



## Module 5

# LOSS GRIEF & BEREAVEMENT CARE

*Healing becomes...  
A cheerful smile  
An open ear  
A gentle touch  
A warm embrace  
Taking the time to listen, to be,  
and share a part of yourself.*

*The greatest gift one can give  
may be the ability  
to walk with a person  
provide them with grace,  
strength and courage  
on their path to transition  
...and then let go.*

Kirsti A. Dyer MD, MS. from *Healing: A Gift of Self*



### Learning Outcomes

Upon completion of this Module, the volunteers will:

1. Be familiar with the basic concepts of loss, grief and bereavement.
2. Understand the wide range of emotions associated with loss.
3. Understand the personal nature of the grief process.
4. Be aware of the particular challenges of loss, grief and bereavement with respect to children.
5. Be aware of and respect religious and cultural influences on loss, grief and bereavement.
6. Recognize and respect their own loss, grief and bereavement experiences.
7. Understand their limitations in providing bereavement care and know when to recommend other resources.



### **What is Loss and Grief?**

Grief is a normal and individualistic response to loss or anticipated loss. The grieving process, while highly complex, helps us adapt to the changes accompanying that loss. The sense of loss associated with death can be very profound and impactful. While we may generalize about the trends and patterns in the grieving process, each person's experience is unique.

The role of the volunteer is first to understand the grief and loss process and then to provide compassionate support to those who are experiencing it.

### **What is Bereavement?**

Once a loved one has died, the bereavement process begins and is a uniquely individual experience for all those involved. Within the same family, members may respond to death differently. Bereavement is an important time of transition, encompassing many responses including the wide range of emotions identified with grief and the ways that we choose to live our lives following significant change. While respecting the individual experience, knowing about potential reactions and patterns of behavior may be helpful.

With the death of the client, the role of the volunteer moves to family and friends during their period of bereavement. Some volunteers may prefer to work just in the area of palliative care, while others are drawn more to supporting the client and family during bereavement.



### Training

#### Orientation and Basic Training

1. Provide an overview of loss, grief and bereavement including exposure to the process of grief and the healing nature of the grieving process.
2. Provide an overview of the common responses to loss including physical, emotional, social, mental (cognitive) and spiritual responses.
3. Provide the volunteers with a list of common clichés to avoid.
4. Help the volunteers better understand the concept of anticipatory grief.
5. Present the particular challenges associated with children's grief.
6. Provide the volunteers with an opportunity to share their own experiences with grief and loss.
7. Ensure that volunteers understand and respect their own personal limitations, particularly emotional limitations, when dealing with others experiencing grief and loss.
8. Provide opportunities for volunteers to gain knowledge of a variety of mourning rituals that may include:
  - a visit to a funeral home.
  - inviting representatives from different religions and cultures to talk to volunteers.
9. Invite experts in different areas of grief and bereavement to lead workshops or speak to volunteers.
10. Include the presentation of videos on bereavement to a group of volunteers followed by discussion.
11. Provide opportunities for volunteers to practice, through role plays, the experience of supporting individuals and families in bereavement.

#### Ongoing Training

Ongoing training in the more specialized aspects of loss, grief and bereavement may:

1. Address complicated grief associated with sudden or traumatic death, suicide and/or multiple deaths.
2. Include sessions on suicide risk, evaluation tools and protocols.
3. Continue to enrich the volunteers' learning with workshops, discussion sessions and guest speakers, such as those described in orientation and basic training.
4. Continue to provide opportunities for volunteers to become increasingly comfortable and enhance their skills through exercises such as role-play.
5. Include facilitator training for volunteers interested in working with bereavement groups.

