Schuler-Lefebvre
FUNERAL CHAPEL
Dedicated To Those We Serve

Caring Connections:

Grief Guidelines: 13 Ways to Help Someone Who is Grieving

Offer yourself.
Remember that you want to make a caring connection with the person who is grieving. The amount of time you spent with him or her is less important than the quality of time. Don't appear rushed; avoid looking at your watch. Be fully present – look at the person and listen attentively. Let the grieving person know that he or she has been heard. If appropriate, offer to perform a simple task, like picking up some dry cleaning, buying some groceries or changing television stations. Even the smallest offer to help will be appreciated.

Be respectful.
Let an ill person know that despite the circumstances, he or she is still a unique and valuable human being. Don't talk down to an ill person even if the behavior you observe has become childlike. If another person is in the room, look at and talk directly to the ill person when the conversation refers to him or her.

Become comfortable with silence.
Quiet time together can be golden. There is no need to fill every moment with conversation. Light a candle, set some flowers in a vase, listen to some music or simply sit relaxed and wait for the person to speak.

Be a skilled listener.
True listening connects you to the grieving person in a way that can bring a sense of acceptance and healing into the process. Make eye contact, maintain an attentive posture and match the volume and speed of your voice to theirs. Refrain from asking too many questions and let them steer the conversation. Nod and affirm, saying words of encouragement. Provide a sounding board by reflecting back to them the meanings and feelings you hear them saying. People in grief and distress from illness want to be heard. They may need to tell their story over and over again, and sometimes the care provider may be the only one who is still a willing listener.

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Normalize practically everything.
Grieving people feel a wide range of emotions: confusion, helplessness, hopelessness, a sense of dread and a feeling of being stuck in a nightmare without an end. They worry that they are going crazy. Often, they lose their appetite for food, sex, and entertainment. These reactions are all normal and care providers need to normalize them. Assure people that what they are feeling is an unfortunate but usual part of the grief process and that the need to talk about it is normal as well. Say things like, "It's okay to feel this way," "Of course you're angry," "I would feel this way too" and "It's good to let those tears out." However, self-destructive, suicidal or homicidal comments are to be taken seriously and referred for professional evaluation.

Avoid judgment.
Try to keep the "whys" or "shoulds" out of the conversation. If your loved one (or the person receiving your care) says, "It's hopeless," don't respond by saying, "You shouldn't feel that way." Also, don't allow your facial expressions, body language or gestures to give away your thoughts. Be careful of the telltale "raised eyebrow" that signals judgment. Instead, acknowledge the person's expressions of helplessness and continue to listen. Keep in mind that we are entitled to every feeling we have; don't judge the person if he or she says something that strikes you as strange. Understand that cultural variations may account fordiverse grief reactions.

Take action.
(Don't do "nothing"). Help people who are bereaved to become active. They can gather information for obituaries, plan the funeral, create other mourning rituals, block out schedules, send out acknowledgment cards, fill a vase with flowers on Mother's Day, invite special friends over to reminisce, make a donation in honor of the deceased, get into an exercise routine or take a class. People grieving due to a serious or life-threatening diagnosis can research the latest developments concerning their illness, make a list of all the medical specialists who are conducting studies or research on their disease or condition, and locate local support groups related to their illness or loss situation. Doing "something" gives us a sense of control and purpose; it's a perfect antidote for feelings of helpless despair.

Don't do everything yourself.
Widen your circle of support. Identify social, spiritual and health-care resources. Locate family, friends, clergy, neighbors, colleagues, other care providers and community services that can become part of the "team." Clergy and congregational members can be invaluable sources of support for the grieving/healing process. Don't try to fix everything-some issues may not require fixing while others can be put on hold. For example, it is not necessary to respond immediately to condolence cards. When the grieving person's energy and inclination are there, writing such cards can be a useful action. If the person is exhausted, the care provider can help to legitimize putting off this task until he or she is physically and mentally ready to do so.

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Keep your promises.
If you make a commitment - to visit, run errands, prepare a meal or even make phone calls, do everything possible to keep that promise. This builds trust. People who are confined to bed usually look forward to visits from family and friends. When the anticipated visit does not materialize, the confined or ill person may experience sadness, depression or a sense of being forgotten or of not mattering.

Teach the "side-by-side" or the intermittent approach to grieving.
Very few bereaved people maintain grieving behaviors on a continuous basis. Encourage "time-outs" from grieving and suggest activities such as talking a walk outdoors, working out at a health club, taking time for a hobby, watching a funny video or television show, scrubbing the kitchen floor and even retail therapy at a nearby shopping mall to temporarily distract the grieving person. Sometimes people need permission not to grieve - to do or think about something else. Most grieving people can learn to take brief time-outs and then return to their grieving.

Be sensitive to cultural, ethnic and family traditions.
An individual's background influences the way grief is expressed, how one plans for end-of-life rituals and how one makes decisions. It also affects expectations for the care provider's role. Care providers need to learn how each family interprets its own cultural, religious and ethnic traditions - sometimes all it takes is asking someone in the family. Don't be surprised to learn that a particular family does not follow the presumed pattern for their cultural group. The more information obtained, the better equipped the care provider will be to intervene appropriately to avoid making unproductive interventions that impede rapport with the family.

"Bracket" your own grief issues when they surface.
You may be in the middle of a conversation with a bereaved or a dying person and suddenly feel the urge to cry. This may be an empathic reaction to the other person's situation or it may be your own grief issues surfacing. At moments like this, the care provider should remember that he or she has the capacity to put personal feelings to the side; to "bracket" them. We do this by consciously assuring ourselves that we will address our own issues as soon as we are finished talking to the person we are working with. The next step is vital - we must talk to a colleague, friend or someone to whom we can express our bracketed feelings. If we don't discuss and acknowledge our unfinished loss material and express feelings, they may resurface the next time we're working with someone who is grieving.

Be aware of and respond to your own compassion fatigue.
When providers reach a point where they find their own issues coming up frequently, they may have reached a point of compassion fatigue or burn-out. Accept that you have your own issues to deal with, that you may feel resentful or angry with a loved one, client, colleague or with the situation and that you may begin to wonder who is going to give you some loving care. This is normal - but it is also a signal that you need a break and some outside social and spiritual support or counseling.

Resources:
(Excerpted from Helping Grieving People - When tears are not enough: A Handbook for Care Providers by J. Shep Jeffreys, Ed.D., C.