



A PLACE TO BE NORMAL

*Peer Group Support for
Widows and Widowers*

*Members of “the club no one wants
to join”—widows and widowers—
are finding places where they don’t
need to feign smiles or assure friends
and family they are “moving on.”*

BY KATE JACKSON

For widows and widowers, traversing grief is like weaving in and out of a prolonged nightmare. The reluctant travelers are hurled, with no preparation and no roadmap, into a strange and surreal landscape. Ahead, obscured by dense fog, are massive peaks that look down on unfathomable valleys that stand below still more peaks. Nothing is familiar. The road is difficult to walk, the terrain shifts unpredictably. The travelers at one moment are trapped at the bottom of a great dark pit and in the next moment stand breathless at the edge of a dizzying precipice. The scene suddenly shifts. They see their own streets, own houses, own rooms, but still feel as if they are in a foreign land. Has anyone else, they wonder, had such nightmares?

If this strikes you as melodramatic, there's a good chance you've never been on this particular journey. Certainly, you may have coursed a painful path, having mourned the loss of a loved one. But, if you have not been bereft of your spouse or partner, you may characterize such a description as mere hyperbole. Those who nod in recognition, however, are members of "the club no one wants to join"—widows and widowers who, by sheer virtue of such membership, can offer each other a kind of solace and support that most counselors and therapists typically cannot: the true understanding and validation that comes from direct personal experience.

IT TAKES ONE TO KNOW ONE

Social workers who desire to help widows and widowers come to terms with the loss of a spouse must reconcile themselves to a difficult truth: their ability to help is limited by their lack of firsthand experience of one of life's most profoundly isolating and life-changing experiences. The voices of widows and widowers and the volunteers and professionals who truly listen to them suggest that peer support is a crucial component in helping the bereaved navigate the nightmarish landscape of grief. Social workers can play an important role, however, by validating this often overlooked need, understanding and encouraging peer support, and providing clients with appropriate resources, which, once scarce, are now more accessible.

Susan Feingold, MSW, and Gus Low facilitate a support group for young widows and widowers in Manhattan—one of a number of bereavement groups offered by the Widowed Persons Services (WPS), cosponsored by the New York Service Program for Older People, Inc. (SPOP) and AARP Grief and Loss Programs.

When Feingold was 48, her 47-year-old husband died of a heart attack on the racquetball court at a health club. With few resources available at the time, Feingold had difficulty finding the support she needed. "My own experience," she recalls, "was that

people who had not been widowed generally could not understand what I was going through, no matter how many degrees they had after their names or how much they had read on the subject. When I went looking for a therapist, I always asked those I interviewed if they were widowed themselves and if they had firsthand experience in counseling people in grief. I often received a stock answer: 'All therapy deals with loss.' I quickly came to equate that answer with a massive ignorance about what I was experiencing."

Low, widowed 8 1/2 year ago, agrees. Helping professionals "may know the textbook issues and may be trained to understand a little

"When I went looking for a therapist, I always asked those I interviewed if they were widowed themselves and if they had firsthand experience in counseling people in grief," says Susan Feingold, MSW, bereavement support group facilitator. "I often received a stock answer: 'All therapy deals with loss.' I quickly came to equate that answer with a massive ignorance about what I was experiencing."

more than others," he says, "but they certainly don't know what it's like to go through it."

Similarly, when Deborah K. Gawthrop, MS, grief management specialist, was widowed 15 years ago, "There was no public acknowledgement of the effects of grief and trauma and no understanding of the grief process." In 1987, her husband "left for work one morning, felt sick, drove himself to the hospital, and died within hours," leaving her to raise her 8-year-old daughter alone. "I had no idea why I felt the way I did or where to turn. It took a long, long time to reconcile my losses."

At the time, Gawthrop had been a CFO. Three years later, she went back to graduate

school to become a counselor. During an internship at the Bereavement Center in Elkins Park, PA, she met Elizabeth "Lisa" Collier, MS, grief management specialist, who had also shifted career directions and pursued graduate training in counseling after her husband had been killed by a drunk driver in 1979. Like Gawthrop, Collier found nowhere to turn for help when she lost her husband.

"For the first three years, I survived through the help of family and friends, but knew no other person who was my age and widowed," Collier says. In 1982, Collier called a hospital that had placed an ad in a local newspaper for a bereavement support group. "I was told I was too young," she says. "But the woman on the phone was kind enough to direct me to a psychologist she had heard about who was interested in starting a young widows and widowers group." Fourteen people participated in the group. "The overwhelming feeling of relief was that we were not alone," she says. "It was probably the first time in three to four years that I felt normal."

