



*From all of us at St. Albert Bereavement Fellowship, we wish all mothers, and those who wish they were, and those who will always be moms, even though their “babies” (no matter how old) are being cared for by gentle angels in another place...a most joyous and well-deserved Happy Mother’s Day! The sacrifices that one makes for our children in a lifetime are immeasurable; each one a testament of unconditional love. We also wish the best for the other women in our lives, our soul-sisters-- those who comfort and support us when our own mothers are no longer here. We would be lost without these “surrogate mommies”. May each of you be celebrated, honoured and cherished always!*

# Connecting

April 2021

## Scars on Our Souls

Some of us have lost loved ones during this past year, others have lived through anniversary dates reliving their loss even after many years. We have all been isolated and learning how to adapt to our new routines since the onset of the pandemic.

For the elderly, every day is a blessing, but it is not uncommon to hear of regrets for not travelling when they were able, not socializing more when they could or failing to stockpile those luxury items that we all use to pamper or treat ourselves when everything else around us is in chaos. For those who are grieving, it is as though their heart has been pierced with the sharpest knife and their blood continues to drain slowly from their bodies...the shock, the weakness, the fragility, the fear is all part of the grief process. Their wounded hearts hurt like never before! Yet, we so often forget to acknowledge a much deeper wound that is often referred to as ‘soul pain.’

We all carry the stains of our life experiences; beginning from infancy, right through to the present day. I like to refer to these painful and impactful events as “scars on the soul.” A heart can withstand serious cardiac events, even risky procedures like transplants or the stents to re-establish

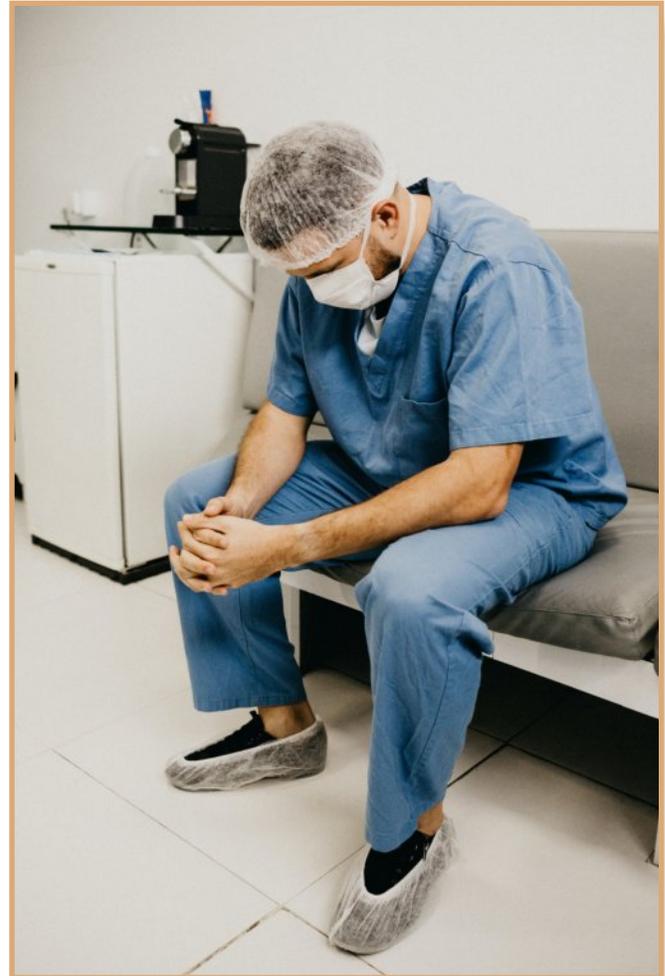
adequate blood flow to the heart and other organs. Folks can recover and go on with their lives after a relatively short period of recovery & rehabilitation. But the soul seems unwilling to let go of the worst times of our lives, the ones that shape and change us forever; disappointments, rejections—all the times when our spirit was crushed. Death of loved ones or pets, critical illnesses, drug overdoses, suicide attempts, broken relationships, child, domestic or elder abuse are all traumatic events that shock and traumatize us and cannot be washed off, unseen, or easily explained away. So are shattered hopes & dreams, failures, neglect, bullying, and others.

