Lesson 5:
Surrendering to Grief: Trusting Ourselves

Reading:
*Bearing the Unbearable*
by Joanne Cacciatore
pages 121–127 and 189–191
Bearing the Unbearable
Love, Loss, and the Heartbreaking Path of Grief

Joanne Cacciatore, PhD

Foreword by Jeffrey B. Rubin, PhD

“Simply the best book I have ever read on the process of grief. Simultaneously heart-wrenching and uplifting.”
— Ira Israel, The Huffington Post

“A wise guide—intimate, tender, and fierce—reminding us what it means to fully love. This is a holy book, brimming with insight and compassion.”
— Francis Weller, author of The Wild Edge of Sorrow

“There are sentences in this luminous book that took my breath away. Dr. Jo meets the broken-hearted where we live: in an utterly transformed and transformational space.”
— Mirabai Starr, author of Caravan of No Despair

“This masterpiece is the greatest gift one could give to someone grieving or to the loved ones of the bereaved.”
— The Tattooed Buddha

If you love, you will grieve—and nothing is more mysteriously central to becoming fully human.

When a loved one dies, the pain of loss can feel unbearable—especially in the case of a traumatizing death that leaves us shouting, “NO!” with every fiber of our body. The process of grieving can feel wild and nonlinear—and often lasts for much longer than other people, the nonbereaved, tell us it should.

Organized into fifty-two short chapters, Bearing the Unbearable is a companion for life’s most difficult times, revealing how grief can open our hearts to connection, compassion, and the very essence of our shared humanity. Dr. Joanne Cacciatore—bereavement educator, researcher, Zen priest, and leading counselor in the field—accompanies us along the heartbreaking path of love, loss, and grief. Through moving stories of her encounters with grief over decades of supporting individuals, families, and communities—as well as her own experience with loss—Cacciatore opens a space to process, integrate, and deeply honor our grief.

“Poignant and heart-lifting Bearing the Unbearable is for all those who have grieved, will grieve, or support others through bereavement.”
— Gabor Mate, M.D., author of In the Realm of Hungry Ghosts


Wisdom Publication
I’m often asked the question about grief’s duration.

Just this morning I had an email from a sibling grieving a murdered brother who asked, “How long will this take?”

The people who ask me such things are often the newly bereaved or those who deeply care for them, wishing for life to be as it once was. For those grieving, it is impossible to imagine that this peculiar and idiosyncratic pain will ever end, that life will ever be “normal” again, that the tears will run dry.

And truly, things cannot and will not ever be exactly as they were—because we and our world are changed.

Some claim that it is time that heals, but I see this process a bit differently.

Certainly, time allows some necessary space, a kind of respite, from the despair of early grief. Personally, though, I don’t actually feel that my grief has diminished over time.

I can still access the deep, vivid grief of losing Cheyenne.

The idea that grief incrementally weakens by the mere passage of time has not been my truth.

Nor would I wish it to be.

It isn’t how much time has passed that counts. It’s what we—and others around us—do with that time.

I decided early that I would not be willing to fragment parts of myself in order to make me—or those around me—comfortable. And, by
allowing myself to be with grief, to bear its weight, to carry it, I have become stronger.

Eventually I became strong enough to help others carry their grief.

If we were to use a 1–10 scale, my grief varies day to day across the whole range, but my capacity to cope is almost always (in recent years) at a 9 or a 10.

It happened like this:

Slowly at first, very slowly, I started to stretch and exercise my “grief-bearing muscles” by being with my pain. Carrying such formidable weight, my muscles hurt at first—almost constantly, they ached and burned with pain—as my body objected to the new weight I had to carry.

Over time, as I kept stretching, kept lifting grief’s weight, I grew stronger and more flexible—becoming better able to carry grief in all its myriad shape-shifting forms. The weight I needed to bear never changed—only my ability to carry it.

I wanted to adapt to the weight rather than having to overcome it, to force healing, or to be at war with my grief or myself.

And through such adaption, my heart has grown bigger, and my capacity to learn from and transform suffering has also enlarged.

Even so, I would gladly give back my newfound strength and flexibility to have Cheyenne. And yet, the other side of that truth is that decades later I am more whole today than I would have been without having known and loved my daughter.

THOSE WE LOVE DEEPLY who have died are part of our identity; they are a part of our biography.

We feel that love in the marrow of our bones.