# **RESOURCES**

## **Module 5**

### **LOSS, GRIEF AND BEREAVEMENT CARE**

## **RESOURCES**

- **Death and Dying Simulation**
- **The Dying Process ~ Final Hours**
- **Selected Theories on Grieving**
- **Grief Reactions**
- **What is Normal or Healthy Grief**
- **20 Helpful Suggestions & Handy Tools**
- **Grieving ~ What is Helpful and What is Not**
- **Tips to Help With Grieving**
- **The Parable of the Twins**

## DEATH AND DYING: A SIMULATION EXPERIENCE

**Purpose:** to help individuals reach a conscious awareness of their thoughts, feelings attitudes, and values associated with loss through death and dying.

**Objectives:** At the completion of the simulation, each participant will be able to:

1. Personalize issues of loss through dying and death.
2. Identify own thoughts, feeling and attitudes about loss through dying or death.
3. Clarify own values about loss through dying or death.
4. Enable further private self-encounters about loss through dying and death.

**Equipment:** One packet of twelve slips of paper and a pen or pencil for each participant. Overhead transparency of questions (optional).

**Procedure and Instruction:** Distribute the packets of paper and give the following instructions:

On each of the slips of paper, write one of the following twelve items:

- a. Three people who are very dear to you,
- b. Three things you own that you regard as very special,
- c. Three activities in which you enjoy participating, and
- d. Three of your personality attributes of which you are proud.

**Arrange the slips of paper in front of you so that you can see all of them.**

Now get into a comfortable position and take a deep, relaxing breath.

Please listen without comment and follow the instructions I give you while I describe some happenings, some situations and some people.

(Scenarios should be read carefully, with an effort to awaken the senses)

1. You are at your doctor's office – Picture the office, what colour is the carpet, the walls? What seat are you sitting on – is it hard or soft. What are the smells you associate with your doctor's office – is there an antiseptic smell there? What can you hear? Are there phones ringing? Nurses talking? How are you feeling? Are you apprehensive? Impatient? Distracted? Picture yourself sitting beside your doctor's desk. What sort of look is on you doctor's face? Is it a serious expression? He or she is about to give you life changing news. How are you feeling? Your doctor tells you that you have a terminal illness.

You have thirty seconds to select and tear up three of your slips of paper.

## **DEATH AND DYING: A SIMULATION EXPERIENCE cont'd**

2. Picture yourself driving home from your doctor's office. How are you coping with the news you just received? Are you even paying attention to the scenery going by, the other traffic? What can you hear? What are you thinking? Imagine parking the car at home and walking to your door. See yourself putting the key in the door. Who is there? Who do you want to be there? What do you say? What do you want to hear?

Tear up another three slips of paper.

3. Two months later – you are aware that your symptoms are worsening and you are feeling weaker. Where are you? Has it been an emotional roller coaster or have things been a steady progression? Who has supported you? Has it been hard to share the news of your illness with friends? How are you feeling? What is your lifestyle? What do you continue to do? What can't you do?

Tear up another two slips of paper.

4. Four months later – you are undeniably ill. The pain has increased considerably. What other symptoms do you have? Where are you? Who stays with you? Are you feeling anxious? Scared? Lonesome? Sad? Angry? Who visits you? Who are the people around you?

Tear up another two slips of paper.

5. Six months have passed, and you find that even the smallest activity of daily living takes most of your energy. How do you feel about yourself? How do you feel about having to depend on others to provide your basic needs? Where are you? Who is with you? How do you feel about knowing the end is closer, and you have to say good bye to your loved ones? Turn over the last two slips of paper on the table in front of you. I will take one from you at random. (Go to each participant and take one slip of a paper.)

6) Please look at the last slip you have left.

Tear up your last slip of paper. You are dead.



## DEATH AND DYING: A SIMULATION EXPERIENCE cont'd

### Discussion of Experience

Give participants 15-20 seconds to react and follow the last instruction. Say something reassuring, such as:

**Thanks for your involvement; Everyone's reaction to this simulation is different; This can be painful for you, depending upon your experience with death and dying; I appreciate the thoughtfulness and effort you have put into this experience; You have done well, and now are ready for the next part.**

In small groups of three or four people, with one person acting as recorder, initiate a discussion of some or all of the following questions.

