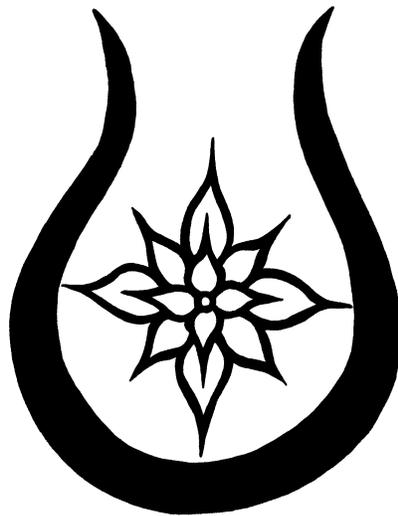


RESPONDING TO A SUDDEN DEATH IN THE INDIGENOUS COMMUNITY

SESSION 3



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This manual is designed to be photocopied “double-sided” with this note on the back of the cover page.

ABOUT THE AUTHOR

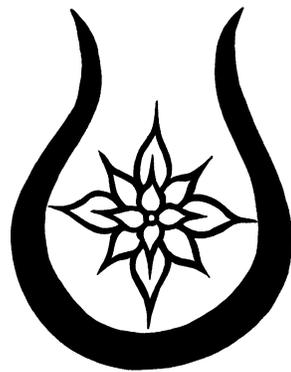
Darien Thira is a registered psychologist (CPBC #2040) who has served as a community development/mental health consultant for many Aboriginal communities across Canada for over 20 years. He offers training workshops and clinical consultation related to trauma, suicide, “addictions,” and personal and community wellness. He is also an adjunct faculty member at the Adler School of Professional Psychology. His doctoral dissertation related to Aboriginal suicide resilience and social activism he was involved in further resilience research at the University of British Columbia. He has previously served as a clinician with suicidal youth at Child and Youth Mental Health and with adults at an Aboriginal Healing Centre, and as the Director of Community Education and Professional Development at the Vancouver Crisis Centre. His “Through the Pain”, a culturally driven community-based suicide prevention program has been used in over 40 Aboriginal communities across the country and as a national program in Australia. His “Opening the Circle” program assists communities to develop their own Crisis Response Team. “Choices”, his youth suicide awareness education video & seminar was used by more than 250 suicide prevention programs world-wide and he has collaborated on the production of a new version called “Reaching Out”. Darien has presented workshops at many local, provincial, national conferences, and international conferences in: Canada, the United States, and Australia.

Training Programs:

Thira Consulting offers training workshops building on the material in this handbook and others, designed for First nations communities. An interactive approach--including practice-circles, small and large-group discussions, questionnaires, role-plays and other exercises--encourages the participants to share their experience and skills with one-another. For more information, Darien Thira can be reached at the number, email address, and website noted on the front of this handbook.

The material in this manual may bring up emotions and memories that are difficult for you. Please be sure that you have someone to talk to if you need support.

Understanding Grief



GRIEF AND LOSS

Grief can lead to healing and growth or immobility and isolation and grief can be experienced by individuals, families, and the community as a whole. While the two words are often used interchangeably, in this discussion the term “grieving” and “mourning” will be considered distinct. Mourning is the social expression of grief, it is public; people mourn in ceremonies, social gatherings, and when out in the community. Because it is public, there are specific social and cultural protocols that are expected to be followed; these may include closing of public spaces and delaying of public events, covering mirrors and pictures, wearing specific clothing or cutting one’s hair, etc. Each cultural community knows how to mourn—its traditions and protocols are there for a reason; so this text will not discuss this further.

Grieving is something that one does in private; as such, it does not require the following of a cultural protocol. In other words, while there may be a correct way to mourn, there is no correct way to grieve. Everyone grieves in their own way, depending on their relationship with the deceased and how they make sense of the loss. Some of us will cry and/or seek out the support of others, some will feel nothing and/or carry on as if nothing significant has changed, some of us will feel rage or want to be alone. We will likely grieve differently for different people, since one’s relationship with the deceased while they were alive was unique.

