

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.

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Dispelling the Misconceptions About Grief



By Alan D. Wolfelt, Ph.D.

As you journey through the wilderness of grief, if you mourn openly and authentically, you will find a path that feels right for you – your path to healing. But beware – others will try to pull you off this path due to internalized common misconceptions about grief and mourning. Don't condemn yourself or others for believing these misconceptions; simply make use of new insights to help open your heart to your work of mourning in ways that restore the soul.

Misconception 1:

Grief and mourning are the same thing

People tend to use the words “grieving” and “mourning” interchangeably. There is an important distinction. We as humans move toward integrating loss into our lives not just by grieving, but by mourning.

Grief is the constellation of internal thoughts and feelings we have when someone we love dies. Think of grief as the container. It holds thoughts, feelings and images of your experience when you are bereaved.

Mourning is when you take the grief you have on the inside and express it outside of yourself. Talking about the person who died, crying, expressing your feelings through art or music are just a few examples of mourning.

Your friends may encourage you to “keep your grief to yourself.” A catalyst for healing, however, can only be created when you develop the courage to mourn publicly, in the presence of understanding, compassionate people.

Misconception 2:

Grief and mourning progress in predictable, orderly stages

You have probably heard about the stages of grief (popularized in 1969 by Elisabeth Kubler-Ross). Although Kubler-Ross never intended her stages to be interpreted in a rigid, linear sequence, this type of thinking is appealing to many. The notion of grief stages – denial, anger, bargaining, depression and acceptance – helps people make sense of death, an experience that is usually not orderly or predictable. If we believe that everyone grieves by going through the same stages, then death and grief become much less mysterious and fearsome, but it is not that simple.

For example, the responses of disorganization, fear, guilt and explosive emotions may not occur during your unique grief journey. Sometimes your emotions may follow each other within a short period of time; or, at other times, two or more emotions may be present simultaneously. Remember – do not try to determine where you “should” be. Just allow yourself to be naturally where you are in the process.

Misconception 3:

You should move away from grief, not toward it

Our society often encourages moving away from grief, leaving mourners to either grieve in isolation or to run away from grief. The outward expression of grief is a requirement for healing, but overcoming society's powerful message can be difficult.

Shortly after the death mourners are expected to be “back to normal.” Those who continue to express grief outwardly are often viewed as weak, crazy or self-pitying. Far too many people view grief as something to be overcome rather than experienced.

Many people have internalized society's message that mourning should be done quietly, quickly and efficiently. Don't let this happen to you. You must continually remind yourself that leaning toward the pain will facilitate eventual healing.

Misconception 4:

Tears of grief are only a sign of weakness

Tears of grief are often associated with personal inadequacy and weakness. While your tears may result in a feeling of helplessness for your friends, family and caregivers, you must not let others stifle your need to mourn openly.

Sometimes the people who care about you may try to prevent your tears out of a desire to protect you (and them) from pain. Yet crying is nature's way of releasing internal tension in your body, and it allows you to communicate a need to be comforted. The capacity to express tears appears to allow for genuine healing.

Misconception 5:

Being upset and openly mourning means you are being "weak" in your faith

Watch out for people who think that having faith and openly mourning are mutually exclusive. Sometimes people fail to remember those important words of wisdom: "Blessed are those who mourn, for they shall be comforted."

Above all, mourning is a spiritual journey of the heart and soul. If faith or spirituality are a part of your life, express it in ways that seem appropriate to you. If you are mad at God, be mad at God. Similarly, if you need a time-out from regular worship, don't shame yourself. Going to "exile" for a period of time often assists in healing.

Misconception 6:

When someone you love dies, you only grieve and mourn for the physical loss of the person

When someone you love dies, you don't just lose the presence of that person. You may lose many other connections to yourself and the world around you: loss of identity, self-confidence, health, personality, security and lifestyle. There may also be loss of meaning concerning goals and dreams, faith, the desire to live and experience joy.

Allowing yourself to acknowledge the many levels of loss the death has brought to your life will help you continue to "stay open" to your unique grief journey.

Misconception 7:

You should try not to think about the person who died on holidays, anniversaries and birthdays

Trying not to think about something your heart and soul are nudging you to think about is a bad idea. On special occasions such as holidays, anniversaries and birthdays, it's natural for your grief to well up inside you and spill over – even long after the death itself.

