

**After Trauma & Loss:  
What (Not) To Say**

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The primary focus of this service in general, as well as of my sermon specifically, is inviting us to reflect on the ways *we respond* when we or those we love experience tragedy, trauma, or loss. Although each individual and situation is different, there are some common lessons that can help in many, if not most, situations. My hope this morning is to increase our likelihood of *helping* rather than unintentionally contributing more injury or harm.

But before I move directly into that larger point, I would like to say with you a little about why I chose to preach about this important topic now as opposed to some future date. As many of you know, I am in the middle of the long and bureaucratic process of transferring my ministerial credentials from the liberal Christian denomination where I served previously into full ministerial fellowship with the Unitarian Universalist Association. I'm currently moving toward the end of stage 3 (of 5) in that process, and if you have a few spare hours sometimes, I can give you the details of what that means.

The pertinent part is that the UUA required that I spend 100 hours this summer in a Clinical Pastoral Education (CPE) program. CPE is infamous in some clergy circles for supervisors that try to breakdown ministerial approaches to pastoral care — in a very heavy-handed, top-down, hierarchal way — and then build you back up after having emotionally flayed you in front of your peer group. Fortunately, many CPE programs are kinder and gentler these days, including the one I was enrolled in. And I suspect that those of you who have experienced trauma or loss and then had people say or do unintentionally or obviously harmful things to you may can think of some people in your life who you like to require to spend a summer in Clinical Pastoral Education to become more aware the emotional impact of our words and actions. As the old saying going, **“Intention does not equal impact.”** In other words, even with the best of intentions, the impact of our words and deeds may unintentionally wound another.

The reason I did not take CPE earlier is my previous denomination allowed clergy to do either CPE or spiritual direction training, and I chose a three-year program in the latter. Spiritual Direction, according to one simple definition, has two basic movements: “awareness and response.” You seek to accompany another person in becoming more aware of all that is going on in their lives, and then assist in discerning how they feel called to move forward.<sup>1</sup>

I bring this up because my experience in my Spiritual Direction and CPE were starkly different. To be sure 100 hours of CPE this summer is a long time — that’s the equivalent of two-and-a-half 40-hour weeks stacked on top of my normal workload here at UUCF. But that’s a drop in the bucket compared to the three years Spiritual Direction program I did from 2007-2009 in which I had much more reading, many more papers to write, and was on campus at San Francisco Theological Seminary for three full weeks each year. But whereas I loved almost every minute of that spiritual direction training, I found my CPE training to be for the most part completely enervating and draining. In a joke that I worked out in conversation with Steve Schatken here at UUCF, for me, CPE was “30% helpful and 100% required.”

I should add that I’m quite serious about that 30%: I really did get some substantial, helpful insights from about 30% of the program this summer. And I will add that many of my ministerial and chaplaincy peers tell me that they have benefited immensely from CPE training. I’ve also talked to volunteers at Hospices and similar settings who have found themselves empowered by CPE to be a much more sympathetic, compassionate presence for others who are suffering or in pain. So you don’t have to be considering a full-time ministry or chaplaincy path to take CPE. And if you think you might benefit from CPE at some point, I would be glad to talk to you about where and how to best shape your experience to potentially have it be as positive as possible.

That being said, my somewhat circuitous point is that my CPE experience itself was a huge lesson in the truth that “Intention does not equal impact.” The intention of the UUA requirement and of the CPE syllabus was that the 100 hours this summer would be well spent. The truth, as I said earlier, is that it was about “30% helpful.” More generally, most people’s intent is to be 100% helpful, but sometimes you have to name for yourself that, despite the best

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<sup>1</sup> The definition of spiritual direction is drawn from [The Art of Christian Listening](#), 32.

of intentions, another person was only a little bit helpful or potentially even harmful in their impact. It may or may not be helpful to name that for the other person. But naming that truth, if only for yourself, can help you begin to identify what is (and isn't) helpful for you in your personal process of moving *from* tragedy, trauma, and loss *toward* healing and wholeness.