Nobody is immune from life’s soul scarring. When we lose a loved one, we often instantly recall the deaths of other significant people in our lives; reliving those respective sorrows and layering them on top of one another as though we were trying to create a stone structure... a symbolic way to re-establish order or balance in our lives. What better time to address multiple losses, occurring daily, without time for respite or recovery between them....

This article is dedicated to all of our first responders: doctors, funeral home staff, nurses, firefighters, paramedics, lab workers, counsellors, spiritual leaders and every person who is tending to the very sick and dying, setting aside their own safety concerns to do so -- all who are working 24/7 providing medical interventions, comfort and end-of-life care to the thousands who have lost their lives prematurely because of Covid. Death numbers escalate, bodies pile up in morgue holding units, everyone is pedalling as fast as they can, yet the Covid variants always seem one step ahead of a positive Breaking News story.

Front line workers have the trauma of the death, but not the usual bereavement that is allowed to follow it. This leaves the door wide open for all kinds of latent reactions to the catastrophies that Covid presents. There are many new challenges for all of us who deal with death & dying, or supporting those who are left to mourn individuals, once with real names and identities, now generically included in the statistical data and daily head count reported on the nightly news. They deserved so much more. Medical school did not prepare personnel for such bizarre circumstances. Overcrowded ICU's, shortages of PPE, vaccines, medications, equipment and trained personnel....field hospitals thrown up in haste resembling a wartime mash unit...something we have never seen in our lifetime. People banging pots off balconies to encourage medical workers to keep going. Hospital staff pull out all the stops, trying to save everyone, fearing the day they may be asked to "choose"... identifying those least likely to survive....those who should not be given priority access to the next available ventilator. Such a burden should not be placed on anybody's shoulders.

To watch somebody die is one of the most intimate moments we will ever share with any living being. But for the front-line



medical teams who witness this final farewell, over and over again, there are few who can pretend that the gravity of their decisions does not weigh heavily on their minds long after the shift is finally over. Workers become surrogate family members as they hold the hands of patients taking their final breath, reading text messages from those unable to be there in person, and making those horrific calls to deliver "the news" that nobody wants to hear. Individuals are promptly taken off life supports to make room for the next in line waiting in the hallway. There is little time to process what has happened before the intercom interrupts a momentary pause to honour that life, calling for someone to intubate a new patient or pronounce another one dead.

*“Scars. A sign that you’ve been hurt. A sign that you have been healed. Had I been hurt? Had I been healed? Maybe we just lived between hurting and healing.”*

*-- Benjamin Alire Saenz*



The cycle repeats itself many times over, with staff praying they could stop the presses or call a “pause” on the dying, just like shutting down businesses “to try and break the circuit”. For any of us to be effective in a caregiver role, we are well aware that sympathy rarely exists without its companion, empathy. This means not just feeling sorry for what the other person is going through, but to actually “feel” the pain of those same emotions ourselves. The images of a chaotic ICU with dozens of people surrounding a bed, each with a special skill to offer, illustrate so well how many resources go into trying to save a life, so it is easy to imagine the feelings of dejection when those attempts are not successful despite their best efforts.

The medical community is working far beyond an acceptable work schedule, covering for co-workers who are burnt out, quarantined, who have contracted the virus themselves, or have been transferred to other departments. Less experienced staff are

brought in to compensate for the labour shortages, and retirees are encouraged to return to front lines because we need “all hands on deck” to fight this thing. Workers note increased headaches, skin disorders, dehydration, mood swings, gastro-intestinal issues, sleep disturbances, depression, and many other self-assessed symptoms, while trying to balance work and family commitments. Relationships are strained and there is often little or no energy (or time) left to support a spouse or partner who is homeschooling their children, tending to elderly parents on both sides, or wanting to discuss family issues; so isolation and disengagement is not uncommon. PTSD is an anticipated residual effect of ongoing anxiety, stress, complicated grief, and trauma. When moral is at an all time low, and workers are showing signs of feelings of inadequacy, to-the-bone exhaustion, and diminished positivity, administration can play a vital part in policy initiatives that provide for better mental health awareness as well as ongoing support and compassion

for those who require a medical leave for stress related workplace issues. Taking care of those who care for others should be a no-brainer.

So what can leaders in these work situations do to support their office staff or medical teams? They can state, clearly and definitively just what the immediate tasks, expectations and challenges are amidst an ever-changing landscape, lockdowns, changes in treatment directives, etc. They can reassure their people that they are valued and appreciated, and acknowledge the stress and sorrow that is above and beyond the norm.



