

Name

**Foundations of "Companioning"**

***by Alan D. Wolfelt, PhD***

I've always found it intriguing that the word "treat" comes from the Latin root word "tractare," which means "to drag." If we combine that with "patient," we can really get in trouble. "Patient" means "passive long-term sufferer," so if we treat patients, we drag passive, long-term sufferers. Simply stated, that's not very empowering to me.I've always found it intriguing that the word "treat" comes from the Latin root word "tractare," which means "to drag." If we combine that with "patient," we can really get in trouble. "Patient" means "passive long-term sufferer," so if we treat patients, we drag passive, long-term sufferers. Simply stated, that's not very empowering to me.

On the other hand, the word "companion," when broken down into its original Latin roots, means "messmate": *com* for "with" and *pan* for "bread." Someone you would share a meal with, a friend, an equal. I have taken liberties with the noun "companion" and made it into the verb "companioning" because it so well captures the type of counseling relationship I support and advocate. In fact, that is the very image of companioning-sitting at a table together, being present to one another, sharing, communing, abiding in the fellowship of hospitality.

Companioning the bereaved is not about assessing, analyzing, fixing or resolving another's grief. Instead, it is about being totally present to the mourner, even being a temporary guardian of her soul.

The companioning model is anchored in the "teach me" perspective. It is about learning and observing. In fact, the meaning of "observance" comes to us from ritual. It means not only to "watch out for" but also "to keep and honor," "to bear witness." The caregiver's awareness of this need to learn is the essence of true companioning.

If your desire is to support a fellow human in grief, you must create a "safe place" for people to embrace their feelings of profound loss. This safe place is a cleaned-out, compassionate heart. It is the open heart that allows you to be truly present to another human being's intimate pain.

As a bereavement caregiver, I am a companion, not a "guide"-which assumes a knowledge of another's soul I cannot claim. To companion our fellow humans means to watch and learn. Our awareness of the need to learn (as opposed to our tendency to play the expert) is the essence of true companioning.

A central role of the companion to a mourner is related to the art of honoring stories. Honoring stories requires that we slow down, turn inward and really listen as people acknowledge the reality of loss, embrace pain, review memories, and search for meaning.

The philosophy and practice of companioning interfaces naturally with hospitality. Hospitality is the essence of knowing how to live in society. Among the ancient Greeks, hospitality was a necessary element of day-to-day life. In a land where borders were permeable, it was important to get to know one's neighbors as potential friends. One way to do this was to share meals together. First, the guest and host would pour a libation to the gods. Then they would eat ("break bread") together. Then, after the guest was full, they would tell each other their stories with the guest going first. Often, tears were shed as their stories were highly personal; battles, family, histories and life tragedies all were a part of these stories. After the evening together, the host and guest were potential allies. Still today, oftentimes "breaking bread together" and then "telling personal stories" are key elements of companioning people in grief.

Henri Nouwen once elegantly described hospitality as the "creation of a free space where the stranger can enter and become a friend instead of an enemy." He observed that hospitality is not about trying to change people, but offering them space where change can take place. He astutely noted that, "Hospitality is not a subtle invitation to adopt the lifestyle of the host, but the gift of a chance for the guest to find his own."

Also interesting to note is that the *Oxford English Dictionary* defines companion as "to accompany, to associate, to comfort, to be familiar with." This definition is actually illustrative of what it means to companion. In one sense, the notion is of comforting someone, which relates clearly to what a mourner needs and deserves. In another sense, the notion is of knowing someone, being familiar with that person's experiences and needs; this notion clearly relates to the process of becoming familiar (being open to being taught by another), which can take place through the "telling of the story."

In sum, companioning is the art of bringing comfort to another by becoming familiar with her story (experiences and needs). To companion the grieving person, therefore, is to break bread literally or figuratively, as well as listen to the story of the other. Of course this may well involve tears and sorrow and tends to involve a give and take of story: I tell you my story and you tell me yours. It is a sharing in a deep and profound way.

The sad reality is that being a fellow companion in contemporary times seems to be a lost art. Many people (including trained mental health caregivers) may not know how to truly listen, really hear, and realize how to honor another person's story. I often say, "It's not so much what is new in grief care, it is what we lost that we once had." One interesting study found that 71 percent of North Americans don't even know their neighbors, let alone have the desire to honor stories with them!
 **Advocating for the "Companioning" Model of Grief Care**A not-so-secret hope of mine is that the philosophical model of companioning will eventually replace the more traditional medical model, which teaches that grief's goal is movement from illness to normalcy. The companioning philosophy empathizes with the human need to mourn authentically without any sense of shame. The companioning model encourages every one of us to discover how loss has forever changed us. The companioning model understands the normalcy of drowning in your grief before you tread water, and that only after treading water do you go on to swim. The companioning model helps the caregiver acknowledge the responsibility for creating conditions that allow the grieving person to embrace the wilderness of grief.

**My Personal Tenets of "Companioning" the Bereaved**I believe that every counselor must work to develop his or her own theory or point of view about what helps bereaved people heal. Challenging yourself to explain what happens in your counseling relationships with bereaved people and families will, in my experience, assist you in understanding and improving the results of the work you do to assist those you desire to companion.

Developing your own tenets encourages a coherence of ideas about the helping process and generates new ideas about how to be helpful. Outlined below are seventeen principles that undergird my work with bereaved persons and families. My hope is that you will challenge yourself to write out whatever supports you in your own work with the bereaved.

