

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.

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Helping a Friend in Grief



By Alan D. Wolfelt, Ph.D.

A friend has experienced the death of someone loved. You want to help, but you are not sure how to go about it. This article will guide you in ways to turn your cares and concerns into positive actions.

LISTEN WITH YOUR HEART

Helping begins with your ability to be an active listener. Your physical presence and desire to listen without judging are critical helping tools. Don't worry so much about what you will say. Just concentrate on listening to the words that are being shared with you.

Your friend may relate the same story about the death over and over again. Listen attentively each time. Realize this repetition is part of your friend's healing process. Simply listen and understand.

BE COMPASSIONATE

Give your friend permission to express his or her feelings without fear of criticism. Learn from your

friend; don't instruct or set expectations about how he or she should respond. Never say "I know just how you feel." You don't. Think about your helper role as someone who "walks with," not "behind" or "in front of" the one who is mourning.

Allow your friend to experience all the hurt, sorrow and pain that he or she is feeling at the time. Enter into your friend's feelings, but never try to take them away. And recognize that tears are a natural and appropriate expression of the pain associated with the death.

AVOID CLICHÉS

Words, particularly clichés, can be extremely painful for a grieving friend. Clichés are trite comments often intended to diminish the loss by providing simple solutions to difficult realities. Comments like, "You are holding up so well," "Time heals all wounds," "Think of all you still have to be thankful for" or "Just be happy that he's out of his pain" are not constructive. Instead, they hurt and make a friend's journey through grief more difficult.

UNDERSTAND THE UNIQUENESS OF GRIEF

Keep in mind that your friend's grief is unique. No one will respond to the death of someone loved in exactly the same way. While it may be possible to talk about similar phases shared by grieving people, everyone is different and shaped by experiences in their own unique lives.

Because the grief experience is also unique, be patient. The process of grief takes a long time, so allow your friend to proceed at his or her own pace. Don't force your own timetable for healing. Don't criticize what you believe is inappropriate behaviour. And while you should create opportunities for personal interaction, don't force the situation if your grieving friend resists.

OFFER PRACTICAL HELP

Preparing food, washing clothes, cleaning the house or answering the telephone are just a few of the practical ways of showing you care. And, just as with your presence, this support is needed at the time of the death and in the weeks and months ahead.

MAKE CONTACT

Your presence at the funeral is important. As a ritual, the funeral provides an opportunity for you to express your love and concern at this time of need. As you pay tribute to a life that is now passed, you have a chance to support grieving friends and family. At the funeral, a touch of your hand, a look in your eye or even a hug often communicates more than any words could ever say.

However, don't just attend the funeral, then disappear. Remain available in the weeks and months to come, as well. Remember that your grieving friend may need you more later on than at the time of the funeral. A brief visit or a telephone call is usually appreciated.

WRITE A PERSONAL NOTE

Sympathy cards express your concern, but there is no substitute for your personal written words. What do you say? Share a favourite memory of the person who died. Relate the special qualities that you valued in him or her. These words will often be loving a gift

to your grieving friend, words that will be reread and remembered for years.

Use the name of the person who has died either in your personal note or when you talk to your friend. Hearing that name can be comforting, and it confirms that you have not forgotten this important person who was so much a part of your friend's life.

BE AWARE OF HOLIDAYS AND ANNIVERSARIES

Your friend may have a difficult time during special occasions like holidays and anniversaries. These events emphasize the absence of the person who has died. Respect this pain as a natural extension of the grief process. Learn from it. And most importantly never try to take away the hurt.

Your friend and the family of the person who died sometimes create special traditions surrounding these events. Your role? Perhaps you can help organize such a remembrance or attend one if you are invited.

UNDERSTANDING THE IMPORTANCE OF THE LOSS.

Remember that the death of someone loved is a shattering experience. As a result of this death, your friend's life is under reconstruction.

Consider the significance of the loss and be gentle and compassionate in all of your helping efforts.

"While the above guidelines will be helpful, it is important to recognize that helping a grieving friend will not be an easy task. You may have to give more concern, time and love than you ever knew you had. But this effort will be more than worth it. By 'walking with' your friend in grief, you are giving one of life's most precious gifts – yourself.

About the Author

Dr. Alan D. Wolfelt is a noted author, educator and grief counsellor. He serves as director of the Center for Loss and Life Transition in Fort Collins, Colorado, and presents many grief-related workshops each year across North America and the world. Among his publications are the books "Grief One Day at a Time;" "When Your Soulmate Dies;" and the bestselling "Understanding Your Grief."



When a Loved One is Dying



By Dr. Earl A. Grollman

I. The Family

HEARING THE NEWS

“Our loved one is dying.” We keep repeating these words as if that will enable us to believe the terrifying truth. We can’t imagine our loved one will not be part of our life in the way we once knew.

BEGINNING TO COPE

So much is out of our control. And there is no way to “be prepared” or “to predict” the course of the illness. We can only deal with each symptom that occurs, as it occurs. The Chinese proverb teaches us, “One step at a time is good walking.”

Perhaps the first step is to accept the limits of our power to transform the future illness and the outcome. We can only choose how we will meet these challenges.

Now we begin the long trek down a path of dilemmas, temporary solutions and increased perplexities. While there are probably no resolutions that will satisfy everyone, we can earnestly attempt to make the best decisions at each juncture.

Grief is an adaptive response to loss. Social scientists label it “a preparatory grief,” the working through of our anguish as a rehearsal for the imagined, impossible days to come.