Today, Collier and Gawthrop—founders of the Counseling Network for Loss & Transition (CNLT)—facilitate 10 bereavement support groups yearly in southeastern Pennsylvania. After having worked with more than 1,000 young widows and widowers over the years, Gawthrop acknowledges a significant shift in society's reaction to those in mourning since the time she and Collier were widowed.

"Things are changing for the better in our culture, thanks to the hospice movement, 12-step programs, and enough people who were willing to stand up and say that the grief process is not easy and no one needs to go through it alone," she says. "Counselors and the public in general now understand more about the effects of grief and trauma, and there is much more public support."

A PLACE CALLED NORMAL

Not surprisingly, bereavement group programs, such as those offered by CNLT and SPOP/WPS, are becoming increasingly prevalent, often sponsored by hospitals, hospices, funeral homes, and social service agencies. Some are led by widows and widowers, while others may be run by social workers, hospice workers, therapists, or spiritual leaders. Some are highly structured, while others operate without an agenda.

Facilitated by both Gawthrop and Collier, CNLT group meetings are loosely structured around themes such as anger, coping with holidays and special days, or beginning new relationships. The point is not to offer lessons, but to provide a forum in which to share experiences. After completing the program, participants are free to return for additional groups and often continue for as many as 12 to 18 months. Many participants

meet socially, after group or for special events, to continue the bonds of understanding they forge in sessions.

The groups at SPOP/WPS (which also offers one-on-one peer counseling) run for 10 weeks and are led by trained volunteers who are, themselves, widows or widowers. "The groups reflect the members' needs," says Feingold, who explains that there are no set topics; members are free to discuss whatever they wish. After completing one 10-week group, members are permitted to participate in a second group, after which they are encouraged to continue meeting with other group members on an informal basis.

I'M NOT OK, YOU'RE NOT OK

Although the leadership, the time frame, and the formats of bereavement support groups vary, they have similar goals in common: to offer an atmosphere in which participants can feel understood and free to express feelings, whatever those feelings may be, without fear of being judged. Being surrounded by others who've traveled the same road allows those who've lost a spouse or partner to feel less alone and better understand and cope with their feelings.

The experience of losing a spouse is extraordinarily complex and challenging. Due to the work of Elisabeth Kubler-Ross, MD, and others, the stages of grief may be widely known and well-understood. Although researchers, writers, and professionals who work with the dying and the bereaved characterize the process somewhat differently, most agree that mourners move through stages of shock and denial, anger, guilt, depression, acceptance, and resolution. As they do so, they are likely to experience severe stress, manifested by disorientation, confusion, lack of concentration, insomnia, anxiety, and even panic. At the same time, they may be prone to a host of physical ailments.

Despite this emotional and physical assault, they must attend to their families and their jobs, all the while having to begin the exhausting work demanded by grief, which includes accepting their losses as well as creating new identities and new social networks. What's less understood than the stages and tasks of grief is that the experience of these stages is neither linear nor time-limited. Stages overlap and recur, and resolution is an ongoing process.

While counselors and therapists may help mourners intellectually understand these stages and the tasks of grief, they can't prepare the bereaved for the intensity of the feelings that accompany these stages or for the ways those feelings threaten to overwhelm even the most balanced of individuals. What the bereaved want to hear is that their reactions are not bizarre and that

they are not weak or failing to "deal with things" because they can't "get over it" in the way and at the pace that others, and perhaps the bereaved themselves, feel they should. What they seek is not so much answers to the following questions, but rather the knowledge that others are formulating the same questions:

- Why have my friends disappeared when I need them most?
- What do I say when people ask whether I'm moving on or feeling better yet?

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- How can I continue to believe in God?
- Why is life so unfair?
- Am I going to lose my mind?
- Will I ever love and be loved again?
- How do I start over?
- When will the bad memories go away and the good return?
- Will I ever stop crying?

Claudia Ferrero, age 43, lost her husband, John, to ocular melanoma in April 2001. Haunted by shattered dreams and daunted by the prospect of finding a place to belong, a new identity, and a sense of purpose, she began a quest to find a group

of people her age faced with a similar crisis. She found a group led by Gawthrop and Collier. "Knowledge," she says, "is power. Just understanding that others are feeling the same frustrations and reactions to life that I feel makes it a bit more bearable. When I have those 'I'm going crazy' thoughts that I find are common among us, it helps to feel a bit of strength from the common strand that binds us together. I often find that the people in the group are the only people I feel normal with."

"People who have lost a spouse," says Feingold, "need a place to come to talk about all that has gone on, all that they're feeling, and to be able to tell their story over and over if they need to in order to integrate it and accept it." They also need to be heard by people who can acknowledge the reality and the intensity of their feelings. "People in our society," observes Feingold, "have no idea what to expect from grief. It's like nothing they've ever felt before. By hearing other people talk about what's going on with them, they can feel that they're not going crazy."

"Coming to us in the first place—that's a first step," says Low. "But when they learn that others have the same feelings, that they are treated by the world in the same way, and that they have more things in common than not, that's when they start getting the benefits."

THE MYTH OF TIME

One of the great strengths of bereavement groups is that they help mourners understand the myth of time. From every corner, the bereaved are assured that time will ease their pain, and often there's an unspoken deadline by which society expects that they will get over it.

But the issue, says Rebecca Harrington, CSW, social worker, psychotherapist, and assistant director of SPOP/WPS, "is not about the passage of time. When people say, 'Time heals all wounds,' that's nonsense. It's really what people do with the time—how they use it and how they process the experience—that matters." A critical component of grief work, she notes, is truly experiencing the feelings that loss engenders. "That's where things get tricky," she explains, "because society gives griever the message that they're supposed to move on, whether that means dating or getting the deceased's belongings moved out of the closet."

Well-meaning friends and family members may pressure the bereaved to get on with life or may attempt to distract them from their feelings. But it's a strategy that backfires. According to Harrington, this "pressure to short-circuit the grieving process" can lead to mental health problems such as depression and anxiety. People must allow themselves to grieve because it's difficult to return 10 or 20 years later to try to reconnect and mourn a loss.

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The greatest misunderstanding, agrees Feingold, is the notion that there is “a time period during which certain manifestations of grief and certain actions or lack of actions are considered appropriate or acceptable, and after which time are considered pathological.” People, she notes, are made to believe they are not progressing fast enough or are stuck in a certain stage if they don't meet certain expectations in a certain time frame. “Anyone who has ever been widowed knows that we will never be the same person we were before the death of our spouse, and that one of our major tasks is to develop a new identity—a new definition of ourselves without our spouse,” she says. And, that doesn't happen overnight or even in a year.

The myth of time seems to center around the magic number of one year. But the reality is that the second year is often worse than the first. “What I realized from an even longer perspective is that it was worse in a different way,” she says. “It wasn't the enormous acute weight of the whole thing, but it was the little things—walking down the street and realizing he walked here—all the little moments of everyday life.”

“It takes much longer,” says Low. “The first six months, you may be in shock and denial and can't even deal with the feelings.”

Special occasions—holidays, anniversaries, and birthdays—bring out the most intense feelings. The first time you experience each of these things, he explains, it may be so early in the bereavement process that you're numb. But when you start to feel a little better, they roll around again, and this time they may hit you harder.

Before their loss, most widows and widowers believed in the myth of time, Low points out. “Susan [Feingold] and I weren't any different. Before we lost our spouses, we didn't understand the process,” he says. “I didn't think it would tear me apart, didn't think it was something you never really get over.”

There's a stigma attached to continuing in a group, suggests Low. Some people believe that it's a crutch that prevents the bereaved from forging ahead. “There are always times in our lives when we need help, and to say that grief is going on too long and that it's something that one needs to be over is not helpful,” says Low. Explains Harrington, “We try to stress that bereavement is not a 10-week, 20-week, or 30-week process. We don't expect that grief ends when the group ends. We help people form relationships in the group that will outlast the group, and facilitators encourage people to get together and continue these relationships.”

Social workers can help grieving clients combat stigma, stereotypes, and myths by recognizing their need for peer support and encouraging them to view the bereavement process as an ongoing journey that is best traveled in the company of others.

— Kate Jackson is a freelance writer from Lafayette Hill, PA.

RESOURCES

American Association of Retired Persons
Grief and Loss Programs
800-424-3410
www.aarp.org

Counseling Network for Loss & Transition
215-624-8190

GriefNet, Inc.
www.griefnet.org

Hospice Foundation of America
800-854-3402
www.hospicefoundation.org

WidowNet
www.widownet.org