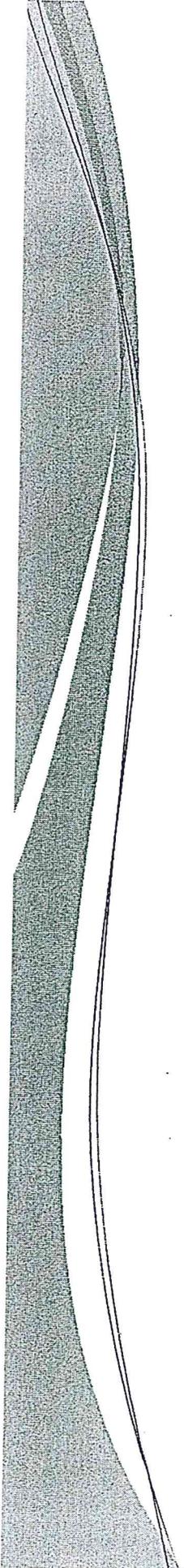


Definition of Grief

“Grief is the conflicting feelings caused by a change or an end in a familiar pattern or behavior”

“Grief is the normal and natural reaction to loss.”





Processing Grief

- Take it one moment at a time, one hour and one day at a time.
- Try to keep consistency in your life
- Eat well, get enough sleep and exercise
- Talk about your feelings with people that will listen.
- Join a support group (Refer to our Support Groups in Newsletters)
- Find creative ways to express your grief. Journaling, artwork, music, write letters to loved one, explore nature.
- Allow yourself to cry when need to – do not hold back!
- You have to feel to heal!

Stages of Grief	Dynamics of Grieving Person	Helpful on the Part of the Caregiver
1. Shock	<ul style="list-style-type: none"> • Person's ego overwhelmed • Denial • Fainting, nausea, shortness of breath 	<ul style="list-style-type: none"> • Physical presence and touch • Repetitive reassurance • Permissive listening • Provide a quiet, private place • Expect/permit emotions
2. Disorganization	<ul style="list-style-type: none"> • Struggling back into real world • Tries to get organized but keeps remembering loss • Forgetfulness 	<ul style="list-style-type: none"> • Consistency, physical presence, patience • Physical contact • Allow person space and time to sort out feelings
3. Volatile Feelings	<ul style="list-style-type: none"> • Strong feelings, look for a convenient target • Anger at staff, family, God or even deceased • Tendency to bury volatile feelings in a sense of shame 	<ul style="list-style-type: none"> • Empathy • Giving verbal permission to have these feelings • Hearing the underlying hurt
4. Guilt	<ul style="list-style-type: none"> • First step in gaining control over loss is to blame self • Magical thinking "If only I had been there..." 	<ul style="list-style-type: none"> • Permissive listening • Empathy • Accepting the person's guilty feelings isn't the same as agreeing they are guilty
5. Loss and Loneliness	<ul style="list-style-type: none"> • After funeral, full extent of loss becomes painfully known • Griever may seek ways of prematurely filling the void • Time when the hard work of adjustment is being done • Often sleep habits, nutrition, self-care, depression can be an issue • Incidence of physical illness is increase 	<ul style="list-style-type: none"> • Visit often • Listen • Appreciate that the grief process takes time • Communicate hope and optimism • Recommend community and mental health resources • Encourage the bereaved to re-enter life activities at their own pace
6. Relief	<ul style="list-style-type: none"> • New meaning and purposes for some areas of life have begun • Guilt can re-emerge 	<ul style="list-style-type: none"> • Celebrate with the griever as hope increase • Communicate that it's okay to feel good again • Remain patient and optimistic if/when the grief re-emerges
7. Re-establishment	<ul style="list-style-type: none"> • Person has integrated the loss, as well as the strengths gained through the grieving process into their personality 	

SESSION TEN

BEREAVEMENT VOLUNTEER

VOLUNTEER TRAINING MANUAL

SESSION TEN – BEREAVEMENT VOLUNTEER

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OVERVIEW

This session is devoted to gaining an understanding of needs of the bereaved. The session defines the role of the bereavement volunteer.

LEARNING OBJECTIVES

By the end of the session participants:

- identify the four tasks of mourning
- master basic listening and communication skills
- have a basic understanding of dysfunctional grief and what signs to report to the bereavement coordinator

VOLUNTEER BEREAVEMENT PHONE CALL TRAINING

- the most important need of the bereaved
-
-
- four tasks of mourning
 - important issues to consider when providing support
 - listening and communication skills
 - facilitating problem solving
 - guidelines for helping
 - characteristics of dysfunctional grief
 - red flags
 - bereavement note instruction
 - suggested readings

THE MOST IMPORTANT NEED OF THE BEREAVED

Often, the bereaved need to be listened to and have feelings accepted and validated, and to make the journey through grief process at their own pace. It is not uncommon for well-meaning people, loved ones and strangers alike, to encourage the bereaved to be strong and to deny their pain by having an attitude of gratitude, or to believe that “moving on” can happen within days or weeks of the loss of a loved one. It has been said that this culture is uncomfortable with issues surrounding death. This may be due to the fact that many are reluctant to accept the limitations that reality places on the ability to control one’s lives. For the bereaved, finding a person who will walk with them through grief and who can accept all the often-conflicting feelings without passing judgment is a priceless treasure. As a volunteer, the role is not to fix the grief, it is the privilege of being a companion, a facilitator, and a mirror of the healing process.