DISBELIEF

“I can’t believe it.” “I won’t believe it.” “We’ll get a second opinion, a third opinion.” “Please let this just be a bad dream.”

We require a cushion of time before the terminal illness becomes a reality. Our emotional system shuts down so we don’t suffer an overload. We must be careful with medications that can further suppress our normal feelings and put our grief on hold.

ANGER

When a mother’s beauty fades, a strong father becomes frail, a child’s hair falls out – reality sets in and helplessness may turn to rage.

“Why me?” “Why my beloved?” “What did I do to deserve this punishment?” We may be angry at the medical community for not doing more to keep our loved one in better health. We may be irate that funeral directors profit at our loss. We may be furious with the clergy whose intervention had failed. We may be infuriated with God for being unjust. And we are especially outraged with ourselves for being so exasperated.

Anger feels like a fire. It must burn itself out or else it will burn us with psychological disturbances and physical symptoms. Anger not acknowledged and resolved in healthy ways can be like a time bomb ready to explode.

These feelings as well as other grief reactions may find a safe place to be expressed with understanding friends and family, journaling or finding a support group. To not work through the anger is to lengthen the time of healing.

GUILT

“What if I had called the doctor sooner?” “Taken better care of him/her?” “I had not lost my temper?”

We search in our heart for the ways we failed our loved one, accusing ourselves of negligence. But it is impossible to love deeply without occasionally hurting the person we love. There is always something more we could have done.

A wise member of the clergy once said, “I believe that God forgives us. The question is: Will we forgive ourselves?”

What is passed is past and cannot be changed. We already have too much pain to add an additional burden of guilt.

DESPAIR

"It's hard to get out of bed in the morning." "I feel so alone." "Nothing seems to matter anymore." "Is life worth living?" "I am bowed down and brought very low; all day long I go about mourning." (Psalm 3:8)

We are in despair. (From the Latin "de" – without and "espere" – to hope.) For good reason. Grief compels a redefinition of self; a response to events that seem out of control and without purpose.

We need time to collect ourselves. Despair is a human reaction to anticipated loss. It is part of our grief work, beginning to say goodbye to our beloved. Self-esteem is best achieved by directing our energies into constructive channels with understanding people, and perhaps therapy to work through the heart-break of a loved one's serious illness.

II. The Patient

Often after hospitalizations and perhaps jolting treatments of chemotherapy and radiation, our loved one may be in the throes of confusion, agony and lack of dignity. The word "dignity" comes from the Latin "dignitas," meaning worthy, respectful and esteemed.

But how do we ensure patients are treated with dignity?

WHEN CARING PROFESSIONALS ARE EFFECTUAL

We need the medical staff to stop, look and listen. They stop to engage our loved one and not just walk in the room, mumble incomprehensible jargon and quickly retreat. They look at the in-

ner person; not just the discussed organ. They listen to the patient's inner concerns, fears and hopes and when possible, allow and encourage participation in meaningful decisions.

WHEN PAIN AND SUFFERING ARE CONTROLLED

Pain is not only physical, it is psychological as well. Drug therapy is administered to relieve this suffering. New discoveries in pharmacology help many patients make their lives as bearable as possible and to go on living without distorting reality.

But too often medicines are given before they are requested; before they are needed. In some nursing homes and even hospitals, drugs are used for convenience of the staff in order to keep the patient quiet and inactive. Using medication for this purpose is drug abuse.

We might share our observations of our loved one's response to the medications and inquire whether the dosage is appropriate for our loved one's present condition and whether other drugs (or none at all) may now be indicated.

WHEN PATIENTS FEEL ACCEPTED AND LOVED

It's one thing for a person to choose to be alone. It's quite another to be left alone. Dying people, too, crave companionship, social acceptance and especially emotional warmth and love. Many times, they feel rejected and discarded. Often they are! Loneliness may be more fearsome than physical pain.

When family and friends retreat, our loved one may have doubts about his or her significance and self-worth. The thoughts, "I used to be a healthy parent ... grandparent ... brother ... sister ... spouse ... child ... friend ... human being. What am I now? Who am I?" What a loss of identity!

It is so easy for us to retreat and rationalize by saying, "I won't visit today. She needs her rest." In truth, are we thinking we're "taking care" of our beloved when we are actually really protecting ourselves from a painful encounter.

We validate our loved one by being there. We may just sit together in silence, or give hugs or hold hands to demonstrate our affection and our loved one's significance in our lives.

When we need words to communicate, we might talk about our own lives or share news of the family with possible photographs. Remember, though, idle chatter isn't communication. Neither is denial: "Everything will turn out OK, you'll see." Patients do not need false reassurances they know are untrue. To speak of a cure when there is no cure encourages false hopes.

Yes, the patient is very ill. But that individual is not dead yet. Our beloved is still living and breathing, needing to be liked for himself or herself; needing to live while still alive.

One patient wore a jersey in a hospice that read, "Be patient. God isn't finished with me yet."

Loss is part of living. It is also part of learning. Losing teaches us life goes on and we can, too.

About the Author

Dr. Earl A. Grollman, a pioneer in crisis management, is an acclaimed writer and lecturer. In 2013, the Association for Death Education and Counseling presented him with its Lifetime Achievement Award, only the fourth time in three decades. This award honours "his national and international impact on the improvement of death education, caring for the dying person, and grief counseling." His books on coping with bereavement have sold more than a million copies. 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.