Helping Grieving People – When tears are not enough

A Handbook for Care Providers

Second Edition

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The Exquisite Witness
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When you go through the tumbler of life, you can come out crushed or polished.*

Elisabeth Kübler-Ross (1981)

Chapter Preview

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You Never Know …

What is going on inside someone else’s mind—the person walking by you on the street, standing behind you at the checkout stand, waiting at the stop light in the car next to you, smiling hello as you enter the elevator, serving you coffee or sitting across the aisle in the commuter train—what he or she is thinking.

How much pain or rage is tearing at a person’s heart or how much a grieving individual is struggling just to make it through another day at work.

Who or what a person has lost and how much that man, woman, or child is obsessing about the loss every waking minute of the day.

How much grief and anguish is being held inside or with how much longing that person wishes that it were just a bad dream.

What else may surface when you are helping a grieving person.

Which of your own losses will be triggered when you help grieving people through their grief and how this may affect your ability to help.

What another’s pain is like even if the loss seems just like your own.

How unprepared you can feel as a provider until you experience the sense of “I don’t know what to say or do right now.”

How truly prepared you are until you relate to the grieving person more as a human soul in pain and less as a diagnosis or the object of a particular clinical skill to be used.

Yet You Can Become …

One human soul sitting with another who is suffering the pain of grief.

A care provider who understands that the grief journey is different for each individual.

A care provider who is sensitive to different cultural and religious/spiritual backgrounds, and understands that your function is to support the journey and not control it.

A care provider who embraces the “heart, head, and hands” system for providing care.

A care provider who, as an Exquisite Witness for a grieving person—whether you are a trained professional, volunteer, or a family caregiver—provides what so many grieving people hope for.

The goal of this book is to point the way for grief care providers to learn how to become such an Exquisite Witness.
The Exquisite Witness Defined

The *Exquisite Witness* is a health care, pastoral, or volunteer care provider who enters the sacred space between two human souls—having the deepest respect for the yearning, seeking, and wishful hopes of the other to diminish pain and survive in a new world after a loss.

The term *Exquisite Witness* encompasses my beliefs regarding the role of anyone who steps forward to help a grieving person. A medical or mental health professional; teacher; funeral director; fire, police, or rescue personnel; employee assistance counselor; medical receptionist; or family member who becomes the home caregiver can assume this role. An Exquisite Witness might be a friend, someone from the faith community who comes to visit the family, or the surgeon who stops by the recovery room after removing a tumor and then proceeds to reassure the waiting loved ones. What distinguishes an Exquisite Witness is not one’s level of training but one’s willingness to approach another human being with compassion and deep respect for that person’s needs, fear, and grief.

The exquisite nature of the interaction is measured in terms of respect, care, honesty, and the ability to truly hear and understand the grieving person’s anger and confusion. It may take very little time. A gifted psychiatrist whom I accompanied on rounds for medically ill patients at The Johns Hopkins Hospital was able, during a 10-minute conversation, to answer patients’ concerns and make them feel cared for, respected, and hopeful. I have also seen a member of the housekeeping staff on an inpatient AIDS unit calm an agitated patient with a smile and casual conversation about the Baltimore Orioles’ lineup.

The term *witness* directs the care provider to understand that the grief journey belongs to the grieving person—whether he or she has lost a loved one, has a chronic or terminal illness, has been admitted to the hospital for tests, has a loved one who is ill or dying, or has new job responsibilities in a reorganized workplace. As a witness, we observe more than act, listen more than talk, and follow more than lead. Witnessing celebrates the dignity and authority of the grieving person.

Characteristics of the Exquisite Witness …

Has a commitment to self and is attuned to stored personal loss material. Such a care provider can, therefore, accompany grieving people into painful places on their journey, confident in knowing where his or her
limitations in professional and personal availability are. This care provider also knows how to access the professional and spiritual resources available for personal growth.

Is more than a good listener, more than knowledgeable, and more than a skilled intervener. This care provider can join with a person deeply in grief and is generous with time and energy.

Draws from personal life experience to join with grieving people; whose own grief is healed in part through service to others—a “wounded healer.”

Has a comfortable command of the psychological and sociological phenomena of human grief and its varied and changing forms.

Has a repertoire of intervention skills, including exquisite listening, to facilitate the healing of grieving people.

Has a commitment to a religious/spiritual pathway or personal growth journey that provides continued resources, emotional health, personal growth, and professional development.

Is not simply a matter of “This is what I do because this is what I have trained to do,” but rather “This is what I do because this is part of the meaning of who I am and how I choose to live.”

The Heart, Head, and Hands
Dimensions Defined

An Exquisite Witness must address personal loss issues (the heart dimension), is knowledgeable about what to expect from grieving people (the head dimension), and has the skills to respond both usefully and reassuringly (the hands dimension).