There is a lingering call to remember them that, though sometimes muted by the chaos of the world, never fades away. When we dismiss that call, the cost to ourselves is fragmentation and disconnection, and the cost to society is an emotional impoverishment that ignores grief.
and causes it to be reborn into self-and-other. Seeking to live without grief, we diminish our ability to feel truly content.

Turning toward the shattered pieces of our selves, choosing to stand in the pain, is a serious responsibility. When we remember our beloved dead, we bridge the gap of space and time between us and them and bring them back into the whole of our reality.

Particularly when life has regained a tempo of comfort, surrendering to grief is an act of necessary courage.
Once you have faced the Great Death, the second death can do you no harm.

—FRANCIS OF ASSISI

Larry was a middle-aged man whose mother was from the Diné tribe and whose father was the son of an Irish immigrant. Sadness was etched in the wrinkles on his leathery face and deepened when he described, with surprising ease, a panoply of physical ailments. Larry was referred to me by a psychiatrist who felt that many of the physiological symptoms Larry was experiencing were related to protracted grief. His son, Matthew, was almost ten years old when he died of leukemia—more than twenty-five years ago.

Larry described how he did “really well” coping with Matthew’s death for the first few months. He and his then-wife felt closer having shared such a traumatic loss. Larry was focused on helping her and their younger son cope with the “one thing that changed it all.”

About six months after Matthew’s death, Larry began feeling angry, and its expression felt uncontrollable to him: he would launch into rages, breaking furniture and throwing dishes. While he never physically harmed his family, he knew these behaviors were problematic. Over the next few months, Larry felt his wife and son slipping away from him, and so he left. He had lived in nine states over twenty-three years, changing jobs frequently, and felt inconsolable guilt and shame for having abandoned his wife and only living child.

He had not visited Matthew’s gravesite since leaving home.

During our early days together, Larry didn’t share too much
emotional content; he focused a great deal on those outward expressions of inner feelings that had so harmed his relationship with his family.

Once I sensed that Larry trusted our relationship, I asked him to describe the time period when he felt he had coped “really well” with grief.

He said that he and his wife would visit Matthew’s grave and decorate it.

They went on walks and remembered him.

They cried together.

On one visit to their home, however, Larry’s parents encouraged him to “stop grieving” for “the sake of his family.” They suggested that Matthew’s photographs would be better put away in the family trunk. Their family admonished Larry and his wife for being too consumed with their grief. Larry’s work, too, pushed him forward before he was ready: they discouraged him from talking about Matthew at work because it might upset his colleagues. From all sides, Larry was getting a message to disavow grief and thus, in a sense, to forget the love he continued to feel for Matthew.

“What if they were all wrong?” I asked him after one particularly painful meeting. “What if you never needed to forget the grief you felt in order to be a good husband and father? What if that grief would have, instead, served a purpose of enacting love for him?”

It was the first time in months of meeting together that Larry would weep.

We had begun the arduous process of grieving and re-grieving for Matthew.

This meant many things for Larry: writing letters, looking at photographs, telling the story again in a different context, connecting with his deep pain, guilt, and shame. It meant visiting Matthew’s grave. It meant finding his ex-wife and his living son and asking their forgiveness.
He did reconnect with his living son, and their relationship began to strengthen and grow.

About two years into our work together, Larry moved to be near him.

While Larry’s symptoms persisted—many them perhaps simply functions of aging—his deep psychological pain had been brought out into his conscious awareness, and so he understood himself better and he felt more connected to himself, to Matthew, and to his life. Larry began socializing with others, building friendships, and even dating—something he hadn’t done for many years.

An important part of this process was to tell others with whom he felt connected that he had two children, one living and one who had died.

And Larry felt Matthew’s presence more often, an aspect of his journey that would be crucial to his own healing.

Last I heard from Larry was on the anniversary of Matthew’s death. He visited the gravesite and sent me a photo. He had left a baseball cap from Matthew’s favorite team on his grave.

And he thanked me for helping him find the courage to remember his son, as an essential element in becoming fully human.
“Did you see Death go by with my little child?” asked the mother.

“Yes,” said the blackthorn bush. “But I shall not tell you which way he went unless you warm me against your heart—I am freezing to death; I am stiff with ice.”

The mother pressed the blackthorn bush against her heart to warm it, and the thorns stabbed so deep into her flesh that great drops of red blood flowed. So warm was the mother’s heart that the blackthorn bush blossomed and put forth green leaves on that dark winter’s night. And it told her the way to go.

—The Story of a Mother, Hans Christian Andersen

“Hello?” I said.

