CANCER MIND CARE

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Grief

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Topics covered on this page

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What is grief?

Grief is the process of responding to a loss and it can affect all parts of your life. It is not just an emotion in the context of death and dying.

With a cancer diagnosis, grief can happen shortly after diagnosis, during treatment and beyond.

There are both tangible and intangible losses.

Tangible losses may include losses or changes to your:

- Body parts (e.g. loss of body parts, disfigurement, loss of hair)
- Function (e.g. ability to work, or engage in normal activities)
- Finances (e.g. loss of job, change in financial security)

- Relationships (e.g. change in roles in relationships or intimacy)
- Possessions (e.g. accommodation, housing)

Intangible losses may include losses or changes to your:

- Independence
- Identity
- Time and energy levels
- Future events, goals and plans that you once looked forward to
- Career aspirations

How can grief impact you?

Grief is a very individual process. There is no right way to grieve.

Everyone's grief is shaped by their gender, personality, family and cultural background, and life experience.

Grief is not the same as depression nor does is it occur in phases or stages. There is no set timeline for grief.

After a loss you can experience a range of intense emotions.

These may include:

- Shock
- Disbelief
- Guilt
- Blame
- Numbness
- Anger
- Resentment
- Irritability
- Longing
- Sadness
- Relief
- Anxiety
- Panic

How can grief impact your thoughts?

Grief can lead to:

- Rumination where you go over and over your loss
- Difficulties concentrating
- Difficulties making decisions
- Difficulties remembering things
- Confusion

Grief can feel like you are losing control of your mind.

Common thoughts associate with grief may include:

- "I'll never get over this"
- "I can't cope"
- "This is not fair"

How can grief impact you physically?

Grief can lead to:

- Changes in sleep patterns
- Changes in appetite
- Dizziness, headaches, muscle aches, nausea
- Pain
- A generally unwell feeling
- Exhaustion and fatigue

What behaviours are often associated with grief?

- Crying
- Keeping busy or the opposite – loss of interest in usual activities
- Snapping or feeling impatient with others
- Talking about the loss or avoiding it
- Withdrawal from friends and family

What can you do to help with the grief process?

Although the sadness of loss may never go away completely, most people will cope with grief and loss through the support of their family and friends and not require counselling or medication.

- Look after your physical health through exercise, a healthy diet and by limiting alcohol
- Establish a routine
- Give yourself time to grieve
- Spend time with people that you find supportive and share with them how you are feeling. Talk about the loss. Avoidance can lead to feeling isolated.
- Keep a diary. Write down how you feel about the grief and loss. Write down your memories and observations
- Give yourself permission to do things that you enjoy or that can distract you. Start doing pleasant things again. This might include doing some gardening, going to a movie, doing a puzzle, playing a board game, eating out or any other activity that you enjoy

For the loss of a loved one:

- It might help to write a goodbye letter. In the letter you might want to share: how saying goodbye makes you feel, your memories, what you miss, and how you will remember them
- Share your memories of your loved one
- Join a bereavement group

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Further information and support services

Further information

Cancer Council Victoria – Understanding grief booklet
Download Guide

Cancer Council - Coping with Grief Podcast
Visit Website

Headspace – Understanding grief and loss fact sheet
Download Guide

National Association for Grief and Loss
Visit Website

Australian Centre for Grief and Bereavement
Visit Website

Finding a mental health professional

You can begin by speaking to your General Practitioner (GP). GPs can discuss your emotional concerns with you and can link you to supports in the local community, such as a psychologist or social worker.

You can also speak to your cancer clinician. Most cancer services have a range of psychological support options including psychologists, social workers, psychiatric nurses and psychiatrists. If this isn't available at your local health service, ask them what support is available in the local community.

You can find a local Psychologist with a referral or a mental health care plan from your GP.

Search for a local Psychologist
Visit Website

Search for a local Psychiatrist
Visit Website

Health Direct

Health Direct provides information about what a mental health care plan is and how you can work with your GP to access a mental health care plan.

Visit Website

Relaxation and mindfulness

Cancer Council NSW – Finding calm during cancer

Meditation and relaxation practices

Visit Website

Headspace

Meditation and mindfulness app

Visit Website

Smiling Mind

Web and app-based meditation program

Visit Website

Cancer support services

Cancer Council Victoria

A non-profit cancer charity organisation involved in cancer research, patient support, cancer prevention and advocacy.

Call 13 11 20 to speak with a cancer nurse
Visit Website
Support Groups
Cancer Connect peer support
Online Community

WeCan

A supportive care website

Visit Website

Telephone support services

Griefline

Skilled telephone counsellors are available 6am to midnight, 7 days a week.

National - Landline only
National - Metro Melbourne
Visit Website

The Compassionate Friends Victoria

24/7 grief-support phone line provided by trained peer-support volunteers

Phone: 1300 064 068
Visit Website

Beyond Blue

All calls are with a trained mental health professional, and completely confidential. They will only ask you your first name and you can remain completely anonymous.

Phone: 1300 224 636
Visit Website

Lifeline

Lifeline provides all Australians experiencing a personal crisis have access to 24-hour crisis support by trained professional

Phone: 13 11 14
Visit Website

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Content is sourced from published research literature, grey literature sources (e.g. clinical guidelines) and opinions of clinical experts. It is not intended to reflect all of the available evidence and is not intended to be exhaustive.

The authors acknowledge that it is possible that other relevant guidelines or scientific findings may have been published

since the development of the website.