

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.

Summer 2009

Helping the Helper

For more than a half century, I have sat by the beds of dying people. I witnessed their intolerable fears of a frightening, unknown future. That is why professionals must give compassionate support to our suffering ill clients.

However, as we reach out to the dying people, we must not forget those by their side – the caregivers. They are stricken with their own bewilderment, sadness and panic.

I will never forget accompanying an elderly couple into their physician's office. The doctor said: "I'm sorry to say that your husband has a terminal illness and has only a short time to live." The wife screamed: "We've been married for 52 years. Who will take care of me?"

I then recalled the first lesson I learned as a hospice volunteer: You don't care only for a pa-

tient; you care for a family. The ebb and flow of changes caused by illness affect not only the people who are sick but also the lives of everyone entrusted to their care.

The helpers are often emotionally, physically and spiritually overloaded as a result of stress, exhaustion and self-neglect. Their question: How to find the equilibrium to give to themselves as they need to give to others?

Conversations: Caregivers and Professionals

Our usual question: How are you? Their automatic, passive response: I'm fine. I'm OK. Too often the discussion then comes to a speedy conclusion.

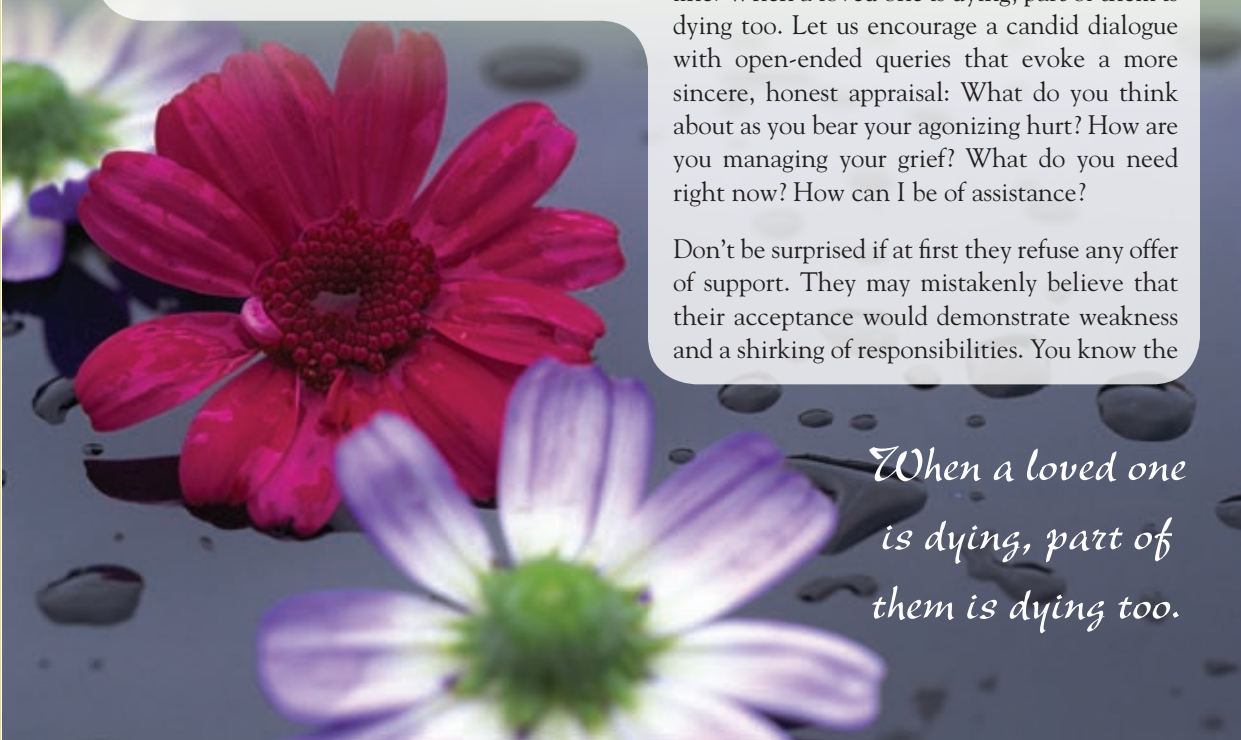
In all likelihood, they are not OK; they are not fine. When a loved one is dying, part of them is dying too. Let us encourage a candid dialogue with open-ended queries that evoke a more sincere, honest appraisal: What do you think about as you bear your agonizing hurt? How are you managing your grief? What do you need right now? How can I be of assistance?

Don't be surprised if at first they refuse any offer of support. They may mistakenly believe that their acceptance would demonstrate weakness and a shirking of responsibilities. You know the

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By Dr. Earl A. Grollman



adage, “If at first you don’t succeed.” You know the rest. Keep trying to move them from helplessness to helpfulness.

