



Treatment vs. Companioning

For Spiritual, Emotional, Existential Issues

Treatment Model

To return the mourner to a prior state of homeostatic balance ("old normal").

Control or stop distressful symptoms; distress is bad.

Follows a perspective model where a counselor is perceived as expert.

Pathology rooted in sustained relationship to dead person.

Positions the griever in a passive role.

Grieving person ranges from compliant to noncompliant.

Quality of care judged by how well grief was "managed."

Denial interferes with efficient integration of the loss and must be overcome.

Establish control; create strategic plan of intervention.

Provide satisfactory answers for all emotional, spiritual questions and dilemmas.

Companioning Model

Emphasizes the transformative, life-changing experience of grief ("new normal").

Observe, "watch out for," "bear witness," and see value in soul-based symptoms of grief.

Bereaved person guides the journey; "teach me" is the foundational principle.

Is a normal shift from relationship of presence to relationship of memory.

Recognizes the need for the mourner to actively mourn.

Grieving person expresses the reality of being "torn apart" as best he can.

Quality of care monitored by how well we allowed the griever to lead the journey.

Denial helps sustain the integration of the loss from head to heart. It is matched with patience and compassion.

Show up with curiosity; willingness to learn from the griever.

Honor the mystery; facilitate the continuing "search for meaning"; no urgency to solve or satisfy the dilemma.