



Bereavement Counselor - Theo Munson

- We are all grief counselors sometimes- to anyone who feels comfortable talking about what they are going through with us
- Empathy vs. Sympathy
 - Empathy fuels connection
 - Perspective-taking
 - Staying out of judgment
 - Recognizing emotion in other people and communicating that
 - Empathy is a vulnerable choice because it requires us to connect with our own pain and suffering in order to relate to others as ourselves
 - Rarely can a verbal response make something better, but genuine connection **can** make something better
- What sort of feelings do people often have in response to the trauma of a diagnosis?
 - Fear of never being happy again
 - Anger at the fact that one's body has betrayed them
 - Most doctors don't have time to listen and ask these sorts of questions about fear and other grief-related feelings
 - Grief and trauma and despair are intertwined with faith, and perhaps a new sense of meaning and purpose, perhaps recommitting to self-care, embracing change and new ideas
- A person is a complex bouquet of emotions
- Acknowledgment that the process is very hard and miserable
- Facing new limitations, lack of independence
- Reconciling self-identity with the massive changes
- Can feel very isolating, even though cancer is ubiquitous
- Reconciling expectations with reality
- Reminding people to continue living; it's ok to make plans into the future
- Can challenge a person's faith- asking big ultimate questions
- Common grief reactions:
 - Anger and irritability
 - Can be useful, but often displaced onto others
 - Denial
 - We don't need to mess with that... allow people to pace themselves according to their own needs
 - Impact on relationships

- Caregivers are struggling with grief and trauma too, so we need to consider them as well
 - Shame
 - What did I do to deserve this or cause this cancer?
 - Trouble realizing the limits of personal control
 - Difficulty with cognition and concentration; difficulty being present (chemobrain)
 - Mindfulness can help
 - Difficulty sleeping, fatigue
 - Headaches
 - Accident-prone
 - Indigestion
- *What happened?*
 - Expressing what's happening may be the treatment for trauma
- *What did you think about it?*
 - Usually leads to expressing feelings
 - Allow people to cry
 - Research says generally a minute and a half of tears on average
 - Sit calmly with them, we don't need to cure anything except be there with them, be present
 - Ask if they'd like a hug—always ask permission
- We are another set of ears and eyes in the clinic and we can always refer people to the social workers or the nurses if there are concerns that need to be addressed by the experts
- *Who has been affected?*
- *What do you need now?*
- Grief is different than depression; it is a normal human expression of loss, and it is **temporary**
- Learning that feelings serve a purpose regardless of categorization, often feelings are combined and relational
- We need to focus on providing “quality of life” care
- Cancer is the great equalizer because it doesn't discriminate
- Empathy vs. Compassion
 - Empathy can be biased based on who we can more easily relate to, and it can also more easily lead to burnout because it is about putting yourself in someone else's shoes and relating to their pain and misery personally
 - Compassion is a more universal concept of loving kindness for all those who are suffering
- Paraclete: Greek word that literally means "called to one's aid," from parakalein "to call to one's aid," in later use "to comfort, to console" (dictionary.com)
- We can be the paracletes, there to comfort and console and help support those we meet in the clinics