

Pain must be addressed for death to be accepted

From page 20.

"Out of 90 people (who attended the sessions), I was often the only male. Because so few men are involved, I was asked to co-facilitate bereavement groups."

Mr. Penrose noticed many mourners came to the meetings years after their loved one had died.

For the first days and weeks after the death, they had been consumed by making arrangements and surviving from day to day.

As the days and weeks turned into months and then years, many people had run on automatic pilot, denying their pain by keeping busy.

But Mr. Penrose believes

at some point, the mourner needs to address that pain. Without discussing and confronting it, true acceptance of the loved one's death won't happen.

"People think time will heal everything. It doesn't, unless you allow the pain to come up," he said.

But Mr. Penrose said well-meaning friends and family can often stunt the mourner's healing, thinking they are doing the grief-stricken person a favour by avoiding any mention of the loved one.

"It feels (to the mourner) as if the person never lived. That doesn't help at all."

Talking to a grief counsellor is a very healing process, Mr. Penrose added.

"You have to keep going over and over (the death and memories of the deceased) until you get it out of your system. But family starts getting tired of that," he said.

"Going to a grief counsellor made all the difference for me. Not only was it therapeutic for me, but because I had done bereavement work already, I decided to become a grief counsellor."

Mr. Penrose is running grief counselling sessions from his townhouse, believing the relaxed home atmosphere will help mourners feel free to express emotions.

There are many options for mourners to find grief counselling in York Region.

For example, last Wednesday, Hospice King-Aurora began a weekly Living with Loss support group at the Aurora United Church.

Social worker Mary Shea, Hospice King-Aurora's bereavement program manager, said people who are grieving won't journey through the five stages of grief in a linear voyage.

Often, they will experience several different emotions on the same day. Sometimes, they will think

they are getting "over their loss," only to find an unexpected occurrence will send them into the depths of despair again.

Bereavement is often a series of moving two steps forward, one step back.

People's reaction to the death of someone they know is determined by their relationship, age, gender, culture, support system and how prepared they were for the death.

Compounding the devastation is our society's reluctance to deal with the issue of death, often leaving the

mourner with a sense of isolation and loneliness.

"People don't 'get over' their grief. They learn to live with it. They learn to adjust to the fact that person is no longer physically in the world," Ms Shea said.

"They have to focus on memories. It can take a long time to come to terms with the death. It can take a long time to deal with it in their heart."

Mr. Penrose can be reached at 905-967-0526. For more information on the hospice's support group, call 905-833-0356.

Panel 'moved to tears'

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"We all have something to learn about death, professional or otherwise," director Michael Hennessy said following the performance.

He believes health-care professionals have made progress in respecting patients' wishes in choosing treatment. But many still feel like they have failed when someone dies.

During a panel discussion following the play, many members of the audience said they were moved to tears by the performance.

Panel members — clinical co-ordinator for Palliative Care Carol Ford, Southlake Regional Health Centre medical director of palliative care Dr. Nancy

Morrow, social worker on contract to the Community Care Access Centre Sheila Ingle and Lutheran Minister Gord Schmidt — stressed every patient and every death must be treated individually and with respect.

But Dr. Morrow said the play captured beautifully the awkwardness and ambivalence doctors experience when they have to "deliver brutal blows" of a terminal diagnosis.

"The doctor (in the play) was not ready to let the patient take control," she said, adding physicians are rarely trained in how to deliver bad news.

"It is a whole skill set. It's part of practising palliative care, for sure, but it should be part of practising medicine as a whole."

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