THE FOUR TASKS OF MOURNING

[Reference: William Worden, 1991]

One perspective on human growth and development is that of task completion. This viewpoint is most easily demonstrated by observing the growth and development of children. Grief, or mourning, is the adaptation to loss and may also be seen as the working through of certain tasks. These four tasks, as outlined by Worden, can be observed and tracked through the bereaved's actions and words over time. Because one is observing behaviors, one will have to make fewer assumptions or interpretations about the interior processing of the bereaved. One of the advantages of this approach to mourning is that it works well cross-culturally. The tasks have an order, but one may see some "dancing" back and forth as each new task is approached. Particularly in the early stages of grief, tasks 1 and 2 frequently intermingle.

TASK 1 – TO ACCEPT THE FINALITY OF THE LOSS

When someone dies, even if the loss is expected, there is usually a sense of unreality for the bereaved. The brain accepts the death, but the heart is more difficult to convince. People often find themselves restless, at loose ends at certain times of day. Sometimes that time frame is when they would have been visiting the nursing home. They may find themselves calling or driving to the residence. They may look for the loved one's face in a crowd or "hear" the voice. One sign that people have completed this task is the use of the past tense when speaking of their loved one. They may slip back and forth, but the work is mostly done.

TASK 2 – TO EXPERIENCE THE PAIN OF GRIEF

The pain of grief that the bereaved experience may manifest itself emotionally, behaviorally, or physically. Acknowledging and working through this pain is essential and is very often resisted. No one wants to hurt. The old slogan "Ignore your pain and it will go away," is not transferable to grief. Ignored grief does not go away but buries itself only to come out in other, more difficult ways at a later time. While not everyone experiences the same intensity or manner of pain after the death of a loved one, few people experience no pain. The pain may be for what was and is no more, or it may be for what wasn't and now never can be. Or the pain may simply be filled with warm memories and awareness of the empty place that now exists.

On the whole, society does not deal well with people who are grieving. We are a society of "fixers" who want to make things better. We care. We also are a society who generally does not know what to do with the emotional pain of others because that kind of pain is not "fixable". The result is that we feel uncomfortable, then helpless, then a little annoyed. If people go on expressing grief after we have tried to help, we feel like failures. So, society has "rules". We place time limits on grief. We tell people that they should be over their grief, or worse, we suggest that they have a psychological problem that needs treatment either by a prescription or by a therapist. We need the bereaved to feel better so we can feel better. The hospice bereavement program provides the people and the tools for the bereaved to feel accepted, to be listened to, and to be given the time to address their grief.

TASK 2 – TO EXPERIENCE THE PAIN OF GRIEF (CONT.)

People may still try to avoid or short-circuit this second task. Most often they are afraid that, if they allow themselves to experience the pain, they may be completely overcome and out of control. Excessive busy-ness, premature disposal of the loved one's possessions, impulsive geographic relocation, increased use of alcohol or drugs (legal or illegal), turning the deceased into a saint (idealizing) or unredeemable sinner (devaluing) are all signs of avoidance. Eventually the pain must be faced and experienced.

TASK 3 – TO ADJUST TO AN ENVIRONMENT IN WHICH THE DECEASED IS MISSING

Adjusting to a new environment may be somewhat simple or very difficult. The quality and nature of the relationship with the deceased are key factors. The full significance of the loss may not begin to be felt until the initial numbness wears off and coping with essential paperwork related to the death has been done – about three months after the death.

The aloneness of the bereaved's life may feel overwhelming: living alone, rearing children alone, going places alone, managing finances alone. The surviving spouse may have to learn new skills: washing clothes, cooking, balancing the checkbook, doing small jobs around the house, maintaining the garden, doing errands. Many people are not always conscious of the roles held in their relationship with the deceased. They are, therefore, startled by the task of change on such a practical level. This task spotlights on the issue of identity: "Who am I now?" The social unit has been broken.

Learning new skills is part of resolving this task. Unwillingness to learn or to compensate may be a sign that Tasks 1 and 2 have not been worked through. Or, there may be secondary gains from not learning, such as being taken care of or having extra attention being given. Listen for a note of satisfaction in the bereaved's voice when telling about accomplishing a job formerly done by the deceased. That is the note of growth and movement.

TASK 4 – TO RELOCATE AND REINVEST EMOTIONAL ENERGY

This task is about breaking ties while remaining connected to the deceased. This task is about carrying the memory while reinvesting in life and finding hope for the future. This task is about discovering that not only can life be tolerable without the loved one but that life can actually be good – different but good. The bereaved comes to understand that to go on with life is not a denial of the significance and depth of the relationship with the deceased, that opening up to new connection and enjoyments is not a betrayal of love. The process may be a little frightening, but people who have loved much will find that they have much to give through activities, helping others, and even new relationships.

