

# 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.

Spring 2008



## Companioning the Bereaved

### An Introduction Part One



by Alan D. Wolfelt, Ph.D.

When people have come to me for support in grief, the soul is present. When they try as best they can to wrap words around their grief, trusting me with their vulnerability, I know we are meeting at a soul level. To look into the eyes of one mourning the death of someone precious is to look into the window of the soul.

Soul really has to do with a sense of the heart being touched by feelings. An open heart that is grieving is a “well of reception;” it is moved entirely by what it has perceived. Soul also has to do with the overall journey of life as a story, as a representation of deep inner meaning. Soul is not a thing, but a dimension of experiencing life and living. I see soul as the primary essence of our true nature, our spirit self, or our life force.

Being soulful as it relates to companioning people in grief is, in part, to acknowledge a need for people to have safe places to authentically mourn. Then, in order to respond to that need, it is to go within yourself and nurture and develop your soul in ways that give expression to your compassion. My hope is that this article helps you do just that!

### Grief is Not an Illness: Inappropriate Assumptions Surrounding Our Modern Understanding of Grief and Loss

For many caregivers, grief in contemporary society has been medicalized and perceived as if it were an illness that with proper assessment, diagnosis, and treatment can be cured. Our current models desperately need what we could refer to as a “supplement of the soul.” It’s obvious to me that as fellow travelers in the journey into grief, we needed more life-giving, hope-filled models that incorporated not only the mind and body, but the soul and the spirit!

To me, every psychological struggle is ultimately a matter of spirituality. In the end, as we as human beings mourn, we must discover meaning to go on living our tomorrows without the physical presence of someone we have loved. Death and grief are spiritual journeys of the heart and soul.

Yet, our modern western culture’s understanding of grief often urges mourners to deny any form of continued relationship with the person who died. For many mental health caregivers, the hall-



mark of so-called pathology has been rooted in terms of sustaining a relationship to the dead. In reality, the mourner actively shifts the relationship from one of presence to one of memory. Or, as the playwright Robert Anderson noted, "Death ends a life; it does not end a relationship." In contrast, many other cultures throughout history have encouraged ongoing, interdependent relationships in some form after death. Beyond this recognition of a continued relationship of memory, most cultures provide bereaved people with rituals to encourage an appropriate relationship of memory, such as Mexico's "Day of the Dead."

Our modern understanding of grief all too often uses a recovery or resolution definition to suggest a return to normalcy. Recovery, as understood by some mourners and caregivers alike, is erroneously seen as an absolute; a perfect state of re-establishment. We seem to want to go around any so-called negative moods and emotions quickly and efficiently. Yet, if our role as caregivers is to first observe the soul as it is, then we need to abolish what I call the "resolution wish."

Our modern understanding of grief for some is based on the model of crisis theory that purports that a person's life is in a state of homeostatic balance, then something comes along (like the death of someone loved) and knocks the person out of balance. Caregivers are taught intervention goals to re-establish the prior state of homeostasis and a return to normal functioning. There is only one major problem with this theory: it doesn't work. Why? Because a person's life is changed forever by the death of someone loved. We are transformed by grief and do not return to prior states of normal based on interventions by outside forces.

Our modern understanding of grief often pathologizes normal experiences. Traditional psychology has focused the majority of attention on the diagnosis and treatment of pathologies and in the quest for fixes, little attention has been paid to the nature of emotional or spiritual health.

Our modern understanding of grief is privatized as an isolated, individual experience. Mourning, by nature of its definition – "a shared social response to loss" – must be viewed in the broader context of social and family perspectives.

In sum, I discovered in my 12 years of university-based training and in reading the available literature on grief counseling,

that our modern understanding of grief all too often lacks any appreciation for and attention to the spiritual, soul-based nature of the grief journey. As authors such as Frankl, Fromm, and Jung noted years ago (and Hillman and Moore more recently), academic psychology has been too interfaced with the natural sciences and laboratory methods of working, counting and objective reporting.

Some of us, often through no fault of our own, but perhaps by the contamination of our formal training, have overlooked the journey into grief as a soul-based journey. We need to think and reflect about grief care differently than we now do. Because while its mission in our society is certainly important, our current misunderstanding of what its essence is misinforms our capacity to reflect on it wisely.

Critical self-observation would suggest that perhaps we rely too much on psychosocial, biological and psychodynamic constructs that we have been taught to "treat away," such as depression, anxiety and loss of control. In our attempt to gain scientific credibility, we may have become our own worst enemies! In our attempt to be respected as part of established mental health care, we may be disrespecting the very people who need our compassionate care.

Without doubt, the grief journey requires contemplation and turning inward. In other words, it requires depression, anxiety and loss of control. It requires going to the wilderness. Quietness and emptiness invite the heart to observe signs of sacredness, to regain purpose, to rediscover love and renew life!



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This article is excerpted from Dr. Alan Wolfelt's book *Companionship for the Bereaved: A Soulful Guide for Caregivers*, available at bookstores and at Dr. Wolfelt's website, [www.centerforloss.com](http://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.

### **About the Author**

Dr. Alan D. Wolfelt is a noted author, educator and grief counselor. He serves as Director of the Center for Loss and Life Transition in Fort Collins, Colorado and is on the faculty at the University of Colorado Medical School in the Department of Family Medicine.

Dr. Wolfelt is known internationally for his outstanding work in the areas of adult and childhood grief. Among his publications are the books *Healing a Friend's Grieving Heart* and *Understanding Grief: Helping Yourself Heal*.

