

# Professional Exchange

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## The Emotional Journey Through End of Life and Grief

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The moment one of your clients is diagnosed with a life-changing illness, even when the prognosis is good, two thoughts immediately run through the client's mind, "*Am I going to die?*" and "*How long do I have?*" As the therapist, as challenging as this may be, you must prepare yourself to ride the waves of emotion and accompany your client through this tumultuous journey.

Being confronted with one's own mortality can throw a client into a tailspin. Whether their fears are verbalized at the time or not, most patients say that from the minute they were given the bad news they were overcome with worry about their survival. As well, family members, friends, and co-workers are similarly concerned. Yet, most often people keep their apprehension and anxiety about dying to themselves. They don't talk about it, change the subject quickly if the conversation gets *too close*, and try to keep it together for the other person.

These attitudes and reactions to talking about end-of-life issues are prevalent throughout American society. In our culture, death is generally considered a taboo subject that most people would rather not deal with, so they keep silent, and death becomes the elephant in the room. People fear it, wonder about it, try to ignore it, become pre-occupied with it, imagine it, squelch thoughts about it, step around it, and pretend that not talking about death will ward it off.

But, deal with it we must. Either now or later. As therapists, we know how important it is for our clients to be able to articulate their emotions. We process anger, abuse, psychosis, eating disorders, depression, anxiety, and on and on, but when one of our patients is diagnosed with a serious illness, is facing the end of life, or grieving, therapists are often hesitant to explore the powerful feelings that arise around the sensitive topic of death. In fact, we often give the message that we can't handle it. For example, therapists make statements like: "Don't talk about the things that make you sad, think about the wonderful life you have lived" or "We don't need to speak about dying now, you still have plenty of living to do" or "Let's discuss about how you can move on now that she is no longer in pain." Comments such as these shut down our clients, leaving them feeling alone and misunderstood. Conversely, a question such as: "I hear you talking about the future. What do you think lies ahead?" conveys the message that you are able to listen to all their concerns.

Our attitudes and openness to speaking about death and grief are shown through our body language and facial expressions, as well as the words we choose. Even something as subtle as handing a client a tissue may be interpreted to imply that they should dry their tears and stop

crying. Sensitive and vulnerable, our clients readily pick up on the cues we give them. If we are uncomfortable, it comes through loud and clear.

Think about your own practice. Have your clients presented issues around death and dying? What obstacles hinder your ability to carry on a conversation about end of life and death with the people you serve? What gives you the courage or strength to pursue the topic? If you are like many therapists, your tendency is to readily focus on almost any other issue that arises.

There are numerable reasons for that. First and foremost, the majority of therapists have had no formal training or coursework on death, dying, and bereavement. Secondly, therapists are often fearful that talking about death will give the impression that they have lost hope or given up on the possibility of their client. Third, many are not familiar with the intensity and duration of the grief process, and erroneously believe that they must immediately help their clients move on. In order to counsel dying patients and grieving friends and families, therapists must develop a better understanding of the process and enhance our skills and comfort level. Working with clients inevitably means that sooner or later this topic will arise no matter what the presenting problem.

Consider your own beliefs in regard to talking about death with your clients. Do you believe that acknowledging a client may die from a life-threatening disease will enhance or detract from the way life is lived in the final days, weeks, or months? Are there ways you can support family and friends in taking the time to say a meaningful goodbye? Can you be a catalyst for bringing death and grief out into the open? How will you set your personal agenda aside and honor your client's readiness or reluctance?

As you read the following two case examples from *Saying Goodbye To Someone You Love: The Emotional Journey Through End of Life and Grief*, consider what you would offer to these families if you were their therapist.

*Case 1: When Viv receives her diagnosis of stage four cancer, she suspects that she will not have long to live. Thanks to her many years of volunteering at the hospital, death is no stranger to her. Viv speaks with the oncology nurse and immediately joins a support group where she feels understood and shares openly about her fears and hopes.*

*Viv welcomes the discussions about the mind-body connection, eating healthy, alternative treatments, and yoga classes. The support group members laugh and cry about losing their hair, trying on wigs, adjusting to life with cancer. Viv is also relieved that they talk about death, which everyone thinks about, but no one outside of group seems willing to discuss.*

*Three weeks after her diagnosis, Viv writes in her journal "Today I'm feeling OK about all this, but I sure wish my siblings wouldn't act as though nothing were happening. I told Roz and Rena that I don't want any gifts for my birthday. What would they give me anyway? I sure wish they'd think to give me a few more hugs."*

*Case 2: The first time in four years that Erin and Sergio see their son Nico, who lives out of state, they are shocked by his gaunt appearance. They know that many of his friends have been diagnosed with AIDS but had no idea that this could be happening to their beloved son.*

*Nico has had multiple hospitalizations and his T-cell count is rapidly dropping. Erin and Sergio tell Nico's case worker, "We know that he is dying, of course we do; but don't tell him." They fear that it will cause Nico to give up hope or he will feel that they have. In his individual session, Nico admits to his therapist, "I know I am dying, but don't tell my parents; they couldn't handle it." This unspoken conspiracy of silence leaves everyone alone and isolated as they cope with their worries, fears, and fantasies privately.*

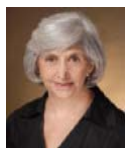
*After Nico's death, his parents' grief is inconsolable. Erin and Sergio regret that they did not speak to their son about his death and that they never said goodbye. Friends and family want to see this bereaved couple feeling better and offer such platitudes as "At least he is not suffering anymore," and "Don't forget, you have other children to live for." Even their therapist suggests that when they get too sad, they should just focus on something more positive. While they appreciate the caring source of these comments, Erin and Sergio sense that no one wants to allow them to express the depths of their sorrow.*

In both case studies above, there were ideal openings for a therapist to gently launch a family conversation about end of life, death, and grief. With Viv, her discussion about how to celebrate her birthday provided a perfect segue into a deeper conversation with her siblings about her needs, wishes, and hopes. Perhaps she would even want to plan a party to celebrate her life with her friends and family while she is still living. Exploring Viv's feelings about what might well be her last birthday could provide a forum for reminiscences, nostalgia, and even humor.

Nico might have had a poignant dialogue with his parents with a little guidance and encouragement. The case worker could have suggested a family meeting in which everyone was given the opportunity to verbalize their thoughts about what the future held. They might have found the words to say a meaningful goodbye. Grief counseling after Nico's death would have given his parents a sense that their grief was not something they were expected to get over, but rather a process to go through as they found ways to adjust to life and at the same time maintain a loving connection with their son after his death.

It is disconcerting when clients report that their doctors, clergy, family members, friends, and therapists seem uncomfortable with end of life issues. On the other hand, the deepest gratitude is expressed by clients when referring to those who are willing to walk this road with them. It makes a world of difference.

Accompanying our clients along this uncharted territory and daring to be there for them at end of life and through their grief is truly an emotional journey. As a Marriage and Family Therapist certified in thanatology, I am often asked about the rewards and challenges of being with death, dying, and bereavement on a daily basis. I find it to be the ultimate sacred work of the heart and soul.



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