IMPORTANT ISSUES TO CONSIDER WHEN PROVIDING SUPPORT

BUILDING A TRUSTING RELATIONSHIP

The degree to which one is able to connect with and to help people is based on the level of trust they have. A trusting relationship is built on three supports: empathy, unqualified positive regard, and genuineness.

Empathy: Empathy is not sympathy. Sympathy is seeing the other person's life situation and feeling sorry for the person. Empathy is the ability to see life through the other person's eyes and to comprehend. Empathy is to understand with a person.

Unqualified positive regard: We cannot help people if we cannot accept them as they are. Very often people do not feel good about themselves for whatever reason. When we are able to view people with unqualified positive regard, we give them a great gift. They can come to believe that since we accept them, perhaps they can accept themselves.

Genuineness: People in emotional pain are sensitive to the authenticity of the person trying to help them. Be who you are. Be real. If you are confused, admit it. If you are touched by a story, say so. If you don't have an answer, be honest. We may not have an answer, but we can accompany people in honesty as they seek their own answers. The more we take off our masks, the more other people can grow.

USING SELF-DISCLOSURE

Sharing your own feelings with the bereaved must be done carefully. Some self-disclosure may help create an atmosphere of openness for the bereaved. The question, "Whose need is it?" is important to keep in mind when deciding what and how much to share. If sharing briefly will help normalize a grief reaction for the bereaved, do so skillfully. If sharing is your way of trying to connect or helps with your own feelings, then that is your issue and is unhelpful at best and burdens the bereaved at worst. Sharing a small bit of personal information can turn the bereaved into the helper.

At the same time never sharing information may give the impression that you are detached and "above the pain". Or you may come across as superior or an expert about grief. Balance is essential. Initially, erring on the side of too little sharing is better. Over time you will develop a sense of appropriate moments and content.

EXPRESSING WARMTH

Warmth is an extension of positive regard. Warmth is an embrace by your voice that says "You are the one person I want to talk to". Warmth is expressed by attentiveness, reflectiveness, and quiet energy.

IMPORTANT ISSUES TO CONSIDER WHEN PROVIDING SUPPORT(CONT.)

DEMONSTRATING ACCEPTANCE

Permitting the bereaved to express feelings, views, and beliefs is essential. Our job is not to change minds or thinking. Bereaved people need to be able to express themselves fully: the good, the bad, and the ugly. They need for us to hear them without shock or dismay. They need to get their words out.

AVOIDING PLATITUDES

Platitudes, or clichés, are intended to lend comfort but rarely do. Most are at best not helpful and are at worst hurtful to the bereaved. Eliminate them from your conversation.

“It’s all for the best.”

“He lived a long full life.”

“It seems the good ones die young.”

“You still have two other children.”

“He’s better off.”

And the very worst: “I know how you feel.”

VALIDATING FEELINGS

The bereaved are experiencing all kinds of feelings: some logical, some troubling, some surprising. We validate those feelings by reflecting what we hear while making no comment. Validating may be done simply by saying, “You sound really angry about_____.” Trying to help the bereaved see the lack of logic or inappropriateness in emotions discounts the person and invalidates the pain. Remind self that feelings are neither good nor bad but just simply are.

NORMALIZING THE EXPERIENCE

A question that bereaved people often ask is, “Am I losing my mind? I can’t remember things. I can’t seem to get moving.” Helping them to see that other people have experienced these same feelings is important. Sharing some of one’s own or others’ similar experiences makes them feel less alone and gives hope that things will get better. Simply saying, “It’s normal to feel...” has great value.

STAYING IN THE PRESENT

Staying in the present means staying with the moment at hand and the subject being discussed. Bereaved people may move from one subject to another in order to avoid the intense feelings that are evoked. Staying in the present involves dealing with the feelings experienced here and now when relating or remembering a past event.

IMPORTANT ISSUES TO CONSIDER WHEN PROVIDING SUPPORT(CONT.)

GUARDING AGAINST INTELLECTUALIZING

Focus on the feeling issues. Don't be drawn into a discussion of or about feelings, as then the conversation becomes a mind game. A good rule of thumb is, if the person is all intellect, go to the feelings; however, if the person is overwhelmed by feelings, move into the head (thinking).

FOCUSING ON THE IMPORTANT

The bereaved may try to focus on family members and what needs to happen with them. This attempt is partly to avoid their own pain but also to "fix" something in their otherwise unfixable circumstances. Family connections are important in the grief process, and the grieving dynamic of the family is significant. The bereaved need to ventilate and process family issues, but they really have little control over those issues. Refocusing the bereaved on themselves, their feelings and needs, is essential. Caring for themselves is the only area over which they do have control. If family conflicts are hindering the bereaved's grief process, a family meeting may be helpful in achieving some resolution of those problems.