It may seem logical that if you can avoid thinking about the person who died on these special days, you can avoid some heartache. But

where does that heartache go if you don't let it out when it naturally arises? It doesn't disappear. It simply bides its time, patiently at first then urgently, like a caged animal pacing behind the bars.

Misconception 8:

After someone you love dies, the goal should be to "get over" your grief as soon as possible

You may already have heard the question, "Are you over it yet?" You don't get over it; you learn to live with it. You learn to integrate it into your life and into the fabric of your being.

As you become willing to do the work of mourning, you can and will become reconciled to it. Unfortunately, when people around you think you have to "get over" your grief, they set you up to fail.

Misconception 9:

Nobody can help you with your grief

We have all heard people say, "Nobody can help you but yourself." Yet, in reality, perhaps the most compassionate thing you can do for yourself is to reach out for help from others.

Grieving and mourning may be the hardest work you have ever done. And hard work is less burdensome when others lend a hand. Life's greatest challenges are in many ways team efforts, and so should mourning.

Sharing your pain with others won't make it disappear, but it will, over time, make it more bearable. Reaching out for help also connects you to other people and strengthens the bonds of love that make life seem worth living again.

Misconception 10:

When grief and mourning are finally reconciled, they never come up again


Grief comes in and out like waves from the ocean. Sometimes when you least expect it, a huge wave comes along and pulls your feet right out from under you.

Sometimes heightened periods of sadness overwhelm us – even years after the death. Allow yourself to experience this grief without shame or self-judgment. The grief will no longer dominate your life, but it will always be there, in the background, reminding you of the love you had for the person who died.

For more information, visit centerforloss.com.

About the Author

Dr. Alan D. Wolfelt is a noted author, educator and grief counsellor. He serves as director of the Center for Loss and Life Transition in Fort Collins, Colorado and presents many grief-related workshops each year across North America. This article is an excerpt from Dr. Wolfelt's book, *Understanding Your Grief: Ten Essential Touchstones for Finding Hope and Healing Your Heart*. For more information, write or call the Center for Loss and Life Transition, 3735 Broken Bow Road, Fort Collins, Colorado 80526, (970) 226-6050 or visit www.centerforloss.com.



Talking to Teenagers About Suicide



By Dr. Earl A. Grollman

I frequently address parents of a school community following the death of an adolescent who commits suicide. I often ask this question, “How many of you would like to be a teenager again?” Usually, a flurry of hands are raised. They may recall blissful memories whether it was the gala prom, the exciting dances or sentimental romances.

I then ask another question, “Do you remember pimples?” A silence ensues. Some may then think back to the darker side of their adolescent years – the loneliness, anxieties, low self-esteem, fear of failure, peer pressure, raging hormones, experiments with drugs and alcohol. Some may recall their struggle with mental health issues.

During the coffee break, I am besieged with disturbing reminiscences of early years. When as a boy he realizes he’s gay and fears coming out. The woman who remembers being molested by a “favourite” uncle and is afraid to tell. The times they were rejected by friends, disappointed by parents, couldn’t ever seem to get it right.

It is true about the saying of the elderly, “Getting old is not for sissies.” The slogan is also true for adolescents. For some teenagers, suicide may feel at that moment like the only solution for ending their pain. Statistics tell the story: every year, thousands of adolescents commit suicide in the U.S. In fact, suicide is the third-leading cause of death for 15 to 24 year olds. In Canada, youth are among the highest risk population for suicide, accounting for 24 per cent of all deaths among 15 to 24 year olds.

What can we as therapists, parents, teachers, clergy and others do to help adolescents when someone they know has committed

suicide? How do we explain? How do we support them as they grieve such a devastating loss? How do we help them realize that no matter what they are feeling now, they are not alone? That feelings do pass and joy is possible again?

Dr. Max Malikow, a psychotherapist and pastoral counsellor, specializes in offering guidance to adolescents who are confronted with suicide. He and I co-wrote the book, *Living When a Young Friend Commits Suicide*. Our book offers these suggestions: conversations should take place in a relatively quiet area where there are few distractions; during the discussion, allow for silences – pauses to encourage youngsters to think through and share their inner feelings.

