

Getting Grief Right

by Patrick O'Malley

By the time Mary came to see me, six months after losing her daughter to sudden infant death syndrome, she had hired and fired two other therapists. She was trying to get her grief right.

Mary was a successful accountant, a driven person who was unaccustomed to being weighed down by sorrow. She was also well versed in the so-called stages of grief: denial, anger, bargaining, depression and acceptance. To her and so many others in our culture, that meant grief would be temporary and somewhat predictable, even with the enormity of her loss. She expected to be able to put it behind her and get on with her life.

To look at her, she already had done so. The mask she wore for the world was carefully constructed and effective. She seemed to epitomize what many people would call "doing really well," meaning someone who had experienced a loss but looked as if she was finished grieving. Within a few days of the death of her daughter she was back at work and seemed to function largely as before.

The truth of her life was something else. Six months after her baby's death she remained in deep despair. She was exhausted from acting better than she felt around co-workers, friends and family. As is so often the case, she had diagnosed her condition as being "stuck" in grief, believing that a stubborn depression was preventing her from achieving acceptance and closure.

Was she in denial, she wondered. She also wondered if she was appropriately angry.

The bottom line was that she knew she was depressed — a psychiatrist had prescribed an antidepressant — and that is what she wanted me to treat.



Earlier in my practice, I would have zeroed in on that depression. Was there a family history? Had she been depressed before? Was the medicine helping? What were her specific symptoms? Knowing the answers might suggest why she was stuck. Or I would have reviewed the stages of grief, as she had, looking for one in which the work remained incomplete.

But I had begun to operate differently by the time Mary showed up, which was 10 years after my own loss. My firstborn child had also died before he was a year old. It was why Mary had chosen me.

In our first session I put Mary's depression aside. I asked her to tell me the story of her

Montgomery HOSPICE

baby rather than describe the symptoms of her grief. Though she was resistant, she eventually started to talk.

Like most other things in Mary's life, the baby, whom she named Stephanie, was planned. Mary was delighted with her pregnancy and had wonderful dreams for her daughter. After a routine delivery, Mary stayed home with Stephanie for the first three months. Returning to work had been difficult, but Mary was comfortable with the child-care arrangement, and managed to balance motherhood with her busy professional schedule.

Then Mary told me about the Saturday when she went to check on her napping daughter and found that Stephanie wasn't breathing. She began C.P.R. as her husband called 911. There were moments of surreal focus as she and her husband tried to save their baby. Then this woman, so accustomed to being in control, had to surrender her daughter to an emergency crew. Her husband drove as they followed the ambulance to the hospital.

She described the waiting room in great detail, down to the color of the furniture. When the hospital chaplain walked in with the doctor she knew her baby was gone. She and her husband were taken into a room where they held the baby for the last time.

At this point in her story Mary finally began to weep, intensely so. She seemed surprised by the waves of emotion that washed over her. It was the first time since the death that the sadness had poured forth in that way. She said



From Ann's Office

Bereavement Care Services: Supporting Grieving Community Members

A coworker once asked Linda Tebelman, our Director of Bereavement, how she was able to speak with people after they have lost a loved one, when they are in such pain. She responded that she knows first-hand that most people are able to move through that pain to a different place, to where the pain is less and where they can celebrate their loved one's life. She and the other professional counselors who work in our bereavement department use their education, their training and their years of experience to facilitate that healing.

Montgomery Hospice is committed to helping people with grief and loss. We work directly with the families of our patients, supporting them with personalized counseling and helpful mailings for 13 months after the death. We also have support groups and workshops that are open to the entire community, as well as our hospice family members. Special bereavement groups are held for children who have lost a parent or sibling, with a concurrent group for their parents or grandparents. Our trained counselors work with the parents in order to give them the skills to provide on-going help to their children.

We are proud of the work we do to ease the pain of grief and loss in our community. And we gratefully admit that we are only able to do this work because the community is generous with donations. All of you who contribute

to Montgomery Hospice are helping your neighbors and making our county a better place. We thank you.

