Sheryl Sandberg**

***When Your Soul Mate Dies* by Dr. Alan Wolfelt**

***Four Things That Matter* by Ira Byock**

***Resilient* by Rick Hanson**

***Self-Compassion* by Dr. Kristin Neff**

***The Gifts of Imperfection* by Brené Brown**

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# *Thanks!*

## Any questions?