Good leaders can model good support-seeking behaviors, as this will encourage others to seek assistance with their own concerns or mental health issues if and when they might arise. They can be sensitive to the needs of individuals who are showing signs of compassion fatigue; and allow for more “mini hideaway” opportunities. Even five minute breaks periodically can work wonders -- a quiet room with a glass of water to decompress, relax and reset, before the intercom calls for you to jump into action with yet another Code Blue. Listen to concerns. Take all seriously. Act appropriately in dealing with those requests as best you can. Be upfront about what you know, and don’t know, as you share the evolving data regarding new variants or treatments. Acknowledge fears about personal safety in the workplace, shorter tempers, sheer exhaustion, and listen attentively about how upsetting it is that their kids miss their daddy not coming home for many days at a time. Just being able to share personal concerns with others opens the door to self-expression, communication, innovative new problem solving ideas, and team cohesiveness. Everyone needs to feel like somebody has their back and a safety net is there to provide a soft landing when emotions run amok. There is strength in numbers and some solace in being reminded that “everyone is working to get thru this together”, particularly when so much personal risk accompanies those efforts.

Good leaders can reassure each other that “scars on the soul” are real and justified. They say that you “connected” with somebody, as fate intended; and despite an inability to express their gratitude personally, those you cared for take that love and compassion with them....forever bonded by your shared experience. Not all super-heroes have a large cape or an S emblazoned on their chests...some wear face masks, shields, gloves and scrubs.

But how many scars are too many? How many scars bring enduring sorrow or hopelessness? When death is followed in quick succession by many others, one does not have time to even begin the grieving process before another life ends. Grief is sidelined, so that the flurry of activity can continue as uninterrupted as possible. It is often then that those buzz words we might have previously heard somewhere might come home to roost: imposter syndrome is the feeling that you are powerless, ineffective, or unworthy of your role, where you may become disillusioned about your purpose. You may question if you have been adequately trained, and doubt your best attributes, whatever you perceive them to be.

We have all heard the terms “survivor’s guilt” and “grief overload”. If you find you are always feeling burdened because you were spared from the virus, try to re-imagine what you could do to “pay it forward” in a positive way. When you are overwhelmed with sadness, say so, and some of the weight will be lifted when you find you are not alone in such feelings. Accept and trust that you tried your best; you are a human being and not perfect...and that is okay! If you feel that you are depressed or beginning to give up the fight, losing energy or motivation, this might signal to you that you may benefit from sharing your thoughts with a kind and trusted confidante or counsellor.

Complicated grief and PTSD will undoubtedly be front and centre for many healthcare workers going forward as they flash back to events that they endured throughout the pandemic. Whether your loss was that of a family member or total



stranger, every person may affect you in different ways, perhaps because they were about your age when they died, from a similar background, had a particular situation or story that touched you, or perhaps you were shaken by circumstances surrounding their death.



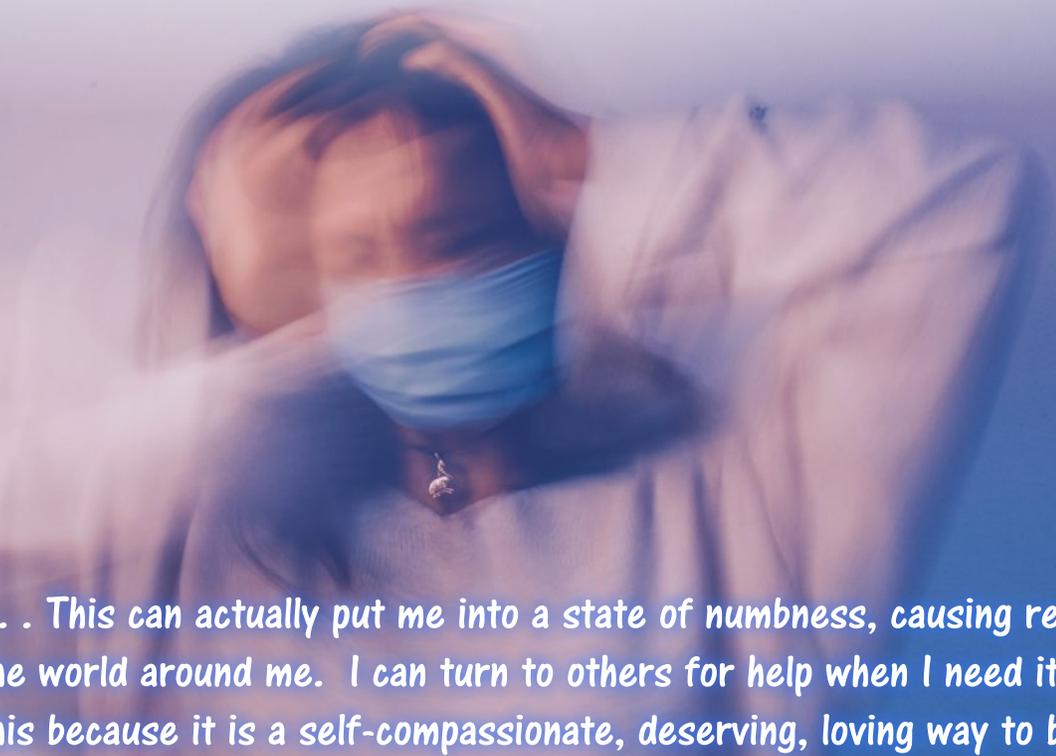
Every now and then, we might remember a certain person, event or kind gesture or an uplifting word that saw us through a critical time in our lives. Sometimes an event that precipitated a scar may have been horrific, but out of the ashes we saw the best of humanity, and a scar may be softened by the kindness of family, friends, or complete strangers.

