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Grief and
Bereavement

GRIEF: Don't Leave Behind Your Most Important Tool



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It seems that I have been involved in death since my birth. My family owned a funeral home in the small rural town they helped settle in Texas. As was the habit in many small towns, the funeral home, with its on-call available staff, also ran the ambulance service. We knew everyone we picked up in the ambulance, everyone we took to the hospital, and everyone we laid in the ground. We had never heard about stages of grief. We just took care of the people we knew and loved, and some of the ones we knew and didn't love so much.

Grief was not a science. It was an experience shared by a community. It was part of life. When I left my small town for the university, I studied psychology and learned of Helen Kubler-Ross. We young therapists all felt empowered by the knowledge we obtained from her stages of death and dying. We came to believe that we could now manage this awful thing called grief. Can we, though? Can we really manage grief? Should we even try?

Stepping out of the clinical realm and into the spiritual one nearly two decades ago has given me time to observe grief from the perspective of clinician, pastor, and human being. Funeral directors provide an invaluable service by attempting

to make the funeral as painless as possible. Palliative care staff are experts at alleviating the physical and emotional discomfort of death. Chaplains are there to help the dying be comfortable with what lies beyond the grave and to move families toward that elusive goal of acceptance. We may not say it in so many words, but we often think that if we can alleviate pain and facilitate acceptance, all will end well.

I want to challenge that idea, because it does not necessarily hold true. There is no way we could ever get every family member and the patient to that perfect place of perfect acceptance. Grief is not like construction, one brick laid upon another. Grief ebbs and flows, and neither physical nor emotional pain is every fully managed. Besides, without pain we would not be what we are. We would not be human. Without pain we would never need another person, never strive to be better or different. Without pain we would not seek God.

I certainly do not advocate the abandonment of our professionalism, or the withholding of any of our palliative tools. I simply advocate humility and humanity. To want to make it all better is admirable but risky. We must not think that our expertise is the most important thing we bring to the table. It is dangerous, prideful, and can even lead to the delusion that we can, through clinical methodology, make all things well. Our patients and their families need another thing just as much as they need our clinical skills.

They need us to be what we are; caring human beings who are experiencing this terrible thing with them. People need people, not just professional care. Professional

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next month: Veterans and End of Life Care

“Killer Clichés” About Loss

by Russell Friedman & John W. James of The Grief Recovery Institute

We have all been educated on how to acquire things. We have been taught how to get an education, get a job, buy a house, etc. There are colleges, universities, trade schools, and technical schools. You can take courses in virtually anything that might interest you.

What education do we receive about dealing with loss? What school do you go to learn to deal with the conflicting feelings caused by significant emotional loss? Loss is so much more predictable and inevitable than gain, and yet we are woefully ill-prepared to deal with loss.

One of the most damaging killer clichés about loss is **“time heals all wounds.”** When we present open lectures on the subject of Grief Recovery®, we often ask if anyone is still feeling pain, isolation, or loneliness as the result of the death of a loved one 20 or more years ago. There are always several hands raised in response to that question. Then we gently ask, “if time is going to heal, then 20 years still isn’t enough?”

While recovery from loss does take some time, it need not take as much time as you have been led to believe. Recovery is totally individual, there is no absolute time frame. Sometimes in an attempt to conform to other people’s time frames, we do ourselves great harm. This idea leads us to another of

the killer clichés, **“you should be over it by now.”**

It is bad enough that well-meaning, well intentioned friends attack us with **killer clichés**, but then we start picking on ourselves. We start believing that we are defective or somehow deficient because we haven’t recovered yet.

If we take just the two **killer clichés** we’ve mentioned so far, we can see that they have something in common. They both imply that a **non-action** will have some therapeutic or recovery value. That by waiting, and letting some time pass, we will heal. Let’s add a third cliché to the batch, **“you have to keep busy.”** Many grieverers follow this incorrect advice and work two or three jobs. They fill their time with endless tasks and chores. At the end of any given day, asked how they feel, invariably they report that their heart still feels broken; that all they accomplished by **staying busy** was to get exhausted.

Now, with only three basic **killer clichés** we can severely limit and restrict our ability to participate in effective recovery. It is not only that people around us tell us these clichés, in an attempt to help, but we ourselves learned and practiced these false beliefs for most of our lives. It is time for us to learn some new and helpful beliefs to assist us in grieving and completing relationships that have ended or changed.

QUESTION: I have heard that it takes 2 years to “get over” the death of a loved one; 5 years to “get over” the death of a parent; and you never “get over” the death of a child. Is this true?

ANSWER: Part of the problem is the phrase “get over.” It is more accurate to say that you would never forget a child who had died, anymore than you would ever forget a parent or a loved one. Another part of the problem is one of those killer clichés we talked about, that time, of itself, is a recovery action. Although recovery from loss does take some time, it is the actions within time that lead to successful recovery.

The primary goal of Grief Recovery® is to help you “grieve and complete” relationships that have ended or changed. Successful Grief Recovery® allows you to have fond memories

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detachment limits our ability to provide truly palliative care. We do not send robots to see our patients, but trained human beings. We need to be reminded that, in the end, it will not be the medication that someone remembers or even the prayers. When it is all said and done the family will thank us for our professionalism, but they will remember our kindness, our presence, and our love.

Even if the patient and family never accept death, we must love them. Sometimes we must love them in spite of their resistance to working through the grief process. After all, isn’t that what we hope that God does with each of us? Isn’t our faith in the hope that he loves us just as we are?