I also want to invite you to come to our June 19th *The Magic of Caring* gala. Information about this gala can be found elsewhere in this newsletter. All proceeds from the gala are designated for Montgomery Hospice Bereavement Care Services. Please join me in supporting Montgomery Hospice by attending or sponsoring this fun, celebratory gala.

Ann Mitchell
President & CEO

Feedback from Families and Community Members

"Words are inadequate to describe my appreciation for the support I received after my mother's death. The kind manner and thoughtful insights were comforting. I learned a lot about grief – and myself. I am grateful to Montgomery Hospice."

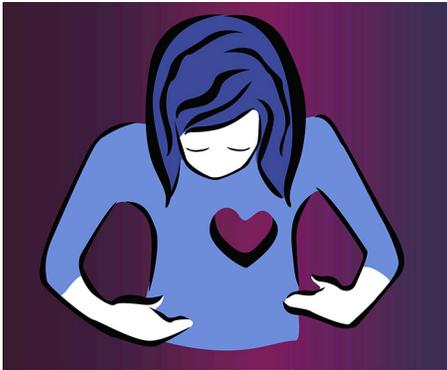


"You were terrifically supportive and open to hear my grief. Your suggestions helped me to move along this journey. Thank you for walking with me."

"Dear Montgomery Hospice, I want to thank you from the depths of my soul for your love, kindness, gentleness and comfort during this, the most painful loss of my life."

she had never told the story of her daughter from conception to death in one sitting.

“What is wrong with me?” she asked as she cried. “It has been almost seven months.”



Very gently, using simple, nonclinical words, I suggested to Mary that there was nothing wrong with her. She was not depressed or stuck or wrong. She was just very sad, consumed by sorrow, but not because she was grieving incorrectly. The depth of her sadness was simply a measure of the love she had for her daughter.

A transformation occurred when she heard this. She continued to weep but the muscles in her face relaxed. I watched as months of pent-up emotions were released. She had spent most of her energy trying to figure out why she was behind in her grieving. She had buried her feelings and vowed to be strong because that's how a person was supposed to be.

Now, in my office, stages, self-diagnoses and societal expectations didn't matter. She was free to surrender to her sorrow. As she did, the deep bond with her little girl was rekindled. Her loss was now part of her story, one to claim and cherish, not a painful event to try to put in the past.

I had gone through the same process after the loss of my son. I was in my second year

of practice when he died, and I subsequently had many grieving patients referred to me. The problem in those early days was that my grief training was not helping either my patients or me. When I was trained, in the late 1970s, the stages of grief were the standard by which a grieving person's progress was assessed.

That model is still deeply and rigidly embedded in our cultural consciousness and psychological language. It inspires much self-diagnosis and self-criticism among the aggrieved. This is compounded by the often subtle and well-meaning judgment of the surrounding community. A person is to grieve for only so long and with so much intensity.

To be sure, some people who come to see me exhibit serious, diagnosable symptoms that require treatment. Many, however, seek help only because they and the people around them believe that time is up on their grief. The truth is that grief is as unique as a fingerprint, conforms to no timetable or societal expectation.

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Based on my own and my patients' experiences, I now like to say that the story of loss has three “chapters.” Chapter 1 has to do with attachment: the strength of the bond with the person who has been lost. Understanding the relationship between degree of attachment and intensity of grief brings great relief for most patients. I often tell them that the size of their grief corresponds to the depth of their love.

Chapter 2 is the death event itself. This is often the moment when the person experiencing

the loss begins to question his sanity, particularly when the death is premature and traumatic. Mary had prided herself on her ability to stay in control in difficult times. The profound emotional chaos of her baby's death made her feel crazy. As soon as she was able, she resisted the craziness and shut down the natural pain and suffering.

Chapter 3 is the long road that begins after the last casserole dish is picked up — when the outside world stops grieving with you. Mary wanted to reassure her family, friends and herself that she was on the fast track to closure. This was exhausting. What she really needed was to let herself sink into her sadness, accept it.

When I suggested a support group, Mary rejected the idea. But I insisted. She later described the relief she felt in the presence of other bereaved parents, in a place where no acting was required. It was a place where people understood that they didn't really want to achieve closure after all. To do so would be to lose a piece of a sacred bond.

