

13 Guidelines to Helping Grieving People When Tears Are Not Enough*

J. Shep Jeffreys, EdD, FT

1. **Offer yourself:** Make a caring connection with the person; the amount of time is less important than the quality of time spent. Be there—with no goal to “fix” things. Never underestimate the power and benefit of *caring human presence*.
2. **Be respectful:** Look and talk directly to the person you are visiting, don’t talk down or interrupt them in order to make your point.
3. **Become comfortable with silence:** There is no need to fill up every moment with conversation. Offer to fill a vase with flowers, light a candle or simply sit quietly and wait for the person to speak.
4. **Use “exquisite listening” skills:** Focus your complete attention on the individual you are with. Make comfortable eye contact, maintain attentive posture, and match your vocal volume and verbal speed to theirs. Listen more than you talk — grieving people may need to tell their stories over and over again.
5. **Normalize practically everything:** Assure grieving people that what they are feeling and thinking is very sad and as terrible as they may feel, their reactions are natural and—“who wouldn’t feel this way?” *It’s what we humans do*. There are however, extremes which may raise the need to consult with a professional health or pastoral care provider (suicidal or homicidal threats, abrupt and major changes in personality, and or serious dysfunction in daily living activities. When in doubt, check it out!
6. **Avoid judgment:** Keep the ‘why’ or “should” out of the conversation. Acknowledge the person’s expressions of helplessness or hopelessness and continue to listen. Take care not to let your facial expressions, body language or gestures to send a message of judgment about what is being shared with you.
7. **Take action – (Don’t do nothing!):** Help people who are grieving to become active. Bereaved can write obituaries, help plan the funeral, send out acknowledgements, plant a memorial tree or garden, and/or make donations in the name of the deceased loved one. People grieving due to a serious or life threatening diagnosis can research the latest medical developments and locate Internet and local support systems.
8. **Don’t do everything by yourself:** Widen your circle of support—identify social, spiritual, and health care resources. Include primary care physicians, clergy, and community resource representatives on the care team.
9. **Keep your promises:** If you make a commitment—to visit, run errands, prepare a meal, or even to make phone calls—do everything possible to keep the promise.
10. **Teach the “side by side” approach to grieving:** Very few grieving people are able to maintain intense expression of grief on a continuous basis and may need *permission not to grieve*. Encourage “time outs” from grieving by engaging in non-grieving or distracting activities; a walk in nature, work out in a gym, crafts and hobbies, prayers and meditation, scrub the kitchen floor, watch a funny DVD, or ‘retail therapy’ at a nearby shopping mall.
11. **Be sensitive to ethnic, cultural and family traditions:** An individual’s religious and cultural background influences the nature of bereavement, the way grief is

- expressed, as well as how one plans for and communicates within and outside of the family regarding end-of-life healthcare and subsequent rituals. Professional providers of health and pastoral care and others who assist the family need to learn how each family interprets its own cultural, religious and ethnic traditions. This can be as simple as asking someone in the family.
12. **'Bracket' your own loss/grief material when this comes up:** We all have the potential for unfinished loss issues to make their way to the surface of our awareness, command our attention and decrease our availability to the persons we are helping. By consciously placing such memories, feelings and thoughts to the side (bracketing) with the commitment to address our issues in a timely manner, we clear the way to be more fully present to the person(s) being assisted.
 13. **Awareness of compassion fatigue, provider grief or countertransference issues:** When health, pastoral and other providers of care for grieving people find that their own loss and grief material rises frequently, they may have reached the point where some special attention must be paid to such issues. This is not unusual for persons working with grief, loss and trauma. It signals a time for a break, for seeking the counsel of our own support system—colleagues, spiritual advisers and/or personal counseling

*Material adapted from:

Jeffreys, J.S. (2011). *Helping grieving People –When tears are not enough: A Handbook For Care Providers, 2nd Edition*. New York, London: Routledge/Taylor and Francis.