Talking to Teenagers About Suicide

After learning of the suicide, the adolescent may be in denial and even shock: “No, it can’t be. I saw her yesterday and she was fine. Maybe it was just an accident. There’s no way she would have killed herself!”

Adult: “You’re right. There are many possibilities. Sometimes suicide is suspected but can’t be proven. For example, some drug overdoses or car crashes could be suicides or accidents. It is with reluctance that a medical examiner or coroner classifies a death as a suicide. It is likely all other explanations for death have been ruled out before suicide is declared.”

Adolescent: “Who decides if it’s a suicide?”

Adult: “Usually, it is by the medical examiner, a specialized physi-

ENCOURAGE STUDENTS TO TALK TO THEIR SCHOOL COUNSELLORS, HOSPITAL OR MENTAL HEALTH ORGANIZATION. SUPPORT GROUPS FOR TEENAGERS COULD BE VERY HELPFUL.

cian. In some smaller towns, the coroner is not an MD, but works in cooperation with a medical doctor to determine whether the death is a suicide. When it cannot be determined, some medical examiners and coroners will enlist the help of investigators. They will interview those who knew the deceased and had recent contact with him to reconstruct his last days. This investigation is known as a psychological autopsy.”

Adolescent: “*Couldn’t they tell just by checking the suicide note?*”

Adult: “Although it is commonly believed that people who commit suicide leave behind a note, research shows that only one out of four suicides includes written last words. Words do not come easily to a person in despair. Often, by the time a person has reached the point of killing himself he is too exhausted from the struggle to live. At that moment, there is no energy for anything other than its final act.

“Also, some suicides are impulsive acts. In these cases, the struggling person sees an opportunity to kill herself and acts impetuously. For example, when walking in a subway she recognizes she could kill herself immediately if she were to jump in front of a speeding train. In such cases, there would be no suicide note.”

Adolescent: “*But my friend had everything to live for!*”

Adult: “You were observing your friend’s life from the outside. Think about this. Have you ever heard of the missing tile syndrome? Imagine yourself in a room that has walls and a floor made of tiles. Further imagine that this room has a single missing tile. If you are like most people, you may not have noticed anything missing. You saw what you had to live for. Perhaps your friend saw only the missing tile. Maybe he obsessed over what he didn’t have, preventing him from enjoying those things he did have.”

Adolescent: “*Should I go to the funeral?*”

Adult: “It’s your call. The funeral is an important event that will confirm the reality of the death. By attending, you may gain the emotional support from the people around you. ‘Grief shared is grief diminished.’ Facing this loss together could be a significant step in your healing and recovering. If you decide to attend, perhaps ask a close friend to come with you.

“If the funeral is being conducted during school hours, often the principal will allow students to attend. Usually, a note of permission from parents is required.”

Returning to School

After the suicide, close friends may dread going back to class. They may think: How will other kids and teachers react? What if they ask me why? Will they think I’ll be next? I don’t want to go to my classes. Why do they even matter anymore? What does anything really matter? Why did this have to happen to me?

Most schools have grief counsellors to meet the returning students. There will be many issues that survivors will face – getting through grief is painful and many students will need support over time, to learn to acknowledge their emotions and possible feelings of guilt. They must learn to adjust to a world that no longer includes their dear friend.

Encourage students to talk to their school counsellors, hospital or mental health organization. Support groups for teenagers could be very helpful.

For further possible emergencies, school boards have created crisis management teams, consisting of clergy, educators, therapists, parents, law enforcement officers, funeral directors and students.

With our crazy world, we never know when the next tragedy will evolve. As the U.S. Coast Guard aptly instructs, SEMPER PARATUS – ALWAYS PREPARED!

About the Author

Rabbi Earl A. Grollman, a pioneer in crisis management, is an acclaimed writer and lecturer. In 2013, the Association for Death Education and Counseling presented him with its Lifetime Achievement Award, only the fourth time in three decades. This award honours “his national and international impact on the improvement of death education, caring for the dying person, and grief counseling.” His books on coping with bereavement have sold more than a million copies. For further information, visit www.beacon.org/grollman.

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