Be Caring of Their Emotional Needs

Care-giving is a high stress activity. Stress is a word borrowed from the field of engineering describing force applied to a structure. Stress also refers to the ordinary and extraordinary pressures of life. There are the frequent ordinary pressures which they confront daily. Now there are new extraordinary stresses controlled by the unforeseen episodic nature of a devastating, prolonged illness.

Help them to understand the possible physical and emotional consequences: disbelief, numbness, hostility, anger, guilt and depression. These are normal adaptive responses. The more their life is bound up with their beloved, the more vulnerable they are to these feelings.

With conflicting emotions they may feel like they are victims of a sudden windstorm, swept away by forces they didn’t expect and can’t control.

Let them know that their feelings are neither good nor bad. Nor is there a right way to express emotions – nor a prescribed time it will take to adjust. Accepting emotions as natural will help to resolve them.

Fear of the future is real. There is no getting around the pain. In times of adversity, silence is not golden. It can make them a prisoner of their own despair. Buried emotions can cause a war within them like a ticking time bomb. When it explodes, it creates enormous emotional damage.

Talking gets it off their chests. When they put their feelings into words, they bring them to the surface. Encourage them to call their feelings by their rightful names: I am frightened. I am heartbroken. I am aching. Let them say these words out loud. Scream them if they wish. Write them in their journal. As they release pent-up emotions, they drain unbearable hurt from their heart and soul.

Be Caring of Their Physical Health

Caregivers may not remember the last time that they felt good. They collapse in bed and can’t sleep. Their stomach aches. Their head throbs. How draining to care for their sick ones and themselves!

These physical problems are real. It is estimated that 75 per cent of routine visits to doctors are stress related. And one of the greatest causes of stress is caring for a sick loved one. An aching heart takes a toll on the rest of the body.

Being an effective caregiver is the opposite of becoming a martyr. Again we must emphasize that if they are consumed by their loved one’s needs, they will only neglect other family members and themselves.

It is imperative that they slow down and when possible relinquish some of their responsibilities. They must acknowledge and

respect their own needs. Let them heed the voices of the child inside: “I’m important, too.”

There is healing in solitude. A little withdrawal from constant tensions allows them to return to their loved one refreshed, renewed and restored. The peace that they discover will make them better caregivers.

Be Careful of Their Spiritual Health

When crises shatter life, faith may flicker low and become extinguished. God may appear distant and removed, too far away to be of help. The hope of a miracle cure is not forthcoming. They feel alienated, betrayed and forsaken.

Blaming God can be a normal response to extreme anguish. In the book, *The Dying Child*, Dr. John Easson tells of a young patient saying: “If God is God, He will understand my anger. If He cannot understand my anger, He cannot be God.” What a powerful confession of faith. Honest anger can be a form of prayer.

For some, facing illness can be a religious pilgrimage. Their spirituality may be strengthened through their painful struggle. They discover deepening insights and new understandings.

Faith may help them to accept the unacceptable as they support their loved ones with understanding and courage. In their anguish they uncover a measure of solace and peace, a sense that even as they struggle, they do not struggle alone.

Who can improve the prayer of Mother Teresa?”

“Dearest Lord,

May I see You today in the person of your sick, and while nursing them, minister to You. Give me faith so that my work will never be monotonous. O beloved sick, what a privilege is mine to be allowed to tend you!

Lord, make me appreciative of the dignity of my high vocation. Never permit me to give way to coldness and hurry. Bless my work, now and forevermore.”

As professionals, let us not only give compassionate support to the dying but to their caregivers as well – emotionally, physically and spiritually.

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About the Author

Dr. Earl A. Grollman, a pioneer in crisis management, is internationally acclaimed as a 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.

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



by Alan D. Wolfelt, Ph.D.

Companioning Tenet Four

**Companioning is about listening with the heart;
it is not about analyzing with the head.**

“Listen and attend with the ear of your heart.”

-Saint Benedict

Scientific analyses about grief and therapeutic theories surrounding interventions often result in caregivers overlooking the sacred art of listening with the heart. In fact, there are a multitude of invitations to use your head to assess, diagnose and treat, which, by default, encourage you to stay distant from the heart.

Our language is replete with references to the heart that give testimony to our instinctual understanding of this part of our divinity and humanity: “Take heart;” “the heart of the matter;” and “home is where the heart is” are but a few of a multitude of references to the heart in our everyday conversations. We know deeply that authentic mourning is a quest for the healing of our broken hearts.

My years of learning from my own losses – as well as the losses of those who have trusted me to walk with them – have taught me that the path of the heart applies to both the mourner and the companion. Listening with the heart is anchored in the capacity to express compassion and understanding and to possess a deep desire to show solidarity with people experiencing grief. Nowhere are we hungrier for more heart-based, soul-centred models than in the area of grief care.