EMPOWERING

The bereaved need to begin to believe that they are capable of coping with their grief and solving their own problems. Empowerment is conveying that belief. If you treat the bereaved as competent and capable, they will begin to believe it themselves.

AVOIDING CARETAKING

Falling into a caretaking role can be very easy. We feel sorry for the bereaved and want to help. Acting on those feelings does not help them. Caretaking robs the bereaved of their right to make their own decisions, make their own mistakes, and solve their own problems.

DEALING WITH YOUR OWN REACTIONS AND FEELINGS

There will be times when you are surprised or upset by the words and feelings of the people you are trying to help. Or, you may find yourself reacting in unexpected ways over seemingly insignificant issues. Setting time aside to reflect on and discuss your feelings is vital. Talk with the Volunteer Coordinator and the Bereavement Coordinator. They have encountered these reactions before and will be able to help. Having the opportunity to work through your experiences and unresolved issues is a gift. Healing and growth free us as well as the bereaved with whom we work.

LISTENING AND COMMUNICATION SKILLS

LISTENING SKILLS

Telephone calls provide a “listening ear.” Because you are not physically in the presence of the bereaved and cannot pick up on facial expressions or body language, special care must be taken in order to understand what is being said and what is not. Make calls when there is a minimum of distraction and background noise. Consciously focus attention on the person being called. If you have called this person before, take a moment to review what was covered and your impressions of the person. Beyond listening to the actual words, pick up clues in the general tone of voice, the energy level present in the words, the “thickening” of the voice as tears begin to gather, the shift as feelings are pushed back down.

Different primary topics throughout the tasks will be heard. Some themes will repeat but usually at different levels as the processing moves deeper.

TASK 1:

Initially topics will be the death, the funeral, and the quality of care given the deceased by health care professionals, and the presence or absence of support by family and friends. The subject of loneliness arises as they encounter particular times of day that are difficult and what those times represent.

TASK 2:

The bereaved may begin to express stronger feelings of anger, guilt, sadness, resentment, regret, and yearning. Irrational thinking may surface in statements such as, “I should have made him stop smoking,” “I was a neglectful child,” “I always let her down.” Some people need help to stop crying while others need to have permission to cry.

TASK 3:

Topics tend to center on practical considerations such as decision-making, disposition of the deceased’s personal effects, shouldering of new responsibilities, development of new skills, and/or thinking about possible practical changes for the future.

TASK 4:

New experiences, hope, and expectations for the future begin to surface. Renewed activities and a sense of adequacy or capability mirror feelings of pleasure and accomplishment.

As the bereaved works through the tasks, the intensity of grief begins to lessen. The most emotionally difficult and intense period is during task two. Sometimes a person will become “stuck”, and will address the same issues over and over. If the death was unexpected or traumatic, the bereaved will need to work and rework their feelings. Give them the time and space to talk through the emotions.

TASK 4 (CONT.)

Bereaved people who are working well through the tasks will from time to time experience their grief afresh, even after long periods of time. These moments may be triggered by an anniversary date, a smell, an activity previously shared with the deceased, or an overheard tone of voice or expression. These moments are often referred to as a STUG reaction – sudden temporary upsurge of grief (Rando, 1993). It is important for the bereaved to know that this experience is not starting all over with the grief but is a temporary revisiting of this painfully significant experience.

ACTIVE LISTENING

Let the bereaved know that what they are saying is being heard. Minimal encouragers, mirroring, paraphrasing, and well-phrased questions all help the bereaved to express feelings more freely and in more depth.

MINIMAL ENCOURAGERS

Minimal encouragers let the bereaved know that someone is listening and following what they are saying. Responses include head nodding, using “uh-huh” or short words such as “yes”, “oh?”, or “and then?”, etc.

Bereaved: “I did everything I knew how, but I feel like I failed.”
Volunteer: “Failed?”

These minimal responses encourage the person to continue speaking. Putting some energy into the reply in order not to sound like one is on autopilot.

MIRRORING

Mirroring a response is to repeat what is heard using the bereaved’s own words.

Bereaved: “I am so angry she didn’t take care of herself”.
Volunteer: “You are angry because she didn’t take care of herself”.

Reflecting words through mirroring is useful to the bereaved. Positive feedback provides information on how they are expressing themselves to others and helps them to see how they are coping with the situation. Reflecting also helps to support the overwhelmed person.

PARAPHRASING

Paraphrasing is the use of different words that have similar meaning to those used by the bereaved. Paraphrasing is used to summarize a statement.

Bereaved: “I hate this room! Everyone is too busy to help me.”
Volunteer: “So you feel frustrated because you can’t go out on your own?”

Paraphrasing helps check the accuracy of perceptions. If one is misreading the bereaved, they will correct. If one is accurate, the bereaved will continue with the thoughts. This technique helps the bereaved to be clear about what is trying to be expressed.

QUESTIONS

The “dos and don’ts” of questions.

