STRANGER AT THE DOOR

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I sat on the edge of the bed looking at him while he slept slumped over in his wheelchair. His eyes, which were once bright and reflective of his zeal for life, were sunken and dim. His cheeks, once full and robust with color, were ashen gray and reduced to a thin film of skin covering a weary skull. His arms, once thick and vital, were shriveled and powerless, covered with huge black and blue marks from the multiple daily onslaught of needles and syringes. His legs were always thin, but now they were brittle twigs which he could no longer move except in little fits and starts as he slept. It seemed incomprehensible that this person who lived and enjoyed daily life to excess, remaining always optimistic and cheerful, sat before me, drifting in and out of consciousness, looking so much like a cadaver one had only to pull the sheet over him to complete the picture; so precarious was his hold on life.

It was a scene which I had been repeating for over a year. Visiting week after week, dragging myself to the nursing home where my senses and emotions were assaulted by sights and sounds on the way to his room. How I hated going there. And I guess mostly I was angry. Angry that this person I loved was slipping away; disintegrating before my eyes. Angry that I needed to make these trips to a place I hated. Angry that when there I had to frantically try to think of stories to tell to amuse him and pass the time, when conversation normally came so easy to me. Angry that he could not be at home and adequately cared for there. Angry to discover that sometimes the most carefully guarded secrets do not go quietly to the grave. Angry, most of all, that there was nothing I could do to change or control any of it; all I could do was endure it.

As I sat there, I again heard the words inside my head, appearing suddenly like a white hot pinball machine ball, careening itself through my body, searing vital organs in its path, until it ultimately crashed into my brain with the inescapable message "*Dad, there's a stranger at the door, let him in.*" These words had been replaying themselves in my head over and over, visit after visit. On a conscious level I did not know what the words meant, but could not stop myself from hearing them. Yet, I did not question them; on a cellular level I understood fully. The words would echo increasingly in my head, at all times of day or night, often at inappropriate times. If I tried to ignore them they replayed louder and more

frequently until I acknowledged them, "*Dad, there's a stranger at the door, let him in.*"

I lost track of how many times in the past few years the "This is it!" call had come — often in the middle of the night. My mother somehow survived this ordeal; I'm not sure how. Rushing to the hospital. Rushing to the nursing home. The hospital. The nursing home. And thanks to, or because of medical advancements, there was no merciful end. "*Dad, there's a stranger at the door, let him in!*" Ten years before, modern medicine had robbed him of his merciful end; one which was quick and painless. We were so grateful because we were not prepared to lose him. To this day I feel guilty that I prayed so earnestly for his life. Had I known that the payback would be these years of suffering; the total loss of his personal dignity and quality of life. . .well, my prayers would have been less selfish.

On March 8, 1996 my father opened the door and allowed the stranger to enter. It was a gentle greeting, and at long last his suffering came to an end. I thought ours would too when that happened. At least the words were no longer echoing in my head. But after the initial relief passed, I discovered that it's just not that simple.

In all likelihood, this story has touched a nerve for many of you. UnionMutual, the leading carrier of long term disability insurance, calls us the "sandwich generation." As a result of scientific and medical accomplishments, the average lifespan has been significantly extended at the same time the ability to delay child rearing has been achieved. As a result, we find ourselves to be the care givers "sandwiched" between children and aging parents. Many of you have already lost one or more parents, or a child, or are providing extensive support and care. Add to the mix child rearing demands and those of the two–career family struggling to survive in a difficult economic climate, and you have a formula for emotional nuclear meltdown.

It occurred to me that maybe part of my healing process might be to gain a better understanding of how to effectively deal with grief and loss, and share the knowledge with others. Typical of many administrators, I delegated the research task. A personal friend, who runs a social work agency, was kind enough to oblige. Her notes arrived organized concisely and logically, so that I might quickly absorb the information. I must admit that it was soothing to take back control of the grieving process through self–education.

In *Grief Counseling and Grief Therapy*, William Worden identifies four tasks of mourning:

ACCEPT THE REALITY OF THE LOSS — Sometimes it is easier to deny the loss than accept it. There are a variety of ways to do so. For example, one might think "we weren't close so it doesn't matter". Worden thinks that true acceptance, on both an intellectual and emotional level, can take time. A person may fluctuate between acceptance and denial. But before actual grieving can take place, one must accept the loss.

WORK THROUGH THE PAIN OF GRIEF — For those of us who work in demanding careers, this may be the hardest task to accomplish. Society does not encourage grieving. One consistently gets the message that it's time to get on with life, and put the past behind. But if one does not experience fully the pain associated with loss it can actually prolong the grieving process.