“All sorrows can be borne if you put them in a story or tell a story about them,” said the writer Isak Dinesen. When loss is a story, there is no right or wrong way to grieve. There is no pressure to move on. There is no shame in intensity or duration. Sadness, regret, confusion, yearning and all the experiences of grief become part of the narrative of love for the one who died.

Patrick O'Malley is a psychotherapist in Fort Worth, Texas.

This essay was originally published in the New York Times. Some details have been altered to protect patient privacy. Reprinted with permission from the author.

Conversations That Matter: A Response to “Getting Grief Right”

by Kip Ingram, Montgomery Hospice Bereavement Counselor



We live by the character and quality of our conversations, especially when we grieve. Expectations from the surrounding culture, well-meant words from family and friends, common assumptions about what's normal, and bits of internal dialogue all form the ongoing conversation of our lives. In grief, the thoughts we might want to express are often connected with intense and unnerving emotions, making it hard to

convey the depth of what we think and feel. Such intense emotions make our thoughts seem fragmentary, somewhat chaotic and hard to pin down. We hesitate to tell someone in fear that our feelings will seem strange or incoherent; we don't want to be fully honest because we fear our intensity might make things awkward or embarrass us in front of another. Added to this, we often carry expectations about how and how long we should grieve, berating ourselves for not fitting in with some preconceived notions about how it all should go. In reality, we need the kind of conversation which acknowledges our grief, and counseling conversations often help in precisely these situations.

These thoughts and more accompanied my reading of Patrick O'Malley's wise and lucid article, "Getting Grief Right." His title itself is somewhat ironic and serves to highlight the reality that grief is not the kind of thing that can be calculated and plotted in advance with a normative one-size-fits-all approach to everyone. Getting it right is largely a matter of determining and being sensitive to the unique situation and needs of the person who grieves. O'Malley conveys this in a flesh and blood way by recounting the unique details surrounding Mary and the story of her loss and subsequent struggles. The reader is made to feel the poignancy of her story, the ways she attempts to cope with the devastating loss of her baby, and the depths of her sadness and her love.

As her story shows, preconceptions of what grief should be like can sometimes get in the way of our actual, lived grief journey. We read about Mary's struggle with getting "her grief right," as she hires and fires two other therapists before seeing Patrick O'Malley. She seems to grapple with attempts to fit her reactions into the five stages of grief associated with the pioneering work of Elizabeth Kubler-Ross, an idea well known in our culture. In reality, this linear, stage model is rarely used anymore in our discipline by Bereavement Counselors and hasn't been for decades, although it seems to linger in our cultural awareness. In contrast to Kubler-Ross and the stage model generally, our discipline has seen an

emphasis on a new "resilience" model associated with the work of George Bonanno (*The Other Side of Sadness*), in which research seems to show that a significant portion of people adapt well after a loss without counseling or therapy. This model is gaining in our culture to such a degree that some of my clients, having read some recent popular articles about it, wonder aloud with me why they haven't bounced back with resilience like others.

Research and models have their place in our discipline, and all the Bereavement Counselors at Montgomery Hospice are familiar with them and their current technical themes, from "meaning-making" to "dual process" to "continuing bonds." The problem, however, is that the uniqueness of each individual and situation cannot be fully accounted for by any one model or set of research statistics. As O'Malley's article highlights, grief is "as unique as a fingerprint," or as the novelist Julian Barnes acknowledges in a moving memoir about the loss of his wife, "grief is the place where statistics run out." Even in the midst of our commonalities with others, we all grieve in our own ways.



When dealing with grief, which all of us must do at different points in life, we are occasionally tempted to seek or embrace a fantasy of knowledge, where we know in advance how things will go. Such knowing, it is assumed, will enable us to avoid or at least foresee the more unpleasant feelings which may be part of our journey. We want to know how long this will last and whether there is a specific technique which will solve it, as if it were merely a problem. This kind of fantasy, however, is often an attempted self-cure for the painful and intense emotions that each person must endure in distinctive ways. Like Mary in O'Malley's article, we can subvert our openness to certain experiences by fantasizing that we know what they must be like in advance. We need the kinds of conversations which allow us to expose and break through such fantasies and their assumptions.

