

# Law Library Lights

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## A TIME FOR REFLECTION

For many of us who live and work in the Washington D.C. area, the events of September 11, 2001, have changed how we feel about our jobs, our commute, and the safety of our workplaces. The terrorists, however, have not changed how we feel about being librarians! If there is anything that can make us feel "normal" again, it is the collegiality and concern of our librarian colleagues around the United States and abroad.

Thank you to all who expressed concern and offered prayers and words of support during these last few months, including Barbara Bintliff, president of the AALL; John Eaton, president of the Canadian Association of Law Libraries/Association Canadienne des Bibliothèques de Droit (CALL/ACBD); Valerie Stevenson, chair of the British and Irish Association of Law Libraries (BIALL); and to the many chapter presidents and individual librarians who also contacted me on behalf of the LLSDC.

Ann C. Green  
LLSDC President

### **HOT TOPIC: GRIEF IN THE WORKPLACE<sup>1</sup>**

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**MANY OF US HAVE BEEN AFFECTED PERSONALLY BY THE LOSS OF LOVED ONES** - a mother or father, a child or spouse, an extremely close relative or friend. But the events of September 11, 2001, made grief and the anticipation of further tragedy (and grief) instantly real to every one of us. Most of us suffered the symptoms of grief even when we did not personally know anyone who died in the terrorist attacks. Most of us are still grieving today.

In our death-denying culture, grief is a personal thing not shared with others. I believe that the events of September 11 have made us recognize that we cannot leave grief at the doorstep of our workplaces. Many of us were at work when the stories broke that day. Whether our grief is

caused by the acts of terrorism or has a more personal context, we cannot deny that the symptoms of grief create stresses that affect the people and, therefore, the work in our libraries.

In 1995, Margaret Leary had the courage to moderate a program at the AALL annual meeting entitled, *The Grieving Library*.<sup>2</sup> After the death of one of her staff, she recognized the signs of collective and individual grief among her staff and turned to professional help from a grief counselor. The AALL program featured a bereavement therapist, Marcia Gray, who discussed the process of grief and gave concrete suggestions to handle a variety of situations. I have drawn on Marcia Gray's materials, my own experience

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riences, and the experiences of those around me.

I feel surrounded by grief some days, my own and the grief of those around me. A wonderful colleague and friend at the Gallagher Law Library, Melissa Landers, died of breast cancer in 1989 at the age of 35. Marian Gould Gallagher, law librarian at the University of Washington School of Law for 37 years, died suddenly in an automobile accident later that same year. Over the following years, Mary Starr and Ann Magee, law school employees who worked closely with library staff, died of cancer; Mary Louderback, our wonderful circulation librarian, died of a heart attack complicated by diabetes; and in the short span of the past six years no fewer than thirteen current library staff members have suffered the death of one or more parents.

People who have lost loved ones experience that loss in many ways. Marcia Gray classified these experiences as behavioral, cognitive, spiritual, emotional, and physical. Loss is part of life. Our efforts to understand the grief associated with loss are useful tools in coping with the pain. How many of these classic symptoms did you experience on September 11 and thereafter?

#### **BEHAVIORAL**

Common experiences of people who have encountered a loss include how we act or behave. Symptomatic of those experiencing a loss include:

- Low self-confidence
- Lack of energy
- Little social interest
- No interest in communicating
- Absence of friends or affection
- Decreased ability to make plans or decisions

#### **COGNITIVE**

Cognitive expressions of loss reflect use of our mental and analytical abilities. Common experiences include:

- Decreased ability to concentrate
- Unimaginable future
- Forgotten past
- Triviality of everyday life
- Overwhelmed by finality of loss
- Inability to understand why or what happened
- Consequences of loss

#### **EMOTIONAL**

We experience loss through the way we feel. Feelings commonly associated with loss include:

- Sadness
- Feelings on the surface
- Longing/yearning
- Absence of positive feelings
- Helplessness
- Emptiness/loneliness
- Feeling unconnected to anyone/thing
- Guilt or shame associated with feelings of powerlessness

#### **PHYSICAL**

Our physical self is not immune from a loss. Normal, physical symptoms of grief include:

- Fatigue/exhaustion
- Restlessness
- Numbness
- Crying, sobbing, sighing
- Multiple symptoms of ailments
- Eating and sleeping disturbances
- Change in sexual desire, or in needing to be shown affection or to be touched
- Crying uncontrollably

#### **SPIRITUAL**

Our soul or spirit is also affected by loss. We may find ourselves experiencing:

- Emptiness/meaninglessness
- Loss of faith or questioning beliefs
- Need to reassess life's significance
- Sensing loss of part of self
- Loss of desire to live
- Inability to see positives
- Missing the love of person who passed away
- Awareness of life's fragility
- Bottomless despair
- Profound feelings of aloneness

#### **GRIEF**

Grief is a natural response to a loss. We cannot love and lose those we love without grief. Grieving is a process that varies from person to person. Some people try to deny the grieving experience, but it will be experienced eventually. Grieving means to face the reality of your loss, feel the pain, and find a way to move beyond the hurt and vulnerability.

Grieving moves back and forth along a spectrum that begins with shock, disbelief, confusion, immobility, anger, guilt, and depression and ends, we hope, with acceptance, adjustment, new relationships and interests, greater compassion, and a realization of personal growth. The end of the process of grief does not mean we no longer love the person or persons who died or that we no longer care, just that we have adjusted to their absence and moved on in our lives.

**DEATH MAY BE A  
NATURAL PART OF  
LIFE, BUT THE DEATH  
OF A CO-WORKER  
WILL MAKE  
EVERYONE FEEL  
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**WHAT CAN YOU DO  
TO HELP SOMEONE  
WITH A TERMINAL  
DISEASE? OFFER  
TO LISTEN IF THE  
PERSON NEEDS TO  
TALK OR RANT OR  
CRY. ... PICK UP THE  
PERSON'S MEDICINE.  
TAKE HIM OR HER  
TO THE DOCTOR. BE  
KIND. CARE. MAKE  
A FREEZER DINNER  
FOR A NIGHT  
WHEN HE OR SHE  
MIGHT NOT FEEL  
LIKE COOKING. ...  
LET THE PERSON  
KNOW YOU CARE.**

In the workplace loss can be experienced in many ways: the death of a co-worker after a long illness; the sudden death of a co-worker or death after a very short illness; the death of a co-worker's loved one; sudden catastrophic death caused by the attacks on the federal building in Oklahoma City or by the terrorist attacks of September 11. All of these losses have a consequence in a workplace and need the attention of every member of the organization.

Without intention to trivialize death of human beings, we would do well to remember that we suffer many other losses that can cause the response of grieving. The failure of a marriage or changes in other important relationships, the death of a beloved pet, even the move to a new building or creation of a new procedure can create a loss that may have to be processed through grieving.

One of my favorite books on the subject of loss is a small paperback by Peter McWilliams.<sup>3</sup> This book does not have to be read from the beginning to the end. You can read parts of it and find comfort in the normalcy of your experiences. Even my 79-year-old father found this small tome helpful as he tried to deal with the pain when my mother died suddenly a few years ago. Through this book, he realized not only that his feelings of resentment, anger, loss, regret, sadness, and shock were all normal responses, but also that his physical symptoms were identified as part of the grieving process. The book helped me to remember to chide him into taking good care of himself during the hard months following her death.

#### **SERIOUS ILLNESS OF CO-WORKER**

From the various scenarios we have experienced or can imagine, the serious illness of a co-worker, particularly one that ends in death, can be very traumatic for an organization and its staff. There are two sets of concerns that need attention during the illness phase