- Don’t ask too many questions. People can feel assaulted
- Don’t ask questions using the word “why”. People feel put on the spot and tend to respond defensively
- Do ask questions that serve a purpose
- Do ask open-ended questions to allow the person free range for an answer
- Do ask questions using the words “how”, “what”, and “could”. “How” focuses people on process and sequence. “What” leads them to talk about specifics and facts. “Could” is an invitation for them to say more
- Volunteer: “How did you become an artist”
Bereaved: “Well now, that’s a long story. When I was...”
- Volunteer: “With Jim gone, how might your life become meaningful again”
Bereaved: “I don’t know...I have always wanted to sing in the church choir but never had time”

SUMMARY

Practice these techniques with family and friends. Listening carefully as if with a bereaved person. Work on one technique until it feels comfortable. Then try another. One wants these techniques to become natural so that one doesn’t come across as artificial. When working with the bereaved, develop pacing and usage in a natural manner.

OBSTACLES TO LISTENING

- Inadequate listening

~~Beware of becoming engrossed with own thoughts and reactions. Don't start thinking about a response while the other person is still talking~~

- Evaluative listening

One listens but begins to pass judgment on what the other person is saying. The result is that one may fall into giving advice instead of helping the person work through the feeling or problem

- Fact-centered listening

One asks lots of questions instead of eliciting feelings or allowing the person to take the lead

- Rehearsing

The next step that follows evaluative listening. Plan out the response to what is being said

- Interrupting

One interrupts when one thinks the end of the other person's sentence is known, or when one thinks the response is more important. On occasion one may need to do a verbal "time out" if the person is off track or doesn't pause long enough for a response

Do keep focus on the bereaved person, their interests, and needs

Do use statements that encourage people to talk

Bereaved: "I always did enjoy Jim's sense of humor"

Volunteer: "Tell me more about his humor"

FACILITATING PROBLEM SOLVING

Developing independence and growing personally is essential in the long term for the bereaved. Problem solving and decision making are often very difficult in the early stages of grief. For the person who has not been the decision maker, developing problem-solving skills is very important.

One may help them to brainstorm possible options and solutions. Walk with them through a decision-making process using questions that help with critical thinking. The following questions may be helpful.

- Allow the bereaved time to own the problem and to recognize that they need to find a solution. Avoid giving advice. Instead help them to explore options
- Encourage them to discuss available options, examining both the positive and negative consequences. If you have accurate information that the bereaved does not have, do share it. Offer it as a consideration, not as advice. The goal is to foster independence
- Support the bereaved as they make the decision being careful not to pressure or influence them. Use words like “choose” which place the responsibility for making a decision on them
- Explore with them how the decision can best be implemented. List what steps will have to be taken to achieve their objective. Consider possible roadblocks
- If the bereaved is having difficulty in resolving the problem even with this process, encourage them to get professional assistance

GUIDELINES FOR HELPING OTHERS

MORE DO'S AND DON'TS

Do use understanding statements to show that you acknowledge the validity of their pain.

“This must be such a difficult time,”
“I wish I could take the hurt away.”

Do allow them all the time they need to deal effectively with all phases of their grief.

Do say

“He was so special to you.”
“Please feel free to contact me if you need to talk.”
“I’ll keep you in my prayers.” – Only if you know they would welcome this as a comfort.

Do support the bereaved in their expression of their pain and any comfort or assurance they receive from their faith.

Do make concrete offers of help. The bereaved often cannot make decisions about what they need first. Most people are reluctant to impose on others.

“I’m going to the grocery store. What can I pick up for you?”
“Which day is best for me to help you do laundry: Tuesday or Wednesday?”

Do encourage the bereaved to keep journals with their thoughts, fears, and concerns. A journal serves two purposes: 1) by expressing themselves in writing, they are better able to clarify their thinking; and 2) it allows the bereaved to see how they have progressed in their grief process.

Do respond to requests for advice with caution and much thought.

“Some people have found it helpful when they...”
“What worked for my friends was...”

Do support them as they make decisions and take the steps to work through their pain.

Do use your own spirituality to view the bereaved with compassion and gentleness. If they have expressed openness to issues of faith, you may share carefully chosen verses that give comfort. If they ask you to pray with them, be brief, simple, and honest focusing on God’s understanding of their pain and his desire to give them comfort.

Do be honest about your experiences. Admit your limitations in understanding their experience and tell them that you do care for them and will walk with them as they face their sadness. If you have shared a similar experience, outline it briefly and say that you can appreciate their feelings. You cannot completely understand no matter how similar the circumstances because you have not had their life.

MORE DO'S AND DON'TS (CONT.)

Do keep in touch over several months, remembering especially anniversary dates and significant events you are aware of. Call just to see how they are doing. Send an occasional note with an encouraging message.

Don't offer your spiritual interpretations of the events of their lives. You may be adding another layer of guilt, shame, or resentment to their grief.

Don't promote a timetable of recovery from grief. Every person is different, and each has a different recovery rate. Timetables can suggest a condemnation of their process.