What issues arose for you with each scenario? Fears? Concerns?

What were the easiest items to give up? The most difficult?

When did this experience stop being just a game?

What emotional reactions did you have with each scenario? (Watch for denial, anger, disbelief, depression, resignation, sadness, acceptance, avoidance, relief, comfort...)

What did you think, feel, and/or experience when I took a slip of paper from you at random? Did I take the "right" one?

Did you anticipate or expect the content of the last scenario?

What were your thoughts, feelings, and/or reactions to the tearing up of the last slip of paper?

## THE DYING PROCESS ~ FINAL HOURS

The physical and mental changes that you will be seeing may seem frightening and distressing. The guest may experience a variety of changes. Each person's death is different. Changes may occur quickly or slowly, may appear and then disappear only to reappear again. People die when they are ready.

Many feelings expressed in the last few days are part of the grieving process, both for the dying person who mourns for her/himself and the family who grieve the loss. Although sadness is common, many people who believe in eternal life are happy to see God or those who have died before them. For them, death is comforting and reassuring.

In general, people die as they have lived. If a person is cheerful and copes well, then s/he will probably approach the end of life in the same way.

Usually within the last 3-6 days of someone's life, the person is less hungry and their body can longer process food. The person will eat very little, or have a total lack of interest in food. The body is shutting down and no longer requires nutrition. Fluid intake continues, but usually not to the point of death. The person becomes unable to swallow and mouth care is needed at this point. Due to the lack of fluid intake, urine output decreases and becomes more concentrated. Bloating, water retention and swelling can also occur.

Changes in strength and awareness are other signs of death. The person may drop things or experience twitching and jerking of their hands and legs. The jerking and twitching will be most noticeable to caregivers and family, more so than to the person who is dying. Weakness increases. The person may shift in their experience of reality. They may talk to someone who is not present, or relate that they have seen someone who is dead. They may talk of a bright light. They may appear unaware of who is with them. The person can also appear confused, repeating sentences that do not seem to make sense. Some people become restless, pull at their bed linens and/or try to get up. This is known as 'pre-death restlessness'.

The person will start sleeping longer and sometimes have trouble waking or responding. The person may have a fixed stare and can become non-verbal.

Changes in breathing are common. There can be a period of 6 – 12 hours where they have very rapid breathing. Breathing can become irregular and shallow. Sometimes there are periods when breathing can stop for 30 seconds or so and then start again. Moist breath that bubbles or gurgles is common as mucous collects in the throat and lungs. This is called the 'death rattle'. This noise is often troubling to family and friends, less so to the dying person.

All senses start to fail and hearing is the last to go. Always assume the dying person is alert and can hear everything you say.

The dying person's circulation will slow and the body temperature will drop. The skin may become cool and clammy.

Most people die by slipping into a coma before the moment of death.

Active Dying can take hours or days. Even when many of the signs are present, it is not always possible to predict when death will occur. These ups and downs can be emotionally and physically draining on the family and caregivers.

Courtesy Prince George Hospice Society

RESOURCES: BCHPCA Facilitator's Guide

Module 5: Loss, Grief and Bereavement Care

## **THE DYING PROCESS ~ FINAL HOURS cont'd**

### **Summary of Signs of Death**

- Sleeps longer, sometimes having difficulty waking. Eventually slips into coma
- Reduced intake of fluid and food
- Appears confused, does not recognize familiar people or surroundings
- Weakness becomes profound, difficulty responding verbally, difficulty swallowing or forgetting to swallow
- May have a fixed stare
- Breathing becomes irregular and shallow
- Periods when breathing stops and starts
- Breathing is moist, may develop a rattle, may gasp for air
- Pulse becomes irregular, weak, then absent
- Hands and feet become cool
- Skin color may be pale, bluish or mottled
- Urine output will decrease or even be absent for 24-48 hours
- May lose bladder control
- Bowel movements may be absent, or uncontrolled oozing of soft or liquid stool

### **Family Response**

During the last few days, family members may wish to stay with their loved one 24 hours a day. Sometimes they may need to tell the dying person it is okay to die.

