

# WHY COMPANIONING?

By Merle Meyers

The old African proverb says, *“To go fast, go alone. To go far, go together.”* Grief and Traumatic Grief support can be most effective through helpful means: **Companioning**.

Dr. Ted Rynearson, creator of Restorative Retelling (for sudden and violent death support) said, *“Only 8% of those suffering from traumatic grief need a therapist. What people need are Companions.”* Those who do seek help are more likely to seek out clergy and community support rather than mental health providers.

## OUR PURPOSE IN COMPANIONING

- Be a point of light on the healthcare and community continuum that barely exists.
- Act as a bridge between family and the mental healthcare system.
- Expand the community safety net, the continuum of care, for as long as needed.
- Link individuals to other support systems.
- Operate inside people’s frame of reference, not pulling them into ours. Crisis is in “the eye of the beholder.”
- Help individuals discover a sense of new personal identity during their life transition.
- Be a personal advocate for as long as it takes (weeks/months/years). This will vary from person to person.
- Help grievers develop a supportive system of trusted listeners.
- Be caring humans who can be witness to difficult stories without “fixing.”
- Provide individualized support at no cost.
- Accompany grievers to the point of Hope that transcends circumstances. *Hope is a Person not a feeling.*
- Provide a *holistic* view of the person; body, mind, spirit, and relationship.

## THERAPY

Relatively speaking, therapy is the new kid on the block. There are diverse types of therapies, and this can be confusing to potential clients in search of the right therapist. What type of therapy will address my concern? Often there is a long wait (weeks/months) to see a therapist. How do I know which type of therapy will be the most effective, or even useful? What if I wait all this time to see a therapist only to discover that therapist is not the right one for me?

We would like to demystify the world of therapy and several internal disciplines that some therapists provide for traumatic grief support. I (Merle) will name a few we have listed on our website ([GriefAndTraumaChaplaincy.com/resources](https://GriefAndTraumaChaplaincy.com/resources)) for traumatic grief and/or trauma.

Under *Discussing Treatment Alternatives*:

[Cognitive Behavior Therapy](#) (CBT)

[Dialectic Behavior Therapy](#) (DBT)

[Eye Movement Desensitization and Reprocessing](#) (EMDR)

With proponents (clients, therapists, and trainers) of all the disciplines, selecting the right therapist and therapy type can be confusing.

Many of the popular therapies, some listed above, are effective to the client, provided the therapist is interpersonal and relational, and functions at an expert level within their discipline. Dr. Mark R. McMinn cautions that therapists who take bits and pieces of different disciplines and are experts at none, are not effective to their clients. Their therapy and applications are too shallow, and relationship alone will not provide sufficient help. So, we seek the therapy we think will be most helpful at a time, and an experienced, proficient, and interpersonal therapist.

### COMPANIONING COMPARED TO THERAPY\*

#### *COMPANIONING*

No time limit/Sessions  
No Geographic Constraints  
No "Fixing"  
Curiosity/Humility  
No Fee  
Grief/Trauma (G/T) Only  
Volunteer  
Assess  
Support  
Comfort  
Soothe  
Logistical support

#### *THERAPY*

Set time/Sessions  
State Licensure  
Problem Solving  
Plan/Goals  
Fee/Insurance  
G/T + Mental Disorder(s)  
Master's Degree  
Assess/Diagnose  
Coping Mechanisms  
Processing of experience  
Interventions/treatment  
Relationship able to transition

#### *SIMILARITIES*

Empathy  
Active Listening  
Psycho-Ed Materials  
Effective Outcomes  
Validation of Experiences  
Crisis Support & Stability  
Normalize Experiences  
Refer out

\*With contributions from Dr. Jennifer R. Levin | <https://www.fromgriegtogrowth.com/> | [info@FromGriefToGrowth.com](mailto:info@FromGriefToGrowth.com)

## ELEVEN TENETS OF COMPANIONING THE BEREAVED

- Tenet One: Companioning is about being present to another person's pain: it is not about taking away the pain.
- Tenet Two: Companioning is about going to the wilderness of the soul with another human being; it is not about thinking you are responsible for finding the way out.
- Tenet Three: Companioning is about honoring the spirit; it is not about focusing on the intellect.
- Tenet Four: Companioning is about listening with the heart; it is not about analyzing with the head.
- Tenet Five: Companioning is about bearing witness to the struggle with others; it is not about judging or directing these struggles.
- Tenet Six: Companioning is about walking alongside; it is not about leading or being led.
- Tenet Seven: Companioning is about discovering the gifts of sacred silence; it does not mean filling up every moment with words.
- Tenet Eight: Companioning is about being still; it is not about frantic movement forward.
- Tenet Nine: Companioning is about respecting disorder and confusion; it is not about order and logic.
- Tenet Ten: Companioning is about learning from others; it is not about teaching them.
- Tenet Eleven: Companioning is about compassionate curiosity; it is not about expertise.

*Reprinted with permission from The Handbook for Companioning the Mourner; Eleven Essential Principles, by Alan D. Wolfelt, Ph.D. For more information on grief and healing and to order Dr. Wolfelt's books and DVD's, visit [www.centerforloss.com](http://www.centerforloss.com).*