Problematic Grief:

Unresolved, complicated grief requires focussed assistance. Its presence suggests that traditional cultural support is not in place or sufficient—often due to community distress or previous trauma by the individual. It is a trauma reaction focussed on a loss rather than a violation.

Complicated grief appears as a state of grief—with all related physical, emotional, mental and spiritual impacts—but *too extreme* and *lasting too long*. Signs of the problem may include:

- *Physical:* trouble carrying out normal routines, withdrawing from social activities;
- *Mental:* extreme focus on the loss and reminders of the loved one, preoccupation with sorrow, problems accepting the loss, intense longing or pining for the deceased, lack of trust in others;
- *Emotional:* numbness or detachment, bitterness about the loss, depression or deep sadness, irritability or agitation;
- *Spiritual:* feeling that life holds no meaning or purpose, inability to enjoy life, difficulty moving on with life.

Complicated grief requires either counselling and/or cultural intervention.

Guilt, Shame, and Blame

There are three common but rarely discussed psychological sources of unhealthy grief. They are guilt/idealization, shame/isolation, and blame/denial. While initially

alleviating the pain related to the loss, the ultimate result of all three of these reactions to grief is ultimately negative for both the bereaved.

Guilt

Many people feel *guilt* (that is, a sense of personal failure or unworthiness) when a loved one dies. The guilt is often a form of “false connection” used to stay “close” to the person—so they are always important in the life of the bereaved and never forgotten. Often a person struggling with guilt will remember their last contact (or lack of contact) with the deceased as the key to their whole relationship with the deceased. However, this is rarely the case and, with time, most people consider their entire relationship with the deceased when seeking to come to terms with their passing. For these individuals, the loss of the relationship is too much to manage. They use guilt to maintain a closeness with the deceased—by not “letting go” of their suffering to keep the memory fresh—even at the cost of their own wellness (i.e., self-worth). Guilt is often reinforced by idealizing the deceased, that is, by remembering the deceased in a manner less complex and more perfect than they were believed to be while alive. The result of this idealization is the recognition that one can never live up to the same degree of perfection. For some, the guilt continues too long. They need to come to realize that the guilt actually keeps them *separate* from the deceased “in their heart”—guilt “takes up the space in your heart where love should be”—it comes between them and the person they love (even in memory) and if they want to be close to the deceased (i.e., to integrate them into their heart), the guilt will need to be released.

Guilt related to those still living: Some of us feel a great deal of guilt about past treatment of those we love. This often leads us to “overcompensate” by giving them everything they want and not setting any boundaries or supporting consequences for their actions. However, while we think that we are making up for the past, we are really trying to make ourselves feel better. Everything we do is about our guilt and not what is best for them. The result is that we lose our balance between care and respect and “spoil” them, denying them the opportunity to grow up. We steal their empowerment and they do not develop their ability to function in the world without depending on us. This is particularly common in the way many of us who were drinking or drugging around our children when they were young will now treat them like young children, giving them too much and not holding them accountable for their current behaviour. “It is not loving the person, it is loving our guilt”.

MY GUILT

One way that I let guilt interfere in my ability to love or my wellness is...

One thing I can do to let go of my guilt is...

One way I can change my behaviour so that love and wellness guides me, rather than guilt is...

Shame

Shame is a sense of failure or unworthiness in the face of others. There are three situations that may commonly lead to shame in the face of a loss.

- (1) *being blamed*: a person or family may be blamed for the loss, by others in the community—so the shame is the result of a loss of respect by the community (or fear of such a loss by a person or family);
- (2) *“marginalised grief”*: grief that is believed to be unacceptable by the griever or those around them. Examples for this grief-shame blend includes grieving for the loss of an illicit/secret sexual partner or grieving for losses resulting from abuse that has not been disclosed or has been denied (e.g., in Indian Residential School children were often told that they had no right to cry or disclose their suffering and abuse);
- (3) *false empowerment*: an attempt to maintain one’s sense of control when it has been ripped away through an unexpected loss or traumatic experience. It is the “what ifs” (i.e., if only I had or hadn’t...). By feeling shame (that is, seeing oneself as bad or wrong) grievers may feel some sense of control, by feeling responsible for otherwise unexplainable/unpredictable events.