The “Heart” Dimension

[N]othing can be written about ministry without a deeper understanding of the ways which the minister can make his own wounds available as a source of healing.*

The “heart” dimension represents the process whereby old loss material may rise to the surface and interfere with the ability of a care provider to be available to a grieving person. This recall may be triggered by

COWBELLS

Cowbells—The way unfinished business is stored and its subsequent effects on a provider’s own grief experience is illustrated by the following personal story.

When I was 4 years old, I attended a preschool program in a community center just across the street from where my family lived. Each morning the children would line up and get a tablespoon of cod liver oil—all from the same spoon! After some indoor games, we were sent outside to the playground. This was an area with a chain-link fence separating us from the sidewalk and the street beyond. I could see our building and as soon as we got outside, I would run directly to the fence, stick my little fingers and nose through the fence, and look longingly, yearningly toward my home. The image of my mommy was clearly in my mind, and I missed her and ached to be back with her.

At that same time every day, a junkman with a pushcart filled with old clothes and items he had been collecting came by ringing a cowbell roped to the handlebar of the cart to announce his presence in the neighborhood. The sound of that cowbell and my yearning, grieving feelings became connected.

Throughout my life when I have had aching, grieving feelings come up, the look on my face prompts my wife to ask, Cowbells? And I answer, Cowbells. Throughout the years, a symphony of Cowbells has rung out. Every one of us has our Cowbells. They accompany us to the bedside of every patient, to our interactions with counseling or pastoral clients, to parishioners, to staff meetings, to treatment planning, and to every human contact we engage in. As care providers, it is our responsibility to be sufficiently aware of them so that our own Cowbells do not drown out our clients. Ask not for whom the Cowbells toll; they toll for thee … and me!

Personal self-awareness exercises are provided throughout this book to assist with discovering the reader’s Cowbells and should be a regular part of all provider training and in-service education. Professional health and pastoral care providers are also advised that surfacing personal Cowbells can be a valuable means for informing their counseling, therapy, and spiritual guidance with grieving people. (For a detailed discussion of countertransference responses in end-of-life and bereavement care, see Katz & Johnson, 2006; Nouwen, 1972.)
circumstances of the case that are similar to the care provider’s current or earlier life grief experiences.

When professional or volunteer care providers do not identify their own personal loss issues, they may consciously or unconsciously avoid areas of interaction that could have been of help to the grieving person. As human beings who attach and bond, we all have loss material, and the grieving person we are working with may trigger some unfinished grief. No one is untouched.

The nurse or physician who avoids a particular patient’s room, a caseworker who limits the depth of information seeking, a counselor who keeps the conversation at a superficial level, or a hospice volunteer who becomes overly involved with one family may be dealing with old, unfinished loss material.

To be truly available to grieving people, care providers must examine their own unresolved loss and grief. This is the heart dimension of the Exquisite Witness care providing.

The “Head” Dimension

The “head” dimension refers to knowledge of the phenomenon we know as grief; including its many subcategories as well as its dynamic shifts and changes over time. This includes understanding the biological and instinctual basis for grief reactions, the expected feelings and thoughts of grieving as well as behaviors derived from our social environment over time.

Providers also need to appreciate both the traditional and more recent explanations regarding the nature of grief and its predictable patterns. Knowing what can be expected from grieving people will not only enable care providers to give the highest level of service but will also increase provider comfort.

The “Hands” Dimension

The “hands” dimension represents what the care provider says and does to help the grieving person engage in the process of mourning in the healthiest way possible. It includes the way providers interact, gather information, make decisions and suggestions, and gauge the level of appropriate intervention. Many grieving people in my clinical practice simply want to tell their story to someone who won’t interrupt them, look at their watch, or change the subject. A grieving person may need
to be heard over and over again without receiving any advice, interpretations, or words of wisdom.

As discussed in Chapter 3, the telling and retelling of the story of a grieving person’s loss is an important part of his or her healing. In this context, the provider agrees to be a nonjudgmental Exquisite Witness. It is more than being a skilled listener. It means hearing with the heart and knowing that you, the Exquisite Witness care provider, are engaged in a healing process with another human being and can feel the joy of this healing. When people share their pain and fears, we are on sacred ground.

**Summary**

The “heart,” “head,” and “hands” dimensions direct the Exquisite Witness to know his or her own grief issues, to understand the human grief response and its variations, and to have a repertoire of support and clinical skills to use for helping grieving people.

When Adam and Eve were sent from the Garden of Eden, they were informed that a gift awaited them outside. They wept and wept as they looked back at the sealed gates and were aware after their weeping subsided that they felt comforted. This was their gift—the tears of healing.

But sometimes tears are not enough.

That’s when grieving people need you.