Don't use scripture verses or wise sayings to explain, correct, or minimize the bereaved's feelings.

Don't say you understand unless you have faced their exact situation in similar circumstances. Saying that everything will be "all right" when you have not experienced their life, is presumptuous. The bereaved do not need to hear other people's "war stories" or yours. They will know you understand by the way you are with them.

Don't neglect their needs after the immediate sense of loss has subsided.

Don't use the words "should" or "if only". The bereaved use them more than enough already.

Don't tell them how they should feel, either positive or negative.

Don't say, "Is there anything I can do to help?"

Don't say, "I'm sorry." There is no response for that kind of statement.

Don't minimize the bereaved's pain by using platitudes or clichés.

Don't offer unsolicited advice.

REMEMBER

- Be aware of gender, racial, religious, and ethnic issues
- Document, document, document
- Be aware of own personal issues
- Always maintain confidentiality

Exception

If at any time the bereaved person gives any indication of harm to themselves or others contact the bereavement coordinator immediately. Even idle comments must be taken seriously and be appropriately evaluated by professional staff.

- Discuss any possible questions about ethics with Volunteer Coordinator or Bereavement Coordinator

CHARACTERISTICS OF DYSFUNCTIONAL GRIEF

Dysfunctional grief is defined as a distortion of the normal grief process in that the individual is unable to complete important grief work. The bereaved may experience some or all of the following.

- Feelings of overly intense emotion, excessive weeping over the loss
- Preoccupation of thought and action with the loss
- Deny the loss by organizing life as though the person's absence is temporary
- Unresolved losses from the past
- Illustrating increased dissatisfaction with social relationships
- Display symptoms of the deceased that led to the death
- Develop severe depression demonstrated by disturbances of sleep, lack of appetite, social withdrawal, chronic inability to function practically and effectively in areas of self-care, family and occupational responsibilities, poor memory regarding remote or recent events and exhibit confusion
- Suffer from extreme separation anxiety
- Frequent outbursts of anger towards inappropriate targets, including self
- Experience extreme ambivalence
- Idealize the deceased
- Experience intense reactions, which normally occur to a lesser degree in the normal grieving process

GRIEF RED FLAGS

- Excessive denial beyond the first several months. (For example, a phone call six months after the death and the bereaved says, “When I walk in my house I still expect to see my husband or hear his voice”)
- Excessive drug use and drinking
- Withdrawing from daily activities (e.g. “I used to go to church weekly however, it is too difficult now...”)
- Suicidal ideations or threats (e.g. “Sometimes I wonder if I should even go on living?”)
Volunteer. “Are you having any thoughts of hurting yourself”
- Continuing the hope that the loved one will return
- Continuing to live as if the loved one is still there
- Avoiding certain situations because it reminds them of the loved one, such as not sleeping in the same room
- Lack of intellectual and emotional integration
- Recurring dreams of the loved one, not realizing that the loved one is deceased
- While making a phone call, the person being spoken to exhibits characteristics listed above, please contact your Bereavement Coordinator immediately

BEREAVEMENT NOTE INSTRUCTIONS

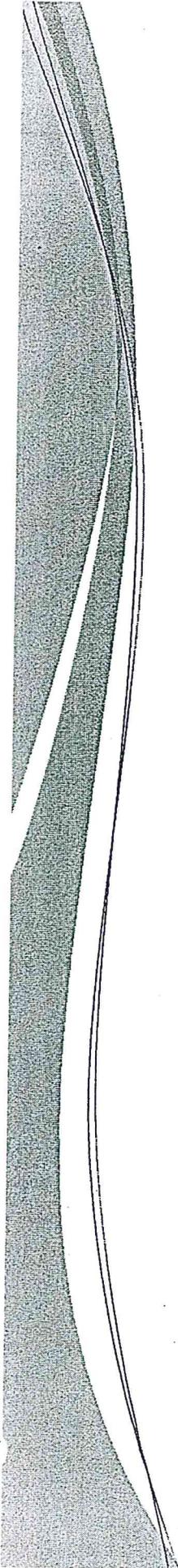
- Call only the person under the bereaved name on the bereavement progress note
-
-
- Document each contact, phone call or visit. If an answering machine, make a note of that. If one makes several attempts, make a note on each attempt using the same note. Leave a message if there is a machine stating that this is a volunteer with a hospice. Explain that calls are being made to check on how they are doing since the loss of their loved one. Give them the name of the bereavement coordinator and a number where the coordinator can be reached if they need assistance
 - Three tries at contacting the bereaved is sufficient. Document the time the call was made and send the note back to the bereavement coordinator. The bereavement coordinator files the note in the bereavement file. If there are special issues that need to be addressed, call the bereavement coordinator or if after hours, place a call to the on-call staff
 - Documentation is received back in the local office no later than the end of the month. If further attempts are made to contact please communicate with the bereavement coordinator and send documentation of the attempted calls
-
- Remember that one does make a difference. Many people report that a message left on the answering machine made them feel better and helped them realize that people are thinking of them. Feel free to follow up with a card for those unable to be reached

