

Healing with Haven

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Chasing After Closure

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By Amy Florian, Hoffman Estates, Illinois. amy@amyflorian.com

I keep reading in the newspapers about survivors of tragedy or death seeking "closure." Yet no one really defines what closure means, whether it is possible or how to get there.

For many in our society, closure means leaving grief behind, a milestone usually expected within a matter of weeks or months. Closure means being "normal," getting back to your old self, no longer crying or being affected by the death. It means "moving on with life" and leaving the past behind, even to the extent of forgetting it or ignoring it. For we who have experienced death, this kind of closure is not only impossible but indeed undesirable.

Closure, if one even chooses to use the term, is actually more a process than a defined moment. The initial part of closure is accepting the reality. At first, we keep hoping or wishing that it weren't true. We expect our loved ones to walk through the door. We wait for someone to tell us it was all a huge mistake. We just can't accept that this person has died, that we will never physically see them again on earth, that we will not hear their voices, feel their hugs, or get their input on a tough decision. Usually it takes weeks or even months for the reality to finally sink in. We come to know, in both our heads and our hearts, that our loved one has died and is not coming back. We still don't like it, but we accept it as true.

As the reality sinks in, we can more actively heal. We begin making decisions, and start to envision a life different from what we had planned before, a life in which we no longer expect our loved one to be there. We grow, struggle, cry and change. We form fresh goals. We face our loneliness. We feel the pain and loss, but except for short periods of time,

we are not crippled by it. We also make a shift in memory. Memories of our loved ones, rather than being painful as they were at first, sometimes make us smile or even laugh.

This healing phase takes a very long time, and involves a lot of back-and-forthing. We alternate between tears and joy, fears and confidence, despair and hope. We take two steps forward and one step back. We wonder whether we'll ever be truly happy again, and often doubt that we will.

Eventually we realize we are taking the past, with all its pain and pleasure, into a new tomorrow. We never forget, and in fact we carry our beloved with us; he or she is forever a cherished part of who we are. We are changed—by the experience of having loved this person, by the knowledge of life's transience, and by grief itself. We become different and hopefully better, more compassionate, more appreciative, more tolerant people. We fully

embrace life again, connecting, laughing and loving with a full heart.

Still, there is no point of "final closure," no point at which we can say, "Ah, now I have finally completed my grief." Or, "Yes, now I have healed." There is no point at which we will never cry again, although as time goes on the tears are bittersweet and less common. Healing is a lifelong process, one in which we often don't even realize we are healing until we look back and see how far we have come.

"Closure"? I don't think so. Acceptance—yes. Peace—yes. Hope—definitely. But putting a period behind the final sentence and closing the book on it? No! Life and love are much too complex for that. The story does not end; instead it awaits the next chapter. 🏠



Grief is not an Illness

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888-604-4673, www.livingwithloss.com".

By Alan D. Wolfelt, PhD Fort Collins, Colorado

Inappropriate Assumptions Surrounding Our Modern Understanding of Grief and Loss.

As a teenager who had come to experience my own life losses, I set out to discover the principles that help bereaved people heal in grief. I hoped to communicate those principles to anyone interested in honoring my story. To my dismay, I discovered that the majority of caregiving models for grief counselors were intertwined with the medical model of mental health care.

For many caregivers, grief in contemporary society has been medicalized and perceived as if were an illness that with proper assessment, diagnosis, and treatment can be cured. This paradigm dictates that we as caregivers, having studied and absorbed as

body of knowledge and become experts, are responsible for "curing" our patients. How arrogant!

The language we use to describe the practice of grief support exposes our attitudes and beliefs about counseling as well as determines our practices. Because numerous historical roots of psychotherapy are deeply grounded in a medical model, because the medical model appears more scientific than

other alternatives, and because the economics of practice are interfaced in a healthcare delivery system, the natural tendency has been to adopt medical model language.

As I explored the words used in counseling the bereaved, I was taken aback: symptoms of pathology; disorders; diagnosis; and treatments. In my own search to learn so I could teach, I found that these more clinical, medical model approaches have limitations that are profound and far-reaching.

I discovered that our modern understanding of grief all too often projects that for "successful" mourning to take place, the person must "disengage from the deceased" and, by all means "let go". We even have all sorts of books full of techniques on how to help others "let go" or reach "closure". At bottom, I discovered that our current models desperately needed what we could refer to as a "supplement of the soul". It seemed glaringly obvious to that as fellow travelers in the

journey into grief, we needed more life-giving, hope-filled models that incorporated not only the mind and body, but the soul and the spirit! I found myself resonating more with the writing of people like Ram Das, Stephen Levine, Victor Frankl, James Hillman, Thomas Moore and Carl Jung.

Actually it was Carl Jung's writing that helped me understand that every psychological struggle is ultimately a matter of spirituality. In the end, as we as human beings mourn, we must discover meaning to go on living our tomorrows without the physical presence of someone we have loved. Death and grief are spiritual journeys of the heart and soul.