During therapy, a man told me that “I killed my best friend!” He had spread a (false) rumour that his best friend was going to pay him back a large sum of money at the end of the week when he returned from working away from the community. He did this so his “dealer” would give him another advance of drugs. The rumour reached his dealer and he got his drugs. The next day, his friend died in a single-vehicle car accident while driving home to the community—he had been drinking and hit a patch of ice. The man told his counsellor that the death was his fault, because “My friend had probably heard about the rumour” and this knowledge distracted him while he was driving at night on the highway. The counsellor had to assist the man to recognize that he was using shame to have a sense of control over the fate of his friend—a fate over which he had no control.

MY SHAME

Something in my life that I pretend I have (or had) control over, but don't really is...

Something I would do differently if I didn't let shame stop me is...

To complicate the situation, the physiological expression of shame (nausea, slumped shoulders, feeling “frozen”, etc.), are indistinguishable from some of the experience of trauma (which includes these reactions among others). The result is that those who are traumatized often feel ashamed of themselves, confusing the terror response with being a “bad” person. This mistaken interpretation of their bodily response is made worse when they are blamed for the event by others.

Shame is a common reaction to suicide, when a bereaved person asks themselves “what if” or beats themselves up with the phrase “if only I...” Suicide is a choice made by the deceased who is overwhelmed by pain (which takes a lifetime to build up)—it is not caused by a single action or the lack of action in a single instance. Individuals struggling with shame will need to be encouraged to come out of isolation and/or acknowledge their helplessness in the face of life events--to deal with their shame so they can properly grieve.

Blame

There is an expression that states, “when you point your finger at someone, there are three fingers pointing back at you.” Blaming others for a loved one's death (particularly in the case of a suicide) is a method used by some individuals and families who seek to deny or avoid their own sense of shame or guilt (i.e., their own perceived contribution to the suffering of the deceased). This is particularly common if the family of the bereaved is maintaining secrets. Blaming others allows the bereaved to make sense of the event without having to consider their own contribution and provides a focus for the emotions, related to the deceased, that might otherwise be turned on themselves—pain is turned into rage and grief into resentment.

A community blamed the local hospital for the suicide of a young woman, because she was sent back to her foster family and not admitted when she was brought to the emergency room shortly before she ended her life. While the hospital may have neglected her need (and may have had racist staff), the bereaved community members (many of whom were front-line workers) still had to acknowledge their own guilt—that they had not reported the foster parents to the authorities even though it was “common knowledge that the home was abusive. Once the guilt was faced, the community members released much of their own

hostility and developed a collaborative “liaison committee” with the hospital, to improve relations and support policy change—which they succeeded in doing together.

MY BLAMING

Something I blame others for that (deep down) but that I know is not their responsibility is...

Something I will do that will show I stop blaming them is...

Individuals who blame rarely benefit from being told to “stop blaming!” Instead, they need assistance to face their own sense of shame and/or guilt—once they have done this, the blaming will no longer be necessary.

Four Paths of Grief Healing



FOUR PATHS OF GRIEF HEALING

Most people grieve without needing the support of a professional caregiver. However, for those who do, it is important that the counsellor be aware that there are different paths which may be walked by those who are grieving. Perhaps not surprisingly, the four paths of healing previously described also appear to flow in the grief healing process within Aboriginal bereaved people, families and communities. While most people do not require the assistance of a counsellor to grieve, some do benefit from it. While each path may be walked uniquely as the bereaved reconstruct meaning after the shock of the loss in their life, as helpers, it is useful to have a sense of which path is meaningful for the bereaved. The grief healing paths can be understood as follows, the:

- *growth path* focusses on the integration of the love of the deceased into one's life;
- *cleansing path* encourages the "letting go" of the grief and possibly the deceased themselves (or their impact) from one's life;
- *transcendence path* allows a person to rise above their pain to approach the bereavement on a broader scale; and
- *transformation path* in which one takes on a new identity due to the bereavement. Each of these paths are appropriate for different clients (or for different losses by a single client).