After the death, family members may show signs of relief, exhaustion, and sadness. Reactions are varied and individual.

Encourage the family to spend time with the deceased. There is no rush to act at this point. The doctor will need to be called to verify the death and the funeral home will need to be called to come and pick up the body, but it does not have to be done immediately.

## SELECTED THEORIES ON GRIEVING

There are many theories on the process of grief; however, we all go through similar phases, thoughts and feelings. Each loss is different and unique – you may not experience all the phases for each loss, nor will you go through them in the same order or for the same length of time. No two deaths are the same and no two relationships are the same. Grief around the deaths of friends or loved ones can be similar, but it is different each and every time.

### **Freud: (1917) Theory of Grief, Mourning and Melancholia**

### **Kubler-Ross (1969) Theory of stages – for the dying (DABDA)**

<b>DENIAL</b> (Disbelief)	"No, not me, It can't be true."
<b>ANGER</b>	"Why me?"
<b>BARGAINING</b>	"Yes, me ... but."
<b>DEPRESSION</b>	"Yes, me."
<b>ACCEPTANCE</b>	"It's okay"

### **Bowlby/Parkes (1970?) The Four Phases of Grief**

**Phase 1: Numbness** - when faced with a loss, the person often feels stunned or numb. Varying degrees of denial or disbelief of the loss are usually present.

**Phase 2: Yearning and Searching** - the person has a strong urge to find, recover, and reunite with the loved one. Disbelief, tension, tearfulness, and the tendency to want to keep a clear visual memory of the deceased may be apparent.

**Phase 3: Disorganization and Despair** - the person gives up searching for the deceased. There is depression, a lack of hope for the future and a loss of purpose in life.

**Phases 4: Reorganization** - the person reduces the attachment with the deceased loved one and starts to establish new ties to others. There is a gradual return of interests and optimism for the future

### **Worden (1982) The 4 Tasks of Grief**

1. To accept the reality of the loss
2. To work through to pain of grief
3. To adjust to an environment in the which the deceased is missing
4. To move the focus of emotional energy from the deceased to the living

### **Rando (1984) The 6 R Processes**

1. Recognize the loss
2. React to the separation of the loss - both the primary and resulting secondary losses.
3. Recollect and re-experience the deceased and the relationship including the negative aspects of the relationship.
4. Relinquish attachments to the deceased and the old assumptive world.
5. Readjust to move adaptively into the 'new world' without forgetting the deceased.
6. Re-invest the 'freed up' energy in a new life or identity.

## GRIEF REACTIONS

Grief can show itself in many different ways. One may experience one or more of the following

symptoms...or none of them. This list is not meant to be a complete one.

### Physical Reactions

- Tightness in throat
- Dry mouth
- Tightness in chest
- Breathlessness/ shortness of breath, frequent sighing
- Irregular heartbeat
- Hollowness in stomach
- Diarrhea/constipation
- Muscle weakness
- Lack of energy/fatigue
- Sexual disturbances
- Numbness
- Over sensitivity to noise
- Dizziness
- Sweating
- Rash
- Crying
- Sleep disturbances
- Appetite changes

### Cognitive Reactions

- Confusion
- Lack of concentration
- Feeling of going crazy or losing one's mind
- Lack of control
- Numbness
- Detached, feeling of unreality
- Forgetfulness
- Denial, disbelief
- Constant thoughts of the person who has died
- Meaning of life

### Emotional Reactions

- Sadness
- Guilt and regret
- Emptiness
- Anxiety
  
- Panic
- Fear
- Relief, release
- Anger
- Depression
- Loneliness
- Withdrawn
- Explosive