SUGGESTED READINGS

Recommended books to read prior to implementing a telephone follow-up service:

1. Rando, Therese. Grieving: How To Go On Living When Someone You Love Dies
2. Rando, Therese. 1993. Treatment of Complicated Mourning [selected portions]
3. Worden, William. Grief Counseling and Grief Therapy.
4. Tatelbaum, Judy. The Courage to Grieve.
5. Tatelbaum, Judy. You Don't Have to Suffer.
6. Saunders, Catherine. Grief, The Mourning After.
7. Elmer, Lon Why Her? Why Now?
8. Caine, Lynn. Widow.
9. Colgrove, Melba, Blumfield, Harold & McWilliams, Peter. How to Survive the Loss of a Love.
10. Manning, Doug. Don't Take my Grief Away.





Perceptions of Death and Dying

- Societal avoidance of death and subject of death and dying is perceived differently by each individual person
- Meet each person where they are mentally and emotionally about death
- Aspects that affect perception
 - Stage of Life
 - Culture Diversity
 - Life Experiences
 - Family Support
 - Religion

The Process of Dying

Stages or Phases in the dying process	Dynamics within the dying person
1. Denial	This is the most common of all psychological defenses. Denial is characterized by the patient's refusal to believe they are dying. "No, not me!" is a typical response. Outcome research on denial has produced mixed results. Overall, denial may have some positive effects on mood. Some studies show that denial may serve a useful purpose early on but may become maladaptive if sustained over a prolonged period of time.
2. Anger	Anger is a powerful emotion. It is believed that anger helps to relieve some of the anguish that the dying person is feeling. Anger may be manifested as rage, resentment, and even envy. It is not uncommon for a terminal patient to direct anger toward their loved one or health care professional.
3. Bargaining	Bargaining is characterized by the patient's attempt to postpone death. The patient may begin to bargain with God.
4. Depression	This is the beginning of acceptance and mourning. The patient may be mourning over what they have already lost and what they anticipate losing. The patient can no longer deny their impending death due to other severe signs of illness such as being homebound, losing weight and becoming more debilitated.
5. Acceptance	Some patients never reach this point in the process. An untrained individual may see acceptance as "giving up" or admitting defeat. This is not the case. Usually, the signals that the patient has overcome some of their conflicts, and may appear calm.
6. Hope	Hope is another important response in the process of dying. This is a very strong response and usually lingers until death. When a person's hope for survival is dim, the patient will find other things to hope for such as living to see a grandchild born, control of pain or a dignified death.

HEARTLAND HOSPICE OF STEVENS POINT

BEREAVEMENT RESOURCE LIST

(UPDATED 8/24/2016)

Henderson, Carol. *Farther Along- The Writing Journey of Thirteen Bereaved Mothers*. Chapel Hill, NC: Willowdell Books, 2012. Print

Jaffe, Suzan E., Ph.D. and Jayme LaFleur. *For the Grieving Child: An Activities Manual*. Charlestown, MA: Acme Bookbinding Co., 2008. Print

Morris, Virginia. *Talking About Death*. Algonquin Books of Chapel Hill, 2004. Print

Rando, Therese A., Ph.D. *How To Go On Living When Someone You Love Dies*. Bantam Books, NY, Toronto, London, Sydney, Auckland, 1991. Print

Wolfelt, Alan D., Ph.D. *Healing Your Grieving Heart for Teens*. Fort Collins, CO: Companion Press, 2001. Print

Wolfelt, Alan D., Ph.D. *Healing A Child's Grieving Heart: 100 Practical Ideas for Families, Friends, and Caregivers*. Fort Collins, CO: Companion Press, 2001, Print

Wolfelt, Alan D., Ph.D. *Healing a Spouse's Grieving Heart: 100 Practical Ideas After Your Husband or Wife Dies*. Fort Collins, CO: Companion Press, 2003, Print

Wolfelt, Alan D., Ph.D. *Healing Your Traumatized Heart: 100 Practical Ideas After Someone You Love Dies a Sudden, Violent Death*. Fort Collins, CO: Companion Press, 2002, Print

Wolfelt, Alan D., Ph.D. *Understanding Your Suicide Grief- Ten Essential Touchstones for Finding Hope and Healing Your Heart*. Fort Collins, CO: Companion Press, 2009, Print

Wolfelt, Alan D., Ph.D. *The Understanding Your Suicide Grief Journal- Exploring the Ten Essential Touchstones*. Fort Collins, CO: Companion Press, 2009, Print

Wolfelt, Alan D., Ph.D. and Kirby J. Duvall, M.D. *Healing Your Grieving Heart When Someone You Care About Has Alzheimer's*. Fort Collins, CO: Companion Press, 2011, Print

Wolfelt, Alan D., Ph. D. *The Mourner's Book of Hope*. Fort Collins, CO: Companion Press, 2004. Print