FOUR PATHS OF GRIEF HEALING				
Path	GROW	CLEANSE	TRANSCEND	TRANSFORM
Goal	Integrate	Purge	Rise Above	Re-birth
Emphasis	Connection	Empowerment	Vision	Identity
Metaphor	Tree	River	From Raindrop to Cloud	New Self
Letter Technique	<i>FROM</i> the deceased - to be kept	<i>TO</i> the deceased - to be "destroyed"	<i>TO</i> others—to teach/inspire/mobilize - to be sent	<i>TO</i> oneself—to clarify/inspire - to be kept

GROWTH PATH

The *growth* model emphasizes *connection* with the love of the deceased. While their body is gone, and their spirit may be allowed to depart, their love never does—it is always in one's heart. The cultural branch of Traditional spiritual practices/ceremony includes feast and/or naming ceremonies, in which the name/spirit of an ancestor is brought back into the family.

Integration Model:

This model suggests that grief is a process that can run parallel with “normal” functioning and that it may come and go, re-occurring at significant developmental moments, when the deceased is needed, at moments of life-change, times of crisis, etc. The model does not expect an end to mourning but understands that the process will be ongoing. The metaphor of the process model is an expanding upward spiral, suggesting that life is ongoing development. When working with a client, the intention is for them invite the deceased to be there for them—in terms of love (not Spirit). The goal of *integration* is to maintain a close relationship with the deceased. The deceased is internalized, but may be spoken to, turned to for support and advice, etc. A person grieves once more as they bring the love of the deceased into their life when they need it—during a significant life moment.

Integration Letter Technique: In the dual process model, a client may be asked to write a letter to themselves on behalf of the deceased, allowing the bereaved person to hear the voice of their loved one. The letter comes from the deceased; it offers the support to the bereaved. A simple form of this letter is based on 4 questions:

INTEGRATION LETTER

“Write a letter that comes from the one for whom you are grieving...”

The letter has 4 parts:

- (a) What does the bereaved respect and admire about the deceased at this at this time?
- (b) What does the deceased respect and admire about the bereaved at this at this time?
- (c) What guidance/support does the deceased have to offer the bereaved at this at this time?
- (d) What story of the past would the deceased offer if they were there?

Once completed, the letter is kept; after all, it “came from the deceased.”

CLEANSING PATH

In some cases, a person feels trapped by grief. The cleansing path of grief healing emphasizes *empowerment*—the task is to “let go,” so that one can complete one’s grief work. This suggests that one goes through a series of experiences leading to the end of unhealthy grief. One can let go of grief, but one can also let go of guilt or rage or certain aspects of the deceased while holding onto others. The cultural branch of Traditional spiritual practices/ceremony includes cleansing ceremonies, the erection of gravestones, uncovering of mirrors, feasts, etc.

Stage Model:

The metaphor of the stage model is a series of steps. However, it is essential that the steps or stages that a client pursues comes from them, not a theory or template. (The well-known Kubler-Ross model has been disproved—there are no “correct” series of stages, feelings or actions necessary for mourning (e.g., one does not have to go through bargaining or anger to be healthy); in any case, that model was focused on the dying, not the bereaved.) Steps may be internal or actions in the world. For some clients a step may be a visit to a grave or special location, go to the river to shout their resentment, or it may be to gather stories from those who remember the person, or it may be to do a personal or public ritual. When working with a client, the intention is for them to identify the steps that they need to take to release the pain, “let go,” and “complete” their mourning.

“Letting Go” Letter: In the cleansing path, a bereaved client may be encouraged to write a letter to the deceased, saying the things that are necessary to release the intensity of the connection. It may be to tell them how much they are missed, to share something that was never expressed during their life or letting them know how much they hurt the bereaved person.

LETTING GO LETTER

- “Write what you want(ed) to say to them...”

Once completed, the letter is usually “destroyed,” that is, sent to the deceased (e.g., burned, buried, etc.) so the person can “let go.”

TRANSCENDENCE PATH

The third path of grieving is transcendence; that is, to “rise above.” The cultural and spiritual path of transcendence is through spirituality itself—whether it is by prayer, meditation, or ceremony—by linking to the greater realm of Spirit, the bereaved can rise above the pain of the loss. Psychologically, transcendence is the recognition that the loss is related to a “bigger picture.” Some survivors will be inspired to social activism. For example the death of a loved one may be related to suicide, drinking and driving, or cancer. The bereaved can rise above their particular pain by taking an activist role in the face of the larger problem.