The Power of Open-Heartedness

The good news is that as companions we can do just that – minister to people in grief from a place of open-heartedness. However, you will have to remember to be a responsible rebel – to question assumptions, to work from this attitude. Why? Because like me, probably no one in your schooling told you, “Listen with your heart. Minister to others from a place of open-heartedness.” So, as I did, you may have to learn this on your own or seek out other responsible rebels as mentors.

I do believe we can set our intention toward being open-hearted and then make the time and effort to bring it about. First comes the internal decision: I will work from a place of open-heartedness. There are so many forces working against this today (e.g., managed care, brief therapies, evidence-based practices, a fast-paced culture, a lack of understanding of the role of hurt in healing) that it will not happen without that internal decision. In addition, the internal decision will likely have to be based on something that has genuine meaning to you: feeling nudged that this is the way to be present to your fellow human beings; being inspired by hearing someone talk about this way of being; or an innate desire that has always been a part of who you are.

In our search for ministry from a place of open-heartedness, I reflect on the importance of four critical ingredients: humility, unknowing, unconditional love and what I have come to call a spiritual practice of “readiness to receive” a fellow human being. Allow me to explore each one of these with you.

Humility is grounded in realizing you are not an expert about grief. You are the student who is being taught by the true expert – the person in grief. Humility is also about a willingness to learn from your mistakes as well as an appreciation of your limitations and strengths. When you come from a place of humility, your behaviour is welcoming, tolerant and non-judgmental. You come from a place of the open soul that is totally present, compassionate and peace-filled.

Unknowing means being completely present to the mourner with an open mind and an open heart. This does not mean an absence of thought, but, in contrast, a very clear attentiveness

to the moment. Unknowing is not achieved by some conscious effort or technique but by letting go – giving up any need to be in control or manage someone's grief journey. Unknowing guides our hearts to the path of our soul and creates a safe space for the griever to authentically mourn. The domain of the soul is where one can encounter what is most feared and open to what it might be tempting to close oneself off from. When we initiate helping from a place of unknowing, the full measure of our soul is available to reach out in support of those in grief.

The very essence of open-heartedness is the capacity to express unconditional love and acceptance of the mourner. Just as love is at the centre of grief, love is also the core of compassionate care-giving. Unconditional love is the expression of the Divine flowing through you with no expectations attached.

Listening and responding from the heart, you are patiently empathetic to the needs of the mourner.

Unconditional love creates a sacred safe space for the griever to authentically mourn. At the same time, this kind of love creates a sense of personal responsibility in the mourner. As a companion, you are responsible to the mourner, not for the mourner. Part of the paradox of communicating unconditional love is that it frees the mourner to do her work instead of you thinking it is something you do for her. Unconditional love creates a safe harbour to mourn, but it does not overprotect or hinder the freedom to mourn.

Unconditional love elevates your care-giving to the transpersonal realm of experience. Our open hearts are able to become pathways through which Divine love is expressed to the mourner. The companion relationship becomes sacred as it basks in the wisdom and healing powers of unconditional love.

Unconditional love puts you into a flow-like state of being. When you are in this flow experience, you are externally focused on the moment-to-moment needs of the mourner. The mourner can actually feel and experience your heartfelt compassion. To achieve flow, you must consciously cultivate your capacity to actively express love that is revealed at the soul level.

Over the years I have discovered the value of a spiritual practice I use to prepare my heart and soul to be present to mourners in ways that facilitate the expression of humility, unknowing and

unconditional love. I have come to refer to this practice as my "readiness to receive" ritual.

Just before I see anyone for support in their journey, I centre myself in a quiet place, inside or outside the Center for Loss and Life Transition. By creating a sacred space and stepping away from the business of the day, I seek to find quietness and stillness. In a very real sense I'm preparing my soul to be totally present to the grieving person or family. This practice is a way of letting go of anything that might get in the way of my open-heartedness. I seem to need this time to listen to myself before I can listen to others.

Once I have gone quiet, I repeat a three-phrase mantra to myself. The three phrases are:

"No rewards for speed"

"Divine momentum"

"Not attached to outcome"

These words help me slow down, recognize my role is to help create momentum for the griever to authentically mourn life losses, and to always remember the vital importance of being present to people where they are instead of where I might think they need to be. After repeating these phrases for two to three minutes, I usually conclude with some kind of affirmation like, "I thank the universe for providing me the opportunity to help people mourn well so they can go on to live well and love well."

Obviously, your spiritual practice of readiness to receive a fellow human being may be different than mine. Yet, I do hope you consider some ritual that propels you to a place of open-heartedness. Yes, your open heart is a well of reception; it will be moved entirely by what it perceives. Then a beautiful process unfolds: Listening and responding from the heart, you are patiently empathetic to the needs of the mourner. She then begins to sense your belief, and, more important, her own belief, in her capacity to integrate the death of someone precious into her life. You are honoured and privileged to be a small part of this journey.

About the Author

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 counsellor. 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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It is our hope and understanding 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.



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