The rest of us also have a role to play in keeping this wheel well-greased. Those who stay home and are no longer working can be attentive and mindful of the limitations of those they seek for advice or care, knowing that they are more than likely running on an empty tank. We can be kind and thoughtful, acknowledging their sacrifice and hard work instead of grumbling that “you are running behind; and my nail lady hates when I am late for our appointment”. Arrive on time for appointments. Review your written questions and concerns, noting any changes or tests

needed. Have your list of medications with you so you are not rifling around in your tote-bag for an hour trying to locate the bottle of orange pills you need renewed. Dress appropriately for quick changes...wearing nine layers of clothing is not helpful! Before you leave the examination room, check to ensure you have been given all lab sheets, referral information or printouts from the doctor--to save you from coming back if they were left on the printer. If you have a telephone appointment, be available at the designated time so that your physician does not have to call numerous times trying to reach you. Every minute counts in a long day, so a few little things mean a lot when time is limited.

Your doctor will appreciate your efforts. For those who work tirelessly to keep our loved ones safe and healthy, like the staff at a retirement or long term facility, there is nothing like a kind word or compliment to make the struggles seem less

*“Sometimes I try to do it all on my own . . .*

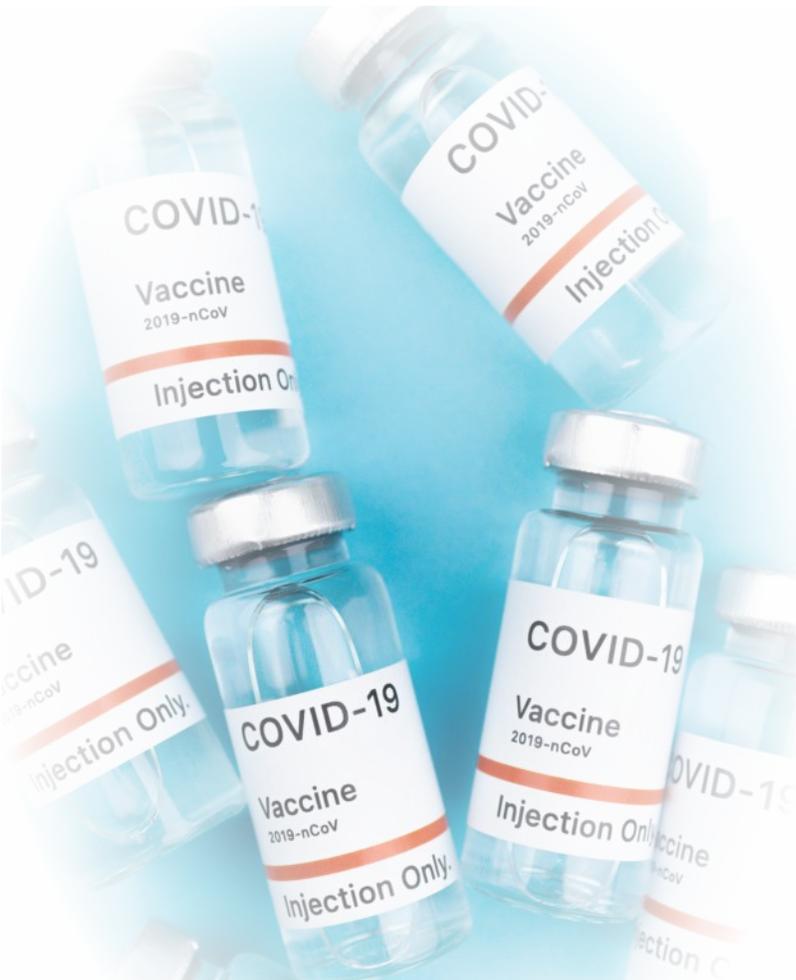


*. . . This can actually put me into a state of numbness, causing retreat from the world around me. I can turn to others for help when I need it. I can do this because it is a self-compassionate, deserving, loving way to be.”*

*-- Alan D. Wolfelt, PH.D.*

burdensome. Residents and staff alike have been impacted by the illnesses and deaths due to Covid-19, struggling to maintain some semblance of modified “normality” and abide by the mandatory Public Health restrictions. These lockdowns and periods of isolation are not always met with understanding and compliance, even when it is in everyone’s best interest and wellbeing....so resistance presents staff with the extra work of trying to convince some from “going