Yet, our modern Western culture's understanding of

grief often urges mourners to deny and form of continued relationship with the person who died. For many mental health care-givers, the hallmark of so-called "pathology" has been rooted in terms of sustaining a relationship to the dead. In reality, the mourner actively shifts the relationship from one of presence to one of memory. Or, as the playwright Robert Anderson wisely noted, "Death



ends a life; it does not end a relationship".

Our modern understanding of grief all too often conveys that the end result of bereavement is a series of completed tasks, extinguished pain, and the establishment of new relationships. I discovered that many mental health caregivers, in attempting to make a science of grief, had compartmentalized complex emotions with neat clinical labels.

Our modern understanding of grief all too often uses a "recovery" or "resolution" definition to suggest a return to "normalcy". Recovery, as understood by some mourners and caregivers alike, is erroneously seen as an absolute, a perfect state of reestablishment. We seem to want to go around any so-called "negative" moods and emotions quickly and efficiently. Yet, it occurred to me that if our role as caregivers is to first observe the soul as it is, then we need to abolish

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what I call the “resolution wish”.

Our modern understanding of grief for some is based on the model of crisis theory that purports that a person’s life is in a state of homeostatic balance, then something comes along (like the death of someone loved) and knocks the person out of balance. Caregivers are taught intervention goals to reestablish the prior state of homeostasis and a return to “normal” functioning. There is only one major problem with this theory: it doesn’t work. Why? Because a person’s life is changed forever by the death of someone loved. We are transformed by grief and do not return to prior states of “normal” based on intervention by outside forces.

Our modern understanding of grief all too often “pathologizes” normal experiences. Traditional psychology has focused the majority of attention on the diagnosis and treatment of pathologies and in the quest for “fixes,” little attention has been paid to the nature of emotional or spiritual health. As one author observed, “The exclusive focus on pathology that has dominated so much of our discipline results in a model of the human being lacking the positive features that make life worth living”.

Our modern understanding of grief all too often privatizes grief as an isolated, individual experience. Mourning, by nature of its definition—“a shared social response to loss”—must be viewed in the broader context of social and family perspectives. In fact, the person often perceived as “not doing well” in grief is usually the one who is trying to get help for the family system. In sum, I discovered in my twelve years of university-based training and in reading the available literature on grief counseling that our modern understanding of grief all too often lacks any appreciation for and attention to the spiritual, soul-based nature of the grief journey. As authors such as Frankl, Fromm, and Jung noted years ago (and Hillman and Moore more recently), academic psychology has been too interfaced with natural sciences and laboratory methods of working, counting and objective reporting.

Some of us, often through no fault of our own, but perhaps by the contamination of our formal training, have overlooked the journey into grief as a soul-based journey. We need to think and reflect about grief care differently than we now do. Because while its mission in our society is certainly important, our current misunderstanding of what its essence

is misinforms our capacity to reflect on it wisely. This book seeks to undermine those practices that oppress grieving persons and families and provide interested people with food for reflective thought surrounding the importance of questioning the traditional medical model of mental health care. More important, the content presents an alternative model based on “companioning” versus “treating” one’s fellow human beings in grief.



Critical self-observation would suggest that perhaps we rely too much on psychosocial, biological and psychodynamic constructs that we have been taught to “treat away,” such as depression, anxiety, and loss of control. In our attempt to gain scientific credibility, we may have become our own worst enemies! In our attempt to be respected as part of established mental health care, we may be disrespecting the very people who need our compassionate care.

Without doubt, the grief journey requires contemplation and turning inward. In other words, it requires depression, anxiety and loss of control. It requires going to the wilderness. Quietness and emptiness invite that heart to observe signs of sacredness, to regain purpose, to rediscover love, to renew life! Searching for meaning, reasons to get one’s feet out of bed,

and understanding the pain of loss are not the domain of the medical model of bereavement care. Experience has taught me that it is the mysterious, spiritual dimension of grief that allows us to go on living until we, too, die. 🏠

“Quietness and emptiness invite that heart to observe signs of sacredness, to regain purpose, to rediscover love, to renew life!”

Grief & Loss Seminar Series

The next seminar will be held on July 26th from 3pm-4:30pm @ 2895 Temple Ave, Signal Hill. Light refreshments will be served. For more information please contact Tina Stephenitch at 562-426-7500 ext 406.

Individual/Group Support

As many of you may already know, Haven Hospice offers individual support and group support to all people in the community who are going through the difficult journey of bereavement. For more information on our groups or to make an appointment for individual support please contact Tina Stephenitch, Bereavement Coordinator at (562) 426-7500 ext 406

Make a Difference in Someone's life

Do you have a few hours a week to listen, give support, or assist in the office? Haven Hospice is seeking people who would like to give some of their time visiting patients, helping in the office or doing community outreach. If you are interested in this rewarding opportunity, or know anyone who maybe interested in volunteering their time, please contact Tina Stephenitch, Volunteer Coordinator (562) 426-7500 ext 406 for more information.

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