Conversations That Matter, cont.

Conversations are what we as counselors offer to family members when a loved one dies in Montgomery Hospice, as we reach out and offer to stay in touch for the first year after the loss. In this year, one goes through family holidays, birthdays, anniversaries and other “firsts” without a loved one, and it can be a poignant, bittersweet journey. Sometimes there are also complications in a family or complicating factors in relationship to a loved one that affect the journey of remembering. Whatever the unique elements of each family situation, we offer to stay in touch with routine calls throughout the year, as well as an initial face-to-face visit or two. For some, the conversations may be intense, and we will stay in touch more frequently, possibly even offering referral for more intensive kinds of therapy. For others, the conversations may be more light and supportive, and we will not call as often. Some will not want or need our support, feeling like they are managing okay. Others only seem to need an initial conversation or two, while still others don’t feel the need to talk initially but change their minds as the year goes on. The crucial point in all of this for us as Bereavement Counselors is to allow the ones who are grieving to determine what they might need through our conversations with them. As trained counselors, we know the kinds of potential areas of concern to inquire about, and we often do this through gentle, open-ended questions, if a person wants to explore these. We also are aware, through study and through many conversations in our work, what elements are normal in grieving and what might be potentially concerning. We seek to work out all of these things with grieving individuals by inviting conversations that might matter to them when a loved one has died.

Good conversations often have a powerful, evocative effect on the participants. In a counseling situation, a person can offer her or his words to another, who in turn offers them back in a slightly different form, and so on. This process enables the sharer to digest or process what he or she is feeling, to experience it in a fresh way, to find meaning in it or come to terms with it. Intense feelings are met with caring and skill. Anxiety and risk are met with reassurance and support all along the way. Neither participant knows how it will go in advance, but a kind of conversational partnership occurs in which something transformative and good can happen.

Sometimes when grieving, we are tempted to get ahead of ourselves with what we think we know about the grief journey from experts or societal expectations or received assumptions, but as O’Malley’s excellent article reminds us, grief counseling happens one conversation at a time, involving all the unique details and unexpected moments which might come to light. In other words, asking whether we are getting grief right or wrong can be the wrong question to ask. Instead, we must have a conversation and find out what matters to us in the doing of it.

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The Circle of Light Society recognizes individuals and families who have included Montgomery Hospice in their estate plans through a bequest, trust, insurance policy or other estate-planning vehicle. Individuals interested in joining the Circle of Light Society should contact Gerry Vent, Vice President of Philanthropy, at 301 637 1867.



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Businesses and organizations interested in becoming a Montgomery Hospice Corporate Partner should contact:

Marlene Bradford, Director of Philanthropy
301 921 4401 x146
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Family & Nursing Care

We just brought my father home and would like some support from someone experienced with hospice. Can you help?

Yes we can. Family & Nursing Care proudly supports Montgomery Hospice in its mission to *gentle the journey through serious illness and loss with skill and compassion.*

We applaud Montgomery Hospice's commitment to ease the burdens of patients and their families and provide them with dignity and comfort throughout their difficult time.

At Family & Nursing Care, we refer hundreds of caregivers who have experience working with hospice patients, who have a true appreciation for the goals and the philosophy of hospice care. Caregivers coordinate with the professionals involved and also have a deep empathy for the experience of the person receiving the care and his or her family. Caregivers with familiarity in hospice have a better understanding of the importance of pain management and changes in condition (e.g., breathing, alertness, intake/output) and can report that to the hospice team.

Having a caregiver present allows the family to spend quality time with their loved one and removes the responsibilities of personal care. To learn more about how Family & Nursing Care can bring you peace of mind, call us 24/7 at 301 588 8200 or visit www.familynursingcare.com.

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Joseph Gawler's Sons, LLC has been part of the Washington D.C. community since 1850 and is honored to be one of the oldest funeral homes in the area. Joseph Gawler's Sons, LLC started on Pennsylvania Avenue, just a block from the White House, but moved to our current location in 1962. Our beautiful chapel has the capacity to seat up to 220, along with our six state rooms designed to assist families of all sizes. We are proud to be part of the history and future of this great city and the Greater Metropolitan area. Due to our dedication, care, and persistent service excellence, we have had the honor of serving several former Presidents of the United States.