“Activism” Letter: An activism letter is intended to assist the bereaved individual raise awareness related to the problem by writing a letter that may:

- offer information (i.e., to teach about the issue),
- share a testimonial (i.e., to inspire others about the issue), or
- make a call for action (i.e., to mobilize others to engage in a specific activity, such as writing their own letter, coming to a meeting, joining a march, etc.).

ACTIVISM LETTER

- “Write what you need to say to: teach/inspire/mobilize...”
- “Who would you like to read the letter?”

TRANSFORMATION PATH

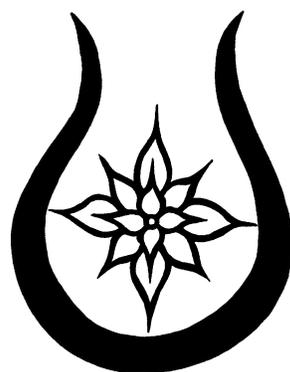
The fourth path of grief healing is transformation. It is a spiritual path in which the bereaved experiences a complete change in their perspective, leading to living a different kind of life. It may be a life of sobriety, to take on the role of family matriarch or patriarch, or to embrace Culture or a faith.

“Commitment” Letter: In this case, a letter may be written by the bereaved to clarify their commitment to maintain their change. It is important that the change is described, that is, what will the new way of being look like? What will the person do differently?

COMMITMENT LETTER

- I am committing to take on the role of:
- And this means that I will...

Self Care



SELF CARE

Attention to personal “wellness” is probably the most important thing we can do to help others.

Not only does self care assist us to avoid “burn-out” and keep up our strength as a helper, it also models healthy self-care for those we assist. Dealing with distress is not an easy thing to do. We all have pain in our lives and facing other people's pain can impact us as caregivers.

We must take care of ourselves after we have served those in distress. Mentally, consult with a person with equal or superior knowledge and training, so that you are sure to offer the best possible service for the person or family you helped. Emotionally, whether with a friend, Teammate or counsellor, talk out any pain that you may have taken on from the person or family you helped. Spiritually, ensure that spend time in nature, do your spiritual practices, and seek out guidance from those you identify as guides. And, physically, exercise and ground your body. Remember, you are responsible for your self care first and the community second. If you burn out, the community loses a helper.

Many of us believe that we are not good at self-care. This is false. Sleeping is self-care, bathing and brushing our teeth is self-care, eating and entertaining ourselves is self-care, a supportive or playful conversation with friends and family is self-care, playing with our children and grandchildren or nieces or nephews... You get the picture. Often, it is our belief that we do not do self-care that is our greatest obstacle to enhancing our self-care.

Serenity in the Face of Suffering:

The Serenity Prayer, written by Reinhold Niebuhr in 1934, has been used by the 12-Step Anonymous movement:

*“God, Grant me the Serenity
to accept the things I cannot change;
the Courage the change the things I can;
and the Wisdom to know the difference.”*

This prayer, which has served many, is a wise and powerful tool for us as we face a suicidal person. The phrase “the Serenity to accept the things I cannot change”, reminds us that we must accept that we cannot change another person’s life experience or control their choices. We can only support them as they respond to their own life with their own choices. The phrase “the courage the change the things I can” reminds us that we must be sure to support positive change in the life of the person we are helping and the whole community and not lose hope in the face of pain and hopelessness. And the phrase “the Wisdom to know the difference” reminds us that it is essential that we

trust our own instincts and that we reach out for clinical consultation when supporting a suicidal person—the wisdom of two is greater than our own alone can ever be. By maintaining our balance and seek out assistance for ourselves, as needed, we will be able to serve the community and those who need us most. Finally, sometimes caring for a person can make you feel like you are “walking on eggshells”. You may feel helpless as nothing appears to make them “feel better” and their responses seem unpredictable. Remember, their *self-esteem* may be so low that they can interpret almost anything in a negative light. If you assist them and offer your *care* and *respect*, you are giving them what they need. *Essential to this task is that you get support for yourself.*

