Frontline

This newsletter is dedicated to professional caregivers. It is our hope that this newsletter will help you give comfort and strength to those you serve.

Fall 2008

Companioning the Bereaved

An Introduction Part III

by Alan D. Wolfelt, Ph.D.

I've always found it intriguing that the word "treat" comes from the Latin root word "tractare," which means "to drag." If we combine that with "patient," we can really get in trouble. "Patient" means "passive long-term sufferer," so if we treat patients, we drag passive, long-term sufferers. Simply stated, that's not very empowering.

On the other hand, the word "companion," when broken down into its original Latin roots, means "messmate": com for "with" and pan for "bread." Someone you would share a meal with, a friend, an equal. I have taken liberties with the noun "companion" and made it into the verb "companioning" because it so well captures the type of counseling relationship I support and advocate. That is the image of companioning – sitting at a table together, being present to one another, sharing, communing, abiding in the fellowship of hospitality.

Companioning the bereaved is not about assessing, analyzing, fixing or resolving another's grief. Instead, it is about being totally present to the mourner, even being a temporary guardian of his or her soul.

The companioning model is anchored in the "teach me" perspective. It is about learning and observing. In fact, the meaning of "observance" comes to us from ritual. It means not only to "watch out for" but also "to keep and honor," "to bear witness." The caregiver's awareness of this need to learn is the essence of true companioning.

If your desire is to support a fellow human in grief, you must create a safe place for people to embrace their feelings of profound loss. This safe place is a cleaned-out, compassionate heart. It is the open heart that allows you to be truly present to another human being's intimate pain.

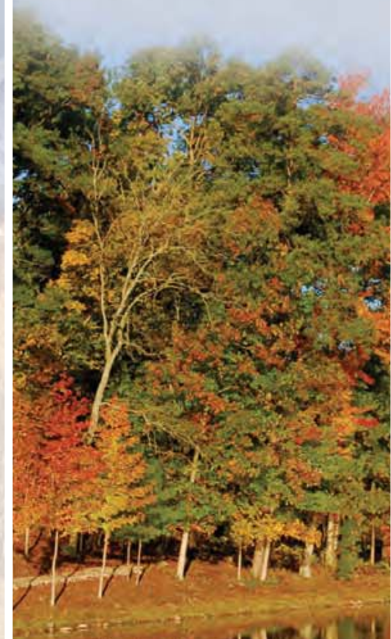
As a bereavement caregiver, I am a companion, not a guide – which assumes a knowledge of another's soul I cannot claim. To companion our fellow humans means to watch and learn. Our awareness of the need to learn (as opposed to our tendency to play the expert) is the essence of true companioning.

A central role of the companion to a mourner is related to the art of honoring stories. Honoring stories requires that we slow down, turn inward and really listen as people acknowledge the reality of loss, embrace pain, review memories and search for meaning.

Also interesting to note is that the Oxford English Dictionary defines "companion" as "to accompany, to associate, to comfort, to be familiar with." In one sense, the notion is of comforting someone, which relates clearly to what a mourner needs and deserves. In another sense, the notion is of knowing someone, being familiar with that person's experiences and needs; this notion clearly relates to the process of becoming familiar, which can take place through the "telling of the story."

In sum, companioning is the art of bringing comfort to another by becoming familiar with her story (experiences and needs). To companion the grieving person, therefore, is to break bread literally or figuratively, as well as listen to the story of the other. Of course this may well involve tears and sorrow and tends to involve a give and take of story: I tell you my story and you tell me yours. It is a sharing experience in a deep and profound way.

The sad reality is that being a fellow companion in contemporary times seems to be a lost art. Many people (including trained mental health caregivers) may not know how to truly listen, really hear, and realize how to honor another person's story.



Advocating for the "Companioning" Model of Grief Care

My hope is that the philosophical model of companioning will eventually replace the traditional medical model, which teaches that grief's goal is movement from illness to normalcy. The companioning philosophy empathizes with the human need to mourn authentically without any sense of shame and encourages every one of us to discover how loss has forever changed us.