Wolfelt, Alan D., Ph. D. *The Understanding Your Grief- Ten Essential Touchstones for Finding Hope and Healing Your Heart*. Fort Collins, CO: Companion Press, 2003. Print

Wolfelt, Alan D., Ph. D. *The Understanding Your Grief Journal- Exploring the Ten Essential Touchstones*. Fort Collins, CO: Companion Press, 2004. Print

Wolfelt, Alan D., Ph. D. *The Understanding Your Grief Support Group Guide- Starting and Leading A Bereavement Support Group*. Fort Collins, CO: Companion Press, 2004. Print

DVDs and Movies:

Wolfelt, Alan D., Ph.D. *A Child's View of Grief- An Educational Video for Bereavement Caregivers*. Fort Collins, CO: Companion Press

Wolfelt, Alan D., Ph.D. *A Teen's View of Grief- An Educational Video for Bereavement Caregivers*. Fort Collins, CO: Companion Press

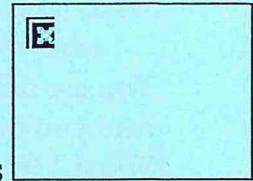
Zucker, J. (Producer) & Rubin, B.J. (Director). (1993). *(My Life)* {Motion Picture}. US. Sony Pictures Home Entertainment.

C. S. Lewis Through the Shadowlands.

Everybody's Fine. Robert De Niro (2010).

Condolence and Sympathy

Please See Me Through My Tears



Journey of Hearts
A Healing Place in CyberSpace™

The following poem comes to the site via the [alt.support.grief](#) newsgroup, posted by a member who has contributed to this site, from the heart, as a way of sharing the emotions and how to be supportive to friends who have lost a loved one.

Please See Me Through My Tears

by Kelly Osmont

You asked, "How am I doing?"
As I told you, tears came to my eyes...
and you looked away and quickly began to talk again.
All the attention you had given me drained away.

"How am I doing?"...I do better when people listen,
though I may shed a tear or two.
This pain is indescribable.
If you've never known it you cannot fully understand.
Yet I need you.

When you look away,
When I'm ignored,
I am again alone with it
Your attention means more than you can ever know.

Really, tears are not a bad sign, you know!
They're nature's way of helping me to heal...
They relieve some of the stress of sadness.

I know you fear that asking how I'm doing brings me sadness
...but you're wrong.
The memory of my loved one's death will always be with me,
Only a thought away.

My tears make my pain more visible to you, but you did not
give me the pain...it was already there.

When I cry, could it be that you feel helpless, not knowing
what to do?

You are not helpless,

And you don't need to do a thing but be there.

When I feel your permission to allow my tears to flow,
you've helped me

You need not speak. Your silence as I cry is all I need.

Be patient...do not fear.

Listening with your heart to "how I am doing"

relieves the pain,

for when the tears can freely come and go, I feel lighter.

Talking to you releases what I've been wanting to say aloud,
clearing space

for a touch of joy in my life.

I'll cry for a minute or two...

and then I'll wipe my eyes,

and sometimes you'll even find I'm laughing later.

When I hold back the tears, my throat grows tight,

my chest aches, my stomach knots...

because I'm trying to protect you from my tears.

Then we both hurt...me, because my pain is held inside,

a shield against our closeness...and you,

because suddenly we're distant.

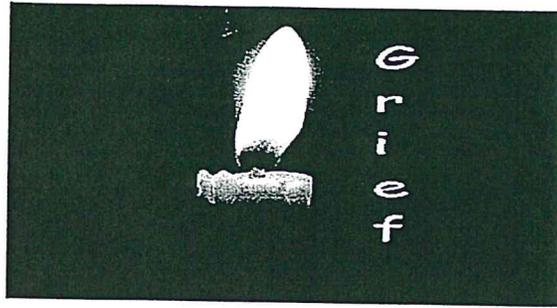
So please, take my hand and see me through my tears...

then we can be close again.

Last updated June 5, 1998

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Grief

I had my own notion of grief

I thought it was a sad time

That followed the death of someone you love.

And you had to push through it

To get to the other side.

There is no pushing through.

But rather,

There is absorption.

Adjustment.

Acceptance.

And grief is not something that you complete.

But rather you endure.

Grief is not a task to finish

And move on,

But an element of yourself-

An alteration of your being.

A new way of seeing,

A new definition of self.

MY FRIEND, I CARE

Don't tell me that you understand
Don't tell me that you know.
Don't tell me that I will survive,
How I will surely grow.

Don't tell me this is just a test,
That I am truly blessed,
That I am chosen for this task,
Apart from all the rest.

Don't come at me with answers
That can only come from me,
Don't tell me how my grief will pass
That I will soon be free.

Don't stand in pious judgment
Of the bounds I must untie,
Don't tell me how to suffer,
And don't tell me how to cry.

My life is filled with selfishness,
My pain is all I see,
But I need you, I need your love,
Unconditionally.

Accept me in my ups and downs,
I need someone to share,
Just hold my hand and let me cry,
And say "My friend, I care."

-Joanette Hendel, Bereavement Magazine