I heard the raspy voice of an obviously older woman on the other end of the phone line: “I’m looking for Dr. Joanne Cacciatore.”

“This is she.”

“Oh, I like you already,” she said, laughing. “You answer your own calls!”

I met Merina at my office a few days later, on a beautiful spring day. The white oleanders were in full blossom, and she was standing outside my office window admiring them when I opened the door to greet her.

“Oh, my, you’re so young!” she said—again, laughing. “Are you sure you’re a doctor?”

“Things in the mirror are older than they appear,” I told her wryly.
Merina was a retired psychologist and a natural rebel who loved the Oregon coast and the arts and had been “running from grief” since the death of her only daughter Kathy seven years earlier from alcoholism. Merina’s anguish was palpable during our meeting, but I noticed again and again that she swiftly changed the subject from her feelings about losing Kathy to more benign topics.

Over time, our relationship deepened. I came to know that she herself was an alcoholic throughout her children’s youth, self-medicating an unprocessed childhood trauma of her own. She told me about the many times Kathy had tried to awaken her from a drunken stupor as Merina lay unconscious on the couch. She described the cycle of shame and guilt that fueled her own addictions. She had used not just substances to avoid her pain, but also sexual affairs, travel, even spirituality.

By the time Merina eventually stopped drinking, Kathy had already started, and Merina tried, time after time, to save Kathy from her own path of alcoholism and addiction. By the time Kathy was in her early forties, she’d had two children and was “a full-blown alcoholic just like her mother . . . repeating the only thing she knew.” At age forty-three, Kathy was hospitalized for severe physical illnesses arising from her alcohol abuse.

While in the hospital, Kathy had asked Merina, “Mom, am I going to die?”

Merina assured her she would not and promised everything would be okay.

Two days later, Kathy died.

Kathy’s death was too much for Merina to bear—and so she didn’t bear it.

She withdrew from family and friends. She didn’t talk about Kathy’s death, or Kathy at all, in anything but superficialities. And she lost her passion for life.
By the time Merina found me, although she wasn’t using substances, her avoidance was making her physically ill and completely disconnected.

We worked together for three years, and Merina was diligent. She created timelines of her life, identifying events that she felt contributed to her own intolerance of emotions. She explored her own mother’s traumatic grief and the generations of family losses that she came to realize had set herself up for needing to always “be five feet outside” her own body. She came to understand that the harm she’d brought forth was the result of generations of unspoken, unprocessed pain. Her parent’s suffering, in particular, had become her own; she’d internalized it. Add to that her own childhood trauma and there was no way she could cope with the inner turmoil alone. Her initial pain was exacerbated by her own evasions and those of her mother. It was a feedback loop of dysfunction from which she did not know how to extricate herself.

Over time, she learned to trust me, trust us—and to trust her grief.

She started to reconnect with friends using our own healthy relationship as a model. She also began to reach out to her three surviving sons, meaningfully rebuilding those relationships. And Merina also gradually reconnected with her own real emotions and was able to tell Kathy’s story while crying and “not feeling the least bit of shame for it.” And she kept an emotion journal that would document all three years of our time together.

She noticed that as her heart opened and softened she’d begun to see all the suffering in the world as her own. She reported her internal judging voice had “left the building like Elvis.” Her passion for life returned.

One day Merina came into my office looking solemn and said, “You know, at one point, I would have been overjoyed to tell people this. But now that I’ve been working with you, I’m not so sure.”
I waited.

“I’m dying,” she said. “I have cancer, and I’m dying. They say six to nine months.”

Tears came, for us both.

My heart ached—I had come to love Merina and I knew her death would hurt me deeply.

We continued our work together, our focus shifting between the grief she felt over Kathy’s death and practical preparation for her own inevitable mortality—which she faced with a grace I’d rarely witnessed.

We ate many “possibly last” meals together.

I helped her give away her owl totems and favorite hats and scarves to friends.

“It’s okay now,” she told me, one week before she died. “It’s not okay that Kathy died before me, but to be surrounded by so much love has been amazing and I’m so grateful.”

She wanted three people there when she died, and I was one of them. We chose her death song, “Fear Not” by State of Grace. We picked the flowers she wanted at her bedside. She prearranged her own cremation.

She wanted to die wearing her favorite purple hat.

She give me a letter, instructing me to read it after her death. “Without you,” she’d written, “I would not be dying in peace. What a gift you have given me. I love you, thank you—and I’ll see you again.”

I still miss Merina.