rogue” and defying the set practices. We are ever so grateful for everyone who is finding some way, no matter how small, to make this pandemic easier for another. Our store clerks, salons and personal care attendants, delivery folks...the list is endless. All deserve a heartfelt “thank you for your service” at the checkout counter. Every kind act is like a little rock being tossed into a river....the ripples are far reaching.

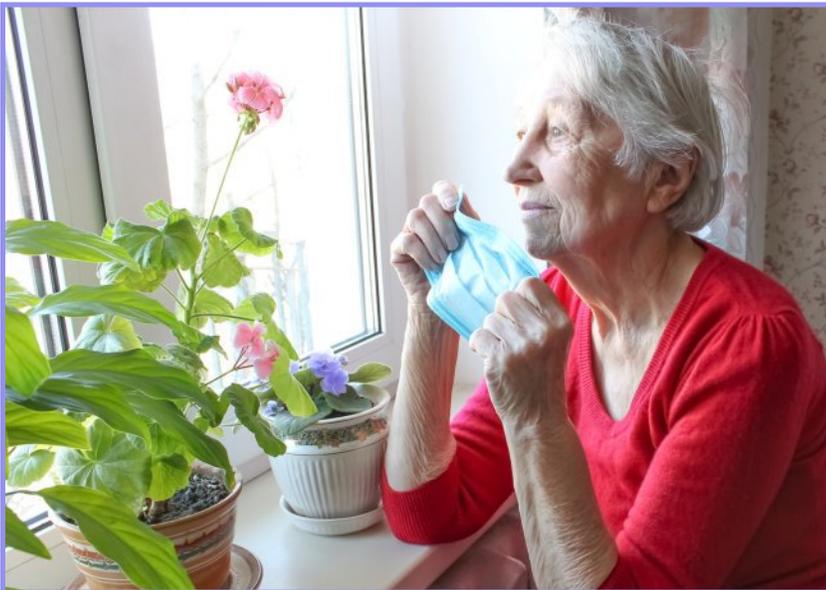
A personal “review” of events is sometimes helpful when our soul is overburdened by sadness, death, and what seems like an inability to exact a favourable outcome for a patient that we may have had in our care for many decades? Recalling the high intensity of activity in places like the ICU or ER, one is reminded of how delightful it would be trying to breath thru an N95 mask for many hours out of every day. It is draining, hot and painful. Factor into that scenario, the inability to educate, encourage, and convince patients that certain procedures are lifesaving....there becomes a natural sense of “not making as much of a difference as I would like to....or need to....to feel purposeful”. These feelings of dismay should be expected from a high stress environment with less and less respect for those caregivers whose sole purpose is to save lives and lessen suffering. Doctors often have the preconceived notion that no matter what, they can fix things, if given enough time to



try. Well Covid often does not allow time for lengthy investigations, tests and treatments before it goes from bad to worse in a New York minute. So the emotional and psychological blows are shocking and repetitive. Even in natural disasters like Hurricane Katrina, everyone, including the search dogs needed to experience small successes despite the majority of casualties that were uncovered, so the animals were allowed to find “live” persons periodically to allow the animals to feel elation for a job well done-- to lift their spirits so they could keep working. Maybe all you were able to do was offer “comfort care” so a patient could hear his wife’s voice for the last time before he died. Maybe all Henry needed to hear was “I love you” one last time so he could leave with a full and peaceful heart. Maybe there is more to “healing” than pain relievers and sedatives.

