

From the Chair

Death Educators and Clinicians...and “Infectious Agents?”

By Ben Wolfe, MCDES Chair

Let me tell you a story. Once upon a time there were neighbors who knew their neighbors. They knew their names, likes and dislikes, and they helped each other through both good and bad times. Neighbors who were there for births, through times of illness, and for deaths.

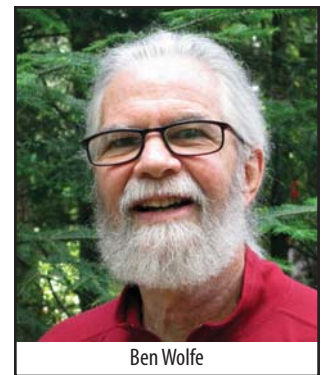
“Once upon a time” is, for most of the USA at least, a historical period which no longer exists. Today people live in large communities, students go to large schools that are not within walking distance of their homes, and individuals or families attend “mega” religious congregations that consist of thousands of members. Today people watch cable TV, utilize cell phones, and live in homes or apartments many cannot afford. Their meals are delivered within thirty minutes from a fast food outlet, and they can do almost anything on-line, from purchasing furniture to doing their banking. Today, those who are sick in most cases no longer have neighbors there for support, and when a death takes place the support that does show up often is only there as the “Jello-Brigade”... the term given to the folks who stop by when a crisis takes place, but who in most cases quickly get back to their own lives while the bereaved, or those dealing with the crisis have had their world changed forever.

A client of mine a few years ago was a nurse by profession, single mother of two young adult children, and was 56 years of age at the time. She had a frontal lobe inoperable tumor which was continuing to get larger. She forgot her words and yet was “soooo close to saying them.” She recalled some of her story but the rest was “there,” she just couldn’t

pull it out. She was loved by her family, by her congregation, and by her “neighbors” of women who were there through those difficult times. Her “Jello Brigade” had NOT left, but rather continued to learn more about themselves in their helping.

Ram Dass in his book, *How Can I Help*, states, “To the question, ‘How can I help?’ we now see the possibility of a deeper answer than we might once have expected. We can, of course, help through all that we do. But at the deepest level we help through who we are. We help, that is, by appreciating the connection between service and our own progress on the journey of awakening into a fuller sense of unity. We work on ourselves, then, in order to help others. And we help others as a vehicle for working on ourselves.”

As clinicians, counselors, therapists, really anyone who works with individuals and/or families upon diagnosis of a life-threatening or terminal illness, or after a sudden, unexpected trauma or death, what TRULY is your role? Are you employed by a mental health clinic, hospital, funeral home, hospice, religious or educational institution, or do you have your own shingle on the front door? How do YOU describe yourself as a clinician, a practitioner? Do you only do individual counseling, or do you also do family and group work? How well do you work with children, adolescents or adults? What is your “comfort level” working with diversity, those who are gay, or people of color, or those who need someone there to either sign for them or interpret their native language? What is it like to witness another’s story and know you are changed by the stories



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you hear? Do you know after listening to a family’s story about trauma... a semi-truck driver falling asleep, crossing over from his side of the freeway and literally “taking out” a child and the back half of the mini-van... that you are grabbing the steering wheel tighter than you had prior to the narrative you heard. We are not only changed by the work we do, but for many of us, being vicariously traumatized is a toll too great to continue doing the work we do.

Are your shelves filled with books and academic literature from years ago, or do you take into account and try to apply the new research challenging our assumptions in our thanatological field while “helping others?”

We DO help people who seek us out, and I would truly say in most cases we do it well. None of us have all the answers, and each of us approaches those we work with in a personal and unique manner.

As death educators and thanatological professionals, one of our greatest roles is to be “infectious agents.” Not only to support the client/family we are assisting, but to educate the “neighbors” in its broadest sense; to “infect” other professionals in our communities, our colleagues, the employees in our agencies or organizations, and the community at large. We need them to appreciate that their clients, or their neighbors, are reinventing themselves, integrating loss into

Chair continued on page 6

Chair continued from page 3

their lives, and looking at the past, the present and the future with the same lens. They are no longer the same persons as previously.

As clinicians we each have our own stories...our special moments...”imprints” we never forget. Many of our clients leave with us stories of journeys filled with joy and pleasure, others with sadness beyond belief. And finally, we cannot “save”...nor is that our role... everyone we work with, but we can infect all the neighbors and appreciate the goal of grief work is not to “just cope with loss,” but to be “transformed by it!”