Magin shared earlier some about the harmful and helpful interactions with others in the wake of her mother's death when she and her twin sister were only 21. And as many of you know, my father died of esophageal cancer a week before I turned 16. During his illness, I remember one Sunday my youth minister asked me in front of the entire youth group, "Carl, I heard your dad was going through some tests. Is there anything you want to share about that?" From what I recall, I mumbled something in response. But inside I felt exposed and almost in shock. I hadn't anticipated his question at all. Looking back, it would've been helpful if he would have talked to me about it one-on-one beforehand and asked my permission prior to unexpectedly calling out a young teenager who was already feeling unsure and vulnerable.

The day my father died, one of the older high school leaders in the youth group and the associate pastor visited me. I would say they were good acquaintances at best, but they were not good friends, and neither had visited *during* my dad's illness. The three of us had a fairly short meeting in my bedroom. It was fairly awkward. I remember having a slight feeling of hope that they might bring some wisdom (since I did respect both of them as leaders in the congregation), but I mostly I just felt relief when they left the room. That was the first and last conversation I had with either of them about my father's death. The next day another minister on staff came to visit our family. I only remember one comment made during the conversation. He said, "Carl, you're the man of the house now. You have to take care of your mother and grandmother." At not-even-age-16, I didn't even have an unrestricted diver's license, and I was certainly not ready to be the "man of the house" — nor was it my responsibility, as my grandmother thankfully affirmed later. And that is another lesson: there are times and places when it is appropriate to contend — either immediately or later — with advice that has been given by another to potentially help someone articulate for themselves that, at least for them, that was *unhelpful* advice.

I will also freely admit that although my intent is to be compassionately present in pastoral care situations, I am not perfect. There are times in the past — and surely there will be times in the future — when, with 20/20 hindsight I can look back on a pastoral care encounter and realize that in an ideal world I would have said or done something differently. I'm only human, and that's one reason that I follow the practice of many UU ministers of only meeting with someone for any given pastoral care situation no more than about three times maximum. I'm, of course, glad to meet with anyone about any situation as well as about multiple different situations over time, but I also recognize that although I have advanced, graduate training in pastoral care and spiritual direction, it is not what I do exclusively as my full-time focus, which is why both myself and many other UU ministers, in situations that cannot be resolved in a short-term series of meetings, will typically refer to a therapist or other professional who specialized in that area. And I would encourage you to do the same. If you find yourself in a situation in which you feel over your head, please reach out to me, to a member of our Pastoral Care Team, so that we can potentially help or refer you to someone else who has more specialized training.

That being said, I would like to share with you just a few highlights from my CPE training that you may find helpful in the future in being compassionately present for friends and family members, as well as in advocating for yourself in what is and isn't helpful when you are grieving or in pain.

The first and most important touchstone is that **“Each individual is the expert of their own pain, suffering, and experience.”** No one else can ever know the full extent of what another person is existentially experiencing because we have not walked in their shoes through the fullness of their life.

To say more, it may be helpful to reference one of those books in our society that is frequently referenced, seldom understood, and even more rarely read — and that is the psychiatrist Elizabeth Kübler-Ross' 1969 book *On Death and Dying*. This book is a classic example of intent not equaling impact, and some grief specialists today argue that it has unfortunately and unintentionally “done more harm than good” due principally to popular misunderstandings of Kübler-Ross' five stages of dying — in particular, the insistence that is

sometimes made that a griever must go through all five stages and in precise order: “Denial, Anger, Bargaining, Depression, and Acceptance.”<sup>2</sup>

First of all most people only know the five stages, and haven’t read enough of the actual book to get to the full title, which is: *On Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy, and Their Own Families*. In other words, the most important point of the book (which was quite radical in 1969 when the modern Hospice movement was still in its early stages) was that medical care should be reoriented *toward* compassionate treatment of terminally ill individual — not only what needs to be done to the dying. And as Kübler-Ross herself later emphasized in her 2005 book *On Grief and Grieving*,