### Spiritual Reactions

- Doubt faith/blaming God
- Question spiritual or religious beliefs
- Lack of meaning or direction
- Wanting to die/to join the person who has died
- Find solace in religion
- Examine values and meaning of life

### Social Reactions

- Withdraw from social situations
- Refuse invitations
- No energy to initiate social contact
- Feeling of isolation, loneliness

Source: Theresa Rando, *Grief Dying and Death*  
Lexington 1984

## **WHAT IS NORMAL OR HEALTHY GRIEF**

**Grief can show itself in many ways – here are some examples:**

1. Physical reactions: tightness or lump in throat or chest, shortness of breath, tendency to sigh, hollowness/emptiness/discomfort/pain in the abdomen, aching arms, dry mouth, over sensitivity to noise, a sense of depersonalization, muscle weakness, loss of coordination, lack of energy, loss of sleep or appetite, over sleeping or eating, shaking, tremor, inability to concentrate, feeling heavy or weighted down.
2. Emotional reactions: feelings of loneliness, anger, guilt, fear, depression, isolation, sadness, yearning, inability to feel good or happy, feeling disorganized or confused, crying.
3. Psychological and social reactions: a desire to withdraw from others, a desire to talk about your relationship with the deceased, a desire to tell stories about the deceased, feeling like the person is in the room, having dreams of the person, hearing the person's voice or thinking you see them, not wanting to burden others, difficulty with interpersonal relationships, avoiding people places and things that are reminders of the deceased.
4. Spiritual reactions: Losing or decreasing faith/religious connections, searching for answers to and meaning in life, searching for meaning in death or for what happens after death, increasing faith/religious connections, reviewing your own priorities goals and beliefs, abandoning spiritual practices, taking up new spiritual practices.

### **What gets in the way of healthy grieving?**

Getting stuck in one phase or feeling. Not wanting to appear weak. Believing in the myth that you should be able to just get over it. Societal attitudes. Well meaning others who say unhelpful things. Not letting yourself cry. Not acknowledging certain thoughts or feelings. Not allowing yourself to go through the process. Trying to be tough or strong for others and thereby denying your own needs. Drug and alcohol misuse.

Unresolved past grief. Unresolved past grief – deaths, moves, divorces, cultural losses, etc.

## 20 HELPFUL SUGGESTIONS AND HANDY TOOLS

### 1. Normalize the grief

- assure bereaved they are not going crazy
- provide information on the grieving process

### 2. Allow the bereaved to tell their stories

- encourage them to talk about the loved one's life and death, and their relationship with the deceased

### 3. Allow exploration of their feelings

- some of the feelings that may surface are sorrow/sadness, isolation, loneliness, regret, guilt, anger, fear, relief
- suggest some ways to vent anger safely

### 4. Teach relaxation, meditation, breathing techniques, and/or visualization techniques

- helps to boost the immune system
- gives a time-out from the pain of grieving
- aids sleep

### 5. Suggest listening to music

- match music to mood
- use as a relaxation aid

### 6. Help griever to devise rituals

- to recognize different aspects of grief

### 7. Encourage creativity

- to open up new possibilities

### 8. Suggest writing

- clustering, journaling, writing letters, writing stories, composing poetry

### 9. Suggest drawing analogs as alternative to writing

- this activity uses the right side of the brain instead of the analytical left – it makes inner thought visible

### 10. Suggest making a memory book of loved one's life

- arrange photographs & other elements into some order so they tell a story

### 11. Suggest making a collage

- use cutouts from magazines to represent loved one's life, the griever's life, or the relationship between the griever and lost loved one

### 12. Suggest recording dreams

- dreams often contain symbols significant to the grieving process
- do not interpret the dreams
- allow dreamer to draw own conclusions as to meaning of the dreams.