Worden believes there is physical, emotional and behavioral pain associated with loss. One can deny, avoid or suppress the pain, but doing so will ensure that the grieving process continues. Therefore, we need to "allow" ourselves to experience the loss on all levels, in order to move past the grieving stage.

ADJUST TO AN ENVIRONMENT IN WHICH THE DECEASED IS MISSING — One cannot accomplish this task unless there is an acknowledgment of the loss. It's important to come to terms with an altered environment such as living alone, raising children alone, learning new skills to run the household or making arrangements to take care of a remaining parent. Circumstances change, and this fact must be recognized and accepted. Self–image can change. For example, I will never again be "Daddy's little girl." One's outlook of the world may change — one may no longer feel as protected, or as optimistic as before. Many people fail at achieving the task of adjusting, Worden points out, due to withdrawal or remaining helpless.

EMOTIONALLY RELOCATE THE DECEASED AND MOVE ON WITH LIFE — This is another tough task to accomplish. The goal is not to give up one's relationship with the deceased but to "find an appropriate place for the dead in their emotional lives — a place that will enable them to go on living effectively in the world." To do this, one must develop an ongoing relationship with thoughts and memories of the deceased in a way that allows one to continue on with life. The key at this point is to continue on with life and to form new relationships and love again, where appropriate to the loss. Society expects people to move instantly to this task of rebuilding and restarting one's life, without accomplishing what Worden thinks are the necessary requisites of acceptance, experience, and adjustment.

IS IT GRIEF? — Grief can manifest itself in feelings, physical sensations, thoughts, and behaviors. Feelings may include sadness, anger, guilt, anxiety, loneliness, fatigue, helplessness, shock, yearning for relief, numbness and emancipation. Physical sensations may include hollowness in the stomach, tightness in the chest or throat, over-sensitivity to noise, shortness of breath, weakness, lack of energy, dry mouth and de-personalization, in which nothing seems real. Thoughts associated with grief include disbelief, confusion, hallucination, obsession with thoughts of the deceased, and a sense of the deceased being present. Behaviors which manifest grief include sleep or appetite disturbances, absent–mindedness, social withdrawal, dreams of the deceased, avoiding reminders of the deceased, sighing, calling out to the deceased, restlessness, crying, preoccupation with belongings of the deceased or other reminders of the deceased. If you have experienced a loss, chances are many of these manifestations will be all too familiar.

WHEN IS MOURNING FINISHED? — Worden believes that mourning is a long–term process marked by good days and bad, progress and regression. In some instances, mourning is never finished. But one can feel that it is largely over when one can think of the deceased without pain; without physical symptoms; without intense crying. When one can feel more hopeful and feel a return to interest in life, the mourning process is winding down.

In *Continuing Bonds — New Understandings of Grief* the editors present the idea that "...the resolution of grief involves a continuing bond that the survivor maintains with the deceased." In their view, bereavement is not seen as something that ever comes to an end or as something which one recovers from. They state "...in different ways bereavement affects the mourner for the rest of his or her life. People are changed by the experience; they do not get over it, and part of the change is a transformed but continuing relationship with the deceased." The authors maintain that one should focus energies on negotiating and renegotiating the meaning of loss over time, rather than focus on letting go of the deceased.

People can believe they have completed their grieving for a specific loss and then be surprised that they will have new pangs of grief. This can be upsetting to them and those close to them who want them to get over the loss. But this recurrent grief is natural and normal; grief can come and go. Recurrent grief is not constant grief. Freud points out that grieving demands enormous amounts of energy which prevents people from being able to do it continuously. Being a law firm administrator has the same impact. So feeling recurrent pangs of grief is not necessarily a bad thing.

With thanks to my dear friend for enhancing my understanding of the grieving process, I recognize that I could qualify as the poster child for the manifestations of grief. And I now know what tasks are set before me to work through it. Nonetheless, for right now, my father will perpetually tee off of the back nine at the country club, having played the front nine at par. His cheeks are full and robust, and he regales his fellow golfers with the latest salesman jokes as they briskly walk down the fairway. On the back nine he makes that hole–in–one on the sink hole, and enjoys buying lunch for everyone at the clubhouse in celebration. And when he brags about his children, he still refers to me as his "little girl." He's not really gone, he's on the back nine. Someday soon this will start to change . . . but not today.

A version of this article originally appeared in the Fall, 1996 edition of Patriot News, the Newsletter of the Independence Chapter of the Association of Legal Administrators.