At Joseph Gawler's Sons, LLC, our priority is to help all families that come through our doors. We understand that losing a loved one is a life event that is unique as the person who has left us. Our compassionate staff can assist each family with a customized service and experience based on your or your loved one's wishes. We pride ourselves on assisting families through the most difficult time with an unmatched service level.

We are proud to support Montgomery Hospice and their amazing ability to care for families and individuals at such an emotional and stressful time and are proud to assist them with many different projects.

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Advanced Nursing & Home Support



"Gentle the Journey" is a simple creed with a strong and hopeful image, which describes the activities of Montgomery Hospice with gentleness and strength. Advanced Nursing & Home Support is privileged and honored to be a sponsor of such an outstanding organization of caring and dedicated people. At Advanced Nursing & Home Support, we strive to uphold the values and principles that make Montgomery Hospice successful in its work. We respond to each new client as though they were the only client we have. Clients get our utmost attention. With more than 22 years of service to the community, we bring unique insight. Our purpose is to serve each client with patience, skill and deliberate attention to detail. We are uniquely qualified to meet any need as our staff of Registered Nurses, Licensed

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Practical Nurses and Certified Nursing Assistants are trained, thoroughly vetted, and have loving and compassionate hearts. Like Montgomery Hospice, we have a proven record of service. We serve, not because we have to, but because we believe everyone deserves quality care.



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The Law Firm of Amy L. Griboff, LLC is grateful for the dedication and compassion of Montgomery Hospice's employees and volunteers, and we are excited to be able to continue our support as one of their corporate sponsors.

As Montgomery Hospice's heart logo symbolizes its love and support for families in Montgomery County, we, too, lead with our hearts and treat our clients as family. With Attorney Griboff's extensive legal knowledge and experience, she is committed to helping Maryland residents preserve their legacy and provide them with peace of mind.

The firm also offers guidance in probate matters and trust administration to families after the death of a loved one. In an effort to educate the community on the importance of proper estate planning, Ms. Griboff regularly conducts free seminars focused on fundamental estate planning issues. She is a member of the nationally recognized American Academy of Estate Planning Attorneys, and holds herself to the highest ethical standards, always serving clients with integrity.



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For nearly 150 years, Sandy Spring Bank has been committed to making our communities a better place to live,

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Visiting Angels is the nation's leading Provider of Non-Medical Home Care; our office has proudly serviced Montgomery

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We care every day in every way, serving all who need our services regardless of their income level. Through the state Medicaid program, Respite of Montgomery County and Montgomery County In Home Assistance Services, we extend the same high quality care to many underserved residents in our community.

Montgomery Hospice represents a level of care and service that we are proud to be a part of and will continue to support. They *gentle the journey* and we give peace of mind.

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Hospice Matters is a newsletter for family and friends of Montgomery Hospice, a non-profit organization serving residents of Montgomery County, Maryland who are bereaved or terminally ill.

calendar of events

Bereavement Care: free grief education for Montgomery County residents

Remembering Mom and Dad workshop May 7, 7:00-8:30 pm, Rockville

Afternoon Grief Support Group May 19, each Tuesday, 1:30-3:00 pm for six weeks, Rockville

Parent Loss Support Group May 21, each Thursday, 6:30-8:00 pm for six weeks, Rockville

Evening Grief Support Group May 21, each Thursday 6:30-8:00 pm for six weeks, Olney

Loss of a Child Support Group May 20, each Wednesday, 6:30-8:00 pm for six weeks, Rockville

Volunteer Training

September 18, 25, and October 1, 8:30am-3:30 pm, Rockville. Apply online.

Fundraising

The Magic Of Caring Gala

Friday, June 19, 2015, 6:00 pm Hyatt Regency Bethesda

to benefit Montgomery Hospice Bereavement Care Services, www.montgomeryhospice.org/gala

Visit www.montgomeryhospice.org for updated calendar information.