Caregiving also includes being kind to yourself! If you can’t remember when you last ate, it is much too long! Stay hydrated.

Do stretching and breathing exercises. Be self compassionate. Notice your thoughts and emotions without judging them. Put them in perspective, understanding that you are a human being and not perfect. Recognize that your routine has been turned upside down, so you will want to create a new routine that works for you. Write everything down. Adjust your household budget to ride out any periods of unemployment, as in essential services or retail who have had to lay off employees. If you are thrust into a “work from home” situation, make changes to reflect the challenges you will face trying to do so effectively and productively, minimizing



the obvious stressors as best you can. Adequate rest is essential to keep the body running at optimal efficiency. Lack thereof can result in forgetfulness; and making mistakes does nothing to relieve stress in an already pressure-cooker environment.

Co-workers and acquaintances are often more equipped to offer suggestions for front line workers who are experiencing anxiety and fear for their lives each time they go to work. Do we have trusted confidantes that we can talk to about our grief, our fears and worries, our ability to

cope, or lack thereof? Seek professional help if needed. Facilitate peer support and team cohesion. Avoid unhealthy behaviors, excess caffeine & alcohol. Multiple losses generally have a greater impact on bereaved individuals... the grief is generally complex and lasts longer than expected. Traumatic grief is a type of grief that overwhelms and does not decrease with time. It is more likely when a loss is sudden or traumatic as may be the case with Covid related deaths, or when adequate coping skills and/or social support systems are not readily available. Burnout occurs when you feel emotionally, psychologically or physically exhausted. There may be increasing cynicism and detachment as well as feeling ineffective. So many extenuating factors are involved, when we consider things like lack of trusty information, food insecurity, job loss, insufficient training, vocal resistance to lifesaving but controversial vaccines, coping with new death experiences, home schooling challenges for children, and others.

Know that your thoughts, reactions and feelings are normal; but having said that, grief shared is grief divided; and there is no benefit in trying to fight this battle as a lone soldier. Others care about your sorrow, your sacrifice, and your wellbeing, so encourage anyone who might be struggling to find that person who can acknowledge the scars you have accumulated and help you to memorialize those many souls in some meaningful way. Planting a “Special Souls” tree or shrub in your yard can be a healing tribute to the lives lost; and those you helped to save! A balloon bouquet, again, a collective way to send some love to those who happened to be called away on your watch. I was recently reminded by someone that she was grateful, despite her

grief...that the deceased will never suffer atrocities like endless years of cancer treatments, confinement to an Alzheimer ward or immobilization after a stroke...little solace perhaps, but one small shred of a silver lining, to that individual.

When we get to unravel our grief bundles ....slowly, cautiously, as time goes on, we will find the emotions and feelings are all still there waiting for us to embrace them gently, even though some time may have passed since we initially experienced the loss. Only then can we begin to release some of the pent-up tension, pain, numbness, and shock of how death has transformed us, weakened us, traumatized us, or shocked us into realizing our own potential and ability to cope, withstand, and overcome adversity.

We find we can learn from others who have travelled that grief journey before us. Dr. Jane A. Simington, PH.D. notes her personal quest for clarity during her time of grief:

*“I turned to others who were suffering. My practice offered the opportunity to combine my experience with that of others. I listened for their soul pain. I heard soul stories. In their struggles, I heard my struggles in their efforts, my efforts. They too longed for answers for which I myself was searching. But I was void of solutions. Our souls were chained, and I could not supply the key.”*

Death experiences teach us about ourselves and our priorities. Death teaches us many

things...that it is okay to lean on others to help us “pass” or evolve emotionally to the next level. For me personally, witnessing the act of dying with various family members made me acutely aware and appreciative for the gift and beauty of living!

St. Albert Bereavement Fellowship welcomes YOU...those who readily seek guidance when they are struggling, as well as those who are much more likely to be offering support than asking for it! We all need help... sometime.

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Alan D. Wolfelt, PH.D “The Journey Through  
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