The stages have evolved since their introduction, and they have been very misunderstood over the past three decades. They were never meant to help tuck messy emotions into neat packages. They are responses to loss that many people have, but there is not a typical response to loss, as there is no typically loss. **Our grief is as individual as our lives.** Not everyone goes through all of them or goes in a prescribed order. (7)

An important corollary to this dictum that “Each individual is the expert of their own pain, suffering, and experience” is to **give yourself permission to be comfortable “not knowing” what the right thing is to say or do, and simply be compassionately present to the other person.** (Buddhists calls this “Beginning’s Mind.”) Many times it is enough to be willing to patiently listen, to say aloud how much you care, and to be willing sometimes even just to sit silently with someone who at the moment would rather not be alone.

In my spiritual direction training, we used to say that one of the goals was to **“listen another person into speech”** — that is, by listening attentively, compassionately and without judgement we can create a space in which a person may find themselves articulating truths about their experience and grieving process that they may not otherwise have done. By listening compassionately, we can be a *catalyst* in helping another person move toward healing and wholeness. I sometimes try to keep the advice of the Buddhist teacher Tara Brach in mind here:

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<sup>2</sup> Russell Friedman and John James, "The myth of the stages of dying, death and grief," *Skeptic*, available online at <http://www.griefrecoverymethod.com/2012/01/stages-of-grief-myth/>.

that we should **listen from a place of “radical acceptance”** — and that in so doing, we will unconsciously give others permission to share from a place of inner freedom.

Relatedly, one the most common impulses in our society when we are faced with someone else’s pain or tragedy is to say, “I’m so sorry that happened to you.” But that can unintentionally communicate *sympathy* when we intend *empathy*. I know I have said “I’m so sorry” reflexively sometimes, and probably will again in the future. But instead of generically saying you are sorry, it is often be more helpful to **name the emotion that you are feeling about the situation or that is the elephant in the room**. Name how *shocked* you are, how *sad*, or how *angry*. Naming the emotion can have give the other permission perhaps to articulate how they are feeling.

Along these lines, I would like to share with you the single most helpful section of reading that I did for CPE this summer, which was by Jack Bloom, a practicing psychologist who also spent 10 years as a congregational rabbi. This particular essay began with a list of some of the most *unhelpful* responses that are said far too frequently. These potentially harmful responses include: “Don’t feel bad,” “I know how you feel,” “Replace it,” “Grieve Alone,” “Time Heals,” “You must be strong,” “Keep busy”, and “It was God’s will.” Many of these responses seek to skip past messy emotions, which is a recipe for later problems from what psychologists call repression.

In place of these potentially harmful responses, the author of this article recommends the following. First, begin by asking **“What happened?”** Then listen compassionately and without judgment or interruption. Second, as said earlier, **name the emotional elephant** in the room: “You must feel so...crushed/devastated/overwhelmed/heartsick/heartbroken/exhausted/painful/confused/drowning/trapped/scared/sad/lost/abandoned/numb/surprised/relieved....” Finally, in summary, **“The very best thing you can say to griever is, ‘Tell me a story about your loved one.’ The very best thing you can do for griever is to give them a hug!”**<sup>3</sup>

Now, I have no doubt that this morning these are those of you present for whom some or all of the above is not true or helpful. But remember the first rule from earlier. Bloom may have a Ph.D. in psychology and a decade of experience as a congregational rabbi, but you are “expert on

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<sup>3</sup> Jack H. Bloom, *Jewish Relational Care A-Z: We Are Our Other's Keeper*, 393-394.

your own pain, suffering, and experience.” And to speak briefly on behalf of pastoral caregivers, we do the best we can, but we are only human. If you can, and to the extent you are able, let us know not just when we get it wrong in offering pastoral care, but more importantly, how we might be more compassionately present to you and others like you in the future.

For now, I will end with these words:

Be gentle with yourself — with all that you are, all that has happened to you, and all that feel. Be gentle and take good care — care of yourself, care of those you love, and care with all those you meet. In the precious time we have in this life and on this one Earth, may we freely choose loving-kindness, patient listening, and fierce compassion. May it be so. And blessed be.