For more information, visit his website:  
[www.centerforloss.com](http://www.centerforloss.com)

### **The Resolution Wish**

We wish that grief would resolve. We wish that it was linear and finite. We wish that we could wake up one day and our painful thoughts and feelings would all be over. Grief never resolves, however. While we can learn to reconcile ourselves to it, grief is transformative and life-changing.



by Dr. Earl A. Grollman

# Spirituality/Religion and the Professional

## I. Putting the Spiritual on the Agenda

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I know that for professionals the word “spirituality” can be off-putting. It sounds so vague, murky and esoteric with no accurate definitions or valid scientific measurements.

Wait before you throw this article away. Many believe that spiritual concerns are part of our human existence – yours as well as our clients. So please read on.

### History

In earlier times, healing was a spiritual act as a restoration of right relationships between people and their gods. During the Middle Ages, priests administered not only prayers but also medicinal herbs to the sick. Monasteries proudly recorded their radical medical remedies. Today, there are faith followers who continue to believe that their holy people have the ability to heal and regenerate the incurables.

Spiritual concerns began to be relegated to a low priority in the last century both in North America and in Europe. With wonder drugs and revolutionary medical and surgical procedures, the focus was shifted to that which could be scientifically researched and documented. The clergy and their institutions have now inherited the responsibility for spiritual matters.

And then some sea changes occurred. Scientists sparked renewed interest in spirituality, complementary therapies and the mind-body connection. Thirty years ago, Dr. Herbert Benson pioneered hallmark research in the power of belief and the positive effects of such practices as meditation and prayer in the patients’ enhancement of both physical and mental health. When Dr. Cecily Saunders launched St. Christopher’s Hospice in London, she stated as one of the aims, that there be a relief of pain, encompassing the physical, emotional, social and spiritual.

### Why Spirituality?

Dying and death are perhaps the severest tests of our system of theologies and philosophies. We had been taught to think in logical terms, searching for rational explanations. Spirituality is the quest: “After a death or other significant losses, how do we make sense of a universe that now intrinsically makes NO sense?”

### What is Spirituality?

Abstract definitions are baffling, like the word “love,” spirituality seems to be one of those terms so difficult to characterize. Think of the quote of George Carlin: “Whenever I hear someone referred to as a spiritual leader, I question why the spirit would need leaders.”

The word “spirit” comes from the Greek root “pneuma” which means “to breathe,” signifying the existential concerns of every human being. Unlike religion, which has established, definite systems, spirituality allows a simple questioning of everyday life with meanings that may or may not be circumscribed by established structures. Spiritual dimensions influence the responses to the enigma of existence, life and death.

Dr. Rachel Naomi Remen, author of *Kitchen Table Wisdom* and *My Grandfather’s Blessings*, teaches that she has learned from her work as a physician that things often happen which defy science. Life is best defined not by science, she says, but by mystery – that which is unknowable. This mystery does not require action but, rather, requires us to listen. Life is an encounter with the unknown, and we need to learn to wonder more and know less.

Spirituality has often been defined as one’s personal vision that is connected to a disconnected world. Is there any greater mystery that leaves us so crushed, powerless, lonely and grief



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stricken than the death of a loved one? Mourners search for a sense of connectedness and even a hope that extends beyond the grave.

## Where Do We Go From Here?

Our goal is not only to assist our clients through their emotional and physical distress but also to help them find meaning in their trials and tribulations. How then to bring harmony with the unseen mysteries of their lives, determine their need for purpose and fulfillment, affirm their existence in relationship to themselves, their communities and all which celebrates wholeness? This may or may not include a transcendent dimension.

I commend to you a portion written by my dear friend, Dr. Ned H. Cassem, both a Jesuit priest and a former chief of psychiatry at the Massachusetts General Hospital. His spiritual examination of the inner lives and philosophies of his patients may be appropriate for professionals.

### A. Objectives of the Counselor

- Wish to understand the clients better.
- Learn what is important to them.
- Discover the views of themselves, the world, others.

Probe into their lives within their world.

### B. Questions That Might be Asked of How They Would Describe Themselves

- “What sort of people?”
- “How would they like to be thought of by friends, mothers, fathers, siblings, children, those they worked with, employees, those taught or monitored?”

### C. People

- “Who are the most important persons in their lives?”
- “Anyone they feel special kinship with? Identify with?”
- “Any heroes/heroines?”
- “Anyone whose life they have significantly influenced? For good? For bad? Can this be re-affirmed? Improved? Corrected?”
- “Anyone whose needs they would put ahead of their own?”
- “Have any causes?”
- “Any sense of serving others? Nature? The world?”

### D. Self

- “At their best, what are they like? At their worst?”
- “Anyone who sees them only at their best? Their worst?”
- “Any sense of their life changing? Evolving? Any direction?”
- “What sort of people do they want to be?”

### E. Goals

- “Any goals in life? Dreams?”
- “Anything they want to achieve, get, improve?”
- “Anything they want to resolve? If not now, when?”

As a psychiatrist and priest, Dr. Cassem wants to understand his patients’ mental, emotional and physical needs in addition to their psychosocial concerns in his holistic consideration for their spiritual concerns. So too is our goal to assist our clients in helping them develop and deepen their sense of worthiness in their discovery of their own unique sense of meaning.

The Greeks understood the power of the hidden side of life. They bequeathed to us one of the most beautiful words in our language – enthusiasm – “en theist” – a god within. So we must be aware and open to the gods – the mystery within.

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Future articles will address subjects that make many professionals uncomfortable – II. Allowing Religion on the Agenda and III. When Thorny Religious Questions are Posed.

### About the Author

*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](http://www.amazon.com).*

*For further information, visit [www.beacon.org/grollman](http://www.beacon.org/grollman)*



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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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