**For the Companion Counselor...**

1. Bereavement, grief and mourning are normal experiences; however, they are often traumatic and transformative.
2. the helping process is seen as a collaborative, "companioning" process between people. The traditional medical model of mental health care is seen as inadequate and as a complicater to mobilizing the resources of the bereaved person. As a companion, I try to create conditions that engage people actively in the reconciliation needs of mourning.
3. true expertise in grief lies with (and only with) the unique person who is grieving. Only he can be the expert of his grief. The companion is there to learn from the griever and to bear witness to and normalize his grief journey.
4. the foundation upon which helping the bereaved person takes place is in the context of an encouraging, hope-filled relationship between the counselor and the bereaved person. The widely acknowledged core conditions of helping (empathy, warmth and caring, genuineness, respect) are seen as essential ingredients in working with bereaved people and families.
5. traditional mental health diagnostic categories are seen as limitations on the helping process. The concept of "gardening" as opposed to "assessing" better describes efforts to understand the meaning of the death in the bereaved person's life. I strive to understand not only the bereaved person's potential complications of the grief journey, but also individual strengths and levels of wellness.
6. the counseling model is holistic in nature and views bereaved people as physical, emotional, cognitive, social and spiritual beings. Each person is unique, and seeks not just to "be," but to become.
7. the undergirding theoretical model is systems oriented and sees the bereaved person as being impacted by interdependent relationships with persons, groups, institutions and society.
8. the focus of companioning the bereaved person is balanced between the past, the present and the future. Learning about past life experiences (particularly family of origin influences), and the nature of the relationship between the bereaved person and the person who died help me understand the meaning of the death and the grief and mourning process for this unique person.
9. a bereaved person's perception of her reality *is* her reality. A "here and now" understanding of that reality allows me to be with her where she is instead of trying to push her somewhere she is not. I will be a more effective helper if I remember to enter into to a person's feelings without having a need to change her feelings.
10. a major helping goal is to provide a "safe place" for the bereaved person to do the "work of mourning," resulting in healing and growth. A bereaved person does not have an illness I need to cure. I'm a caregiver, not a cure-giver!
11. people are viewed from a multicultural perspective. What is considered "normal" in one culture may be perceived as "abnormal" in another culture. On a shrinking planet, my caring and concern must be global in its perspective.
12. spiritual and religious concerns and needs are seen as central to the reconciliation process. To be an effective counselor, I must be tuned into helping people grow in depth and vitality in their spiritual and religious lives as they search for meaning and purpose in their continued living.
13. men and woman are seen in androgynous ways that encourage understanding beyond traditional sex role stereotypes. Artful "companions" understand that bonded relationships can exist beyond the bounds of traditional male-female partnerships acknowledged only by marriage.
14. the overall goal of helping the bereaved is reconciliation, not resolution. As a "companion-witness," I have a responsibility to help the bereaved person not return to an "old normal," but to discover how the death changes her in many different ways. Traditional mental health models that teach resolution as the helping goal are seen as self-limiting and potentially destructive to the bereaved person.
15. right brain methods of healing and growth (intuitive, metaphoric) are seen as valuable and are integrated with left brain methods (intentional, problem solving approaches). This synergy encourages a more growth-filled approach to bereavement caregiving than do historical mental health models (primarily based on left brain methods) of caregiving.
16. "complicated" mourning is perceived as blocked growth. The "complicated mourner" probably simply needs help in understanding the central needs of mourning and how to embrace them in ways that help him heal. Most people are where they are in their grief journeys for one of two major reasons: 1) That is where they need to be at this point in their journey; or, 2) They need, yet lack, an understanding, safe place for mourning and a person who can help facilitate their work of mourning in more growth-producing, hope-filled ways.
17. helping avenues must be adapted to the unique needs of the bereaved person. Some people are responsive to group work, some to individual work, and some to family systems work. Many people are best served, in fact, by seeking support from lay companions who have walked before them in the grief journey.
18. there is a commitment  to using educational, primary prevention efforts to impact societal change because we live in a "mourning-avoiding" culture. I have a responsibility to inform other people throughout the world of the need to create safe places for people to mourn in healthy ways.
19. there is a responsibility to create conditions for healing to take place in the bereaved person. The ultimate responsibility for eventual healing lies within the person. I must remember to be responsible *to*bereaved people, not responsible *for* them.
20. excellent self-care is essential, for it provides the physical, spiritual, emotional, social and cognitive renewal necessary for the counselor to be an effective, ongoing companion in grief.

I truly believe we are all here to, in part, contribute love and care to those our lives touch-each of us in his own way. Supporting my fellow human beings in grief nourishes my soul. If you are attempting to support people in grief from a place of open-heartedness and love, you are indeed nourishing your own soul and the souls of those you touch. You are companion to those who grieve...and the world needs more people like you.
 *Dr. Alan Wolfelt is a noted author, teacher and grief counselor. He serves as Director of the Center for Loss and Life Transition and is the author of many books on helping people heal in grief. Perhaps best known for his model of "companioning" versus "treating" the bereaved, Alan is committed to helping people mourn well so they can live well and love well. This article is excerpted from his newest book,*Companioning the Bereaved: A Soulful Guide for Caregivers*, available through bookstores or*[*http://www.centerforloss.com/*](http://www.centerforloss.com/)*.*