### 13. Encourage self care

- regular routines of sleeping, exercising, and eating a balanced diet
- importance of taking time off/of, treating oneself

## **20 HELPFUL SUGGESTIONS AND HANDY TOOLS cont'd**

### **14. Suggest respites from the grief**

- actively think about something else for a while
- put aside some time each day to grieve

### **15. Suggest planning ahead for special days that might be difficult**

- birthdays, anniversaries, holidays

### **16. Encourage talking with a close friend**

- this not only helps to unload but gives the friend a specific role to play

### **17. Encourage enlisting others' help**

- often friends and relatives don't know how to help
- get the bereaved to be specific about what helps and what doesn't help

### **18. Suggest writing important things down**

- bereaved are often forgetful
- it helps to keep track on paper

### **19. Assist bereaved in finding professional help if required**

- grief therapist
- financial advisor
- spiritual advisor

### **20. Listen, accept, and assure**

- listen to what the griever has to say
- accept where the griever is at
- assure the griever that the pain will ease



## **GRIEVING - WHAT IS HELPFUL AND WHAT IS NOT**

### **GRIEVING: WHAT IS HELPFUL**

- Being able to talk about the person or share memories.
- Taking time for self.
- Enjoying nature.
- Getting physical exercise – walking.
- Public acknowledgement of the loss.
- Rituals to honour deceased.
- Personal belief system or faith.
- Hugs without words.
- Sensitivity to when a hug is not OK.
- Being encouraging to share memories.
- Sharing good times.
- Laughter & humour.
- A simple “I’m sorry” or “I can’t imagine what you are going through”.
- Tears/emotions – going with feelings.
- Helpful funeral directors.
- Meditation.
- Survival techniques such as sleeping pills (in the short term).
- Someone to take charge & provide practical help.
- Talking to deceased in private.
- Friends providing/encouraging opportunity for outings.
- Pets
- Sunshine/music.
- Hospice support or other support group.
- Purposeful activity.
- Being “listened to” with sincerity, with respect.
- Not being judged or interrupted.
- Screaming in the car or into a pillow.
- Access to helpful information (books).
- Friends bringing prepared foods or being willing to do practical things such as cooking, shopping, laundry, baby sitting, cutting the grass.
- Follow up after a while when all busyness has died down.
- Personal note or letter with or without card at the time and later on.
- Taking it one day at a time or even one hour at a time.
- Singing
- Grief counselling.
- Having to go on with life (e.g. see to children, work).
- Being given permission to grieve in your own way.
- Celebrating the life of the loved one in a creative way e.g. song, poem, art.
- Receiving an appropriate gift in memory of the deceased.
- Making a charitable donation.
- Being allowed to express self for as long or as often as needed.
- People remembering a year or two down the road.
- Making a memory board of pictures.
- Trying to remember the person as they were normally and not just in the last few hours or days.
- Hearing people share memories at the service.
- A friend just being there.
- Wearing deceased’s clothing.
- Being gifted a tree or plant in remembrance.
- Special place to honour memories in the home.
- Making a remembrance book.
- Keeping a journal.
- Distraction for a while.
- Being gentle with self.
- Taking naps.
- Permission to cry.