Principles of "Companioning" the Bereaved

1. Bereavement, grief and mourning are normal experiences; however, they are often traumatic and transformative.
2. The helping process is seen as a collaborative, companioning process between people.
3. True expertise in grief lies with (and only with) the unique person who is grieving.
4. The foundation upon which helping the bereaved person takes place is in the context of an encouraging, hope-filled relationship between the counselor and the bereaved person.
5. Traditional mental health diagnostic categories are seen as limitations on the helping process. The concept of "gardening" as opposed to "assessing" better describes efforts to understand the meaning of the death in the bereaved person's life.
6. The counseling model is holistic in nature and views bereaved people as physical, emotional, cognitive, social and spiritual beings.
7. The undergirding theoretical model is systems-oriented and sees the bereaved person as being impacted by interdependent relationships with persons, groups, institutions and society.
8. The focus of companioning the bereaved person is balanced between the past, the present and the future.
9. A bereaved person's perception of reality is the reality. A "here and now" understanding of that reality allows me to be with them where they are instead of trying to push them somewhere they are not.
10. A major helping goal is to provide a "safe place" for the bereaved person to do the "work of mourning," resulting in healing and growth.
11. People are viewed from a multicultural perspective. What is considered "normal" in one culture may be perceived as "abnormal" in another culture.
12. Spiritual and religious concerns and needs are central to the reconciliation process.
13. Men and woman are seen in androgynous ways that encourage understanding beyond traditional sex role stereotypes.
14. The overall goal of helping the bereaved is reconciliation, not resolution.
15. Right-brain methods of healing and growth (intuitive, metaphoric) are seen as valuable and are integrated with left-brain methods (intentional, problem-solving approaches).
16. "Complicated" mourning is perceived as blocked growth. The "complicated mourner" might simply need help in understanding the central needs of mourning and how to embrace them in ways that help healing.
17. Helping avenues must be adapted to the unique needs of the bereaved person. Some people are responsive to group work, some to individual work, and some to family systems work.
18. There is a commitment to using educational, primary prevention efforts to impact societal change because we live in a "mourning-avoiding" culture.
19. There is a responsibility to create conditions for healing to take place in the bereaved person. The ultimate responsibility for eventual healing lies within the person.
20. Excellent self-care is essential, for it provides the physical, spiritual, emotional, social and cognitive renewal necessary for the counselor to be an effective, ongoing companion in grief.

This article is excerpted from Dr. Alan Wolfelt's book Companioning the Bereaved: A Soulful Guide for Caregivers, available at bookstores and at Dr. Wolfelt's website, www.centerforloss.com. Dr. Wolfelt is an internationally noted author, teacher and grief counselor. He serves as director of the Center for Loss and Life Transition and is an educational consultant to funeral homes, hospices, hospitals, schools and a variety of community agencies across North America.

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Healing a Friend's Grieving Heart

Understanding Grief: Helping Yourself Heal

For more information, visit his website:

www.centerforloss.com

SPIRITUALITY/RELIGION

AND THE PROFESSIONAL III
THORNY RELIGIOUS QUESTIONS

By Dr. Earl A. Grollman

Renewed interest in the writings of such scholars as Carl Jung and Viktor Frankl, Benson's mind-body connections, and the 12-step program of Alcoholics Anonymous have fostered greater openness in the offices of secular psychotherapists to both spirituality and religion.

All of us have spiritual dimensions in our search for the meaning of the mysteries of life. Each person's spiritual nature will differ widely depending on such variables as age, sex, race, class, ethnicity, heritage, religion and life's experiences. Being connected to a disconnected world is a crucial aspect of health care.

Research findings indicate that professionals often lack a clear understanding of their clients' needs and of the ontological significance of deriving purpose in their existence. Therapists may plan and implement their own interventions on the basis of their values, rather than their clients. They report that they feel inadequate especially when religion is brought into the discussion.

Of course, it is natural in our scientific milieu to seek explanations. But no one knows completely – even the greatest philosophers and theologians – why good people suffer.

Remember the admonition of America's Medical Association in urging their members to not focus solely upon bodies in need of repair. They must also mobilize their holistic investigations to the beliefs and practices of their patients' awareness of their unique transcendental values.

I indicated in a previous edition of Frontline that a detailed history of the clients' religious development could prove invaluable in how they confront ultimate values with their relationship to their faith community and a Higher Power.

Let's try to be more precise. When tragedy strikes, mourners of all faiths may ask specifically: "Why me?" "How could God do this to me?" "Is God punishing me?" "Is it God's will?"

Obviously there are no definitive responses that will be satisfying to all who seek answers. Haven't we mentioned over and over again that each one of us is sui generis, in the singular unfolding of life's demands? The following are a few thoughts for your consideration in addressing these mysteries in a hopefully therapeutic way:

Q: "Why me?"

"Why me?" could be more than a question. It could be an agonizing cry for the devastating pain that so radically has altered their lives. It is an expression of shock, denial, panic, guilt, anger and depression.

As counselors, we can remind our clients that as children they may have believed that life was fair or, at least, ought to be fair. As adults, they now know that they have to live in an unfair world. Of course, it is natural in our scientific milieu to seek explanations. But no one knows completely – even the greatest philosophers and theologians – why good people suffer.

We might tell our clients that even if the questions were answerable, would their despair be less agonizing? There is no simple response that bridges the chasm of "irreparable separation." There is no satisfactory answer for an unresolvable dilemma.

Not all questions have complete answers. Unanswered "whys" are a part of life. The search may continue but the real question may be, "How best can they help each other to live as meaningfully as possible?"

Q: "How could God do this to me?"

Anger at God does not beg for the counselor's immediate response. Again it may be a cry of desperation that calls for quiet restraint and acknowledgment of their sadness and bitterness.

Professionals understand that anger is a part of grief. Blaming God is a normal response to extreme anguish. Many of the greatest spiritual leaders have felt this way, including the Psalmist who said, "My God, my God, why hast thou forsaken me?' (Psalm 22:2). Many in the faith community have acknowledged this anger and have said: "It's OK. God can take it."

"Expecting nothing bad to happen to you because you're a good person is like expecting the bull not to charge you because you're a vegetarian." ~ Mordechai Kaplan

These religious leaders understand that honest anger can be a form of prayer. To be furious at God could indicate that there is still a "God-Force" in them. No one can hurt them like those closest to them and those they trust. Their wrath may be evidence that God was present in their life and may be again. This is not the time to argue theology. It is the time to work through the consequences of their lingering, crippling heartache.

Q: "Is God punishing me?"

"What did I do wrong?" They may feel that this is a kind of divine chastisement for their sins and misdeeds, real or perceived.

You might ask: "Do you think that faith is an insurance policy offering protection against the cruel blows of sickness?" Help them to understand that religion does not preclude grief nor inoculate against suffering. Highlight again and again that they and their loved ones are not being disciplined. Bad things do happen to good people. And as theologian Mordechai Kaplan used to say, "Expecting nothing bad to happen to you because you're a good person is like expecting the bull not to charge you because you're a vegetarian."

Q: "Is it God's will?"

I will never forget the response of a bereaved mother whose child was killed by an inebriated driver and was told, "It was God's will." She thundered: "It had nothing to do with God. Someone was drinking and driving and killed her!" The eminent theologian, the Reverend Henry Sloane Coffin rejected the "It was God's will" mentality when his son died in a tragic automobile accident. He said: "Nothing so infuriated me as the incapacity of seemingly intelligent people to get it through their heads that God doesn't go around the world with His fingers on triggers, His fist around knives, His hands on steering wheels."

For some, there may be solace in the belief that the world is run according to an immutable divine design. My experience is that stating that each death is in accordance with God's will may often cause mourners to reject religion. Many of us hear: "If it's God's will, then God must be my enemy. I needed my child more than HIM."

In our conversations with our clients, we must be aware and beware of platitudes, turning sympathy into banality.

As a conclusion to this series on Spirituality and the Professional, I can think of no more eloquent words than those of Dr. Richard P. Peterson in his "Finding the Spiritual in Psychotherapy." He writes that discussions of a spiritual/religious nature "have been the most rewarding dialogue I have had with my clients. Persons of a wide range of religious perspectives have enriched me greatly through their sharing of their struggles. I am thankful that I ignored advice I was given years ago when I was a therapist-in-training dealing with a man who was afraid that he was going to hell. I was advised, 'Refer him to the chaplain.' As a therapist I am neither a theologian nor a scholar of comparative religions. I am merely a fellow traveler on a spiritual journey. Psychotherapy remains, for me, a vital option for enriching such journeys."

Dr. Earl A. Goldman, a pioneer in crisis intervention and an award-winning author of 27 books, lectures extensively throughout the world. His bestselling volume Living When A Loved One Has Died has brought hope and healing to over 350,000 bereaved families.

Consult the website for author information and a list of his award-winning books.www.beacon.org/grollman

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Dr. Earl A. Grollman, a pioneer in crisis management, is internationally acclaimed as writer and lecturer. A recipient of the Death Education Award by the Association for Death Education and Counseling, his books on coping with bereavement have sold over 750,000 copies. A list of his award-winning books on grief and loss may be obtained at www.amazon.com.

For further information, visit www.beacon.org/grollman

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It is our hope that the information provided within this newsletter will assist you in working with families at a time of death. Your professionalism and understanding are so important to a family that has just experienced a loss.