**Courtesy Nanaimo Hospice Society**

## **GRIEVING: WHAT IS NOT HELPFUL**

- Predictions of another death (“you better watch Grandpa or he’ll be next”).
- Suggestions that it is time to “get on with your life” or “you should be over it by now”.
- Trying to meet other’s expectations.
- False reassurance (“I know how you feel”).
- People who avoid talking about the loss or who avoid talking to you.
- Not talking about the person who died, or how they died.
- Re: loss of child “well, at least you have other children / can have more children”.
- Being forced to or not being allowed to view the body.
- Well meant advice like “Eat, you’ll feel better” or too much advice or unwanted advice.
- Not caring for self.
- Lack of support (physical and emotional)
- Not being able to say goodbye to the person who died.
- Insensitive phrases (You’re lucky – you have all those good memories, It was probably for the best, count your blessings, She’s in a better place, She lived a good life, She was old, It was only a dog, at least it was quick, there is a purpose to this, You’ll get over it, Time heals, It was their time anyway, He’ll remarry, It was God’s will, Snap out of it, It’s OK, You’re strong).
- Medication that dulls the senses but not the emotional pain.
- People tiptoeing around you.
- Visitors – overstaying their welcome (too exhausted to entertain).
- The memories of the time of suffering before death.
- Quarrelling amongst family members over possessions.
- Disposing of deceased’s clothing or possessions without permission (“we thought it would be easier if we just got rid of them for you”).
- Others being embarrassed by tears.
- Insensitive questions/attitudes/platitudes.
- Incorrect assumptions about the death.
- Others pushing religious beliefs.
- Making decisions too soon.
- Being told how you should feel.
- Being told not to cry.
- No funeral or ritual, or not having any input, or being unable to attend.
- Personal loss stories of the comforter which invalidate pain of griever.
- Not being given space or time to grieve in private.
- Competitive stories to minimize your loss.
- Not acknowledging your own need to grieve.
- Uncomfortable silence.
- Platitudes / clichés.
- Others nitpicking about details.
- As a child, being told “he is sleeping”.
- Losing social contacts because now you are single and not a couple.
- People not visiting because it would “upset them too much” or “because I want to remember them the way they were”.

## TIPS TO HELP WITH GRIEVING

1. Cry, scream, yell – express your feelings as they come up
2. Talk to someone who will just listen. Tell stories. Share memories
3. Get regular sleep – go to bed at the same time each night even if you're not tired then get up at the same time each day (get up again if after 30 –45 minutes you still can't sleep – do an activity and then try again)
4. Do some physical activity each day
5. Take naps if you need them
6. Eat frequent healthy small meals and snacks – keep feeding your body
7. Drink water, juice, tea – keep yourself hydrated
8. Try a relaxation exercise
9. Listen to uplifting music
10. Go for a walk or run
11. Sit with nature - by the river or in a quiet park - breathe in some fresh air
12. Follow spiritual practices (sweat, church, prayer, song, etc.)
13. Write in a journal
14. Write a letter to the person who died, then bury it, burn it or put it away
15. Write a story, poem, song for the person
16. Let yourself have fun - Let yourself laugh
17. Don't judge yourself or your grieving process
18. Ask for help from friends and supporters
19. If you get stuck in a stage, or the feelings seem out of proportion, seek counseling
- 20. Be gentle with yourself and acknowledge that healing is going to take time.**



## THE PARABLE OF THE TWINS

Once Upon a time, twin boys were conceived in the same womb. Weeks passed, and the twins developed. As their awareness grew, they laughed for joy: “Isn’t it great that we were conceived? Isn’t it great to be alive?”

Together the twins explored their world. When they found their mother’s cord that gave them life, they sang for joy. “How great is our mother’s love, that she shares her own life with us!”

As weeks stretched into months, the twins noticed how much each was changing. “What does this it mean?” asked the one. “It means that our stay in this world is drawing to an end,” said the other. “But I don’t want to go,” said the other one. “I want to stay here always.” “We have no choice,” said the other. “*But maybe there is life after birth!*” “But how can there be?” responded the one. “We will shed our life cord, and how is life possible without it?” “Besides, we have seen evidence that others were here before us, and none of them have returned to tell us that there is life after birth. No, this is the end.”

And so the one fell into deep despair, saying, “If conception ends in birth, what is the purpose of life in the womb? It’s meaningless! Maybe there is no mother after all?” “But there has to be,” protested the other. “How else did we get here? How do we remain alive?” “Have you ever seen our mother?” said the one. “Maybe she lives only in our minds. Maybe we made her up, because the idea made us feel good?”

And so the last days in the womb were filled with deep questioning and fear. Finally, the moment of birth arrived.

When the twins had passed from their world, they opened their eyes and cried for joy. For what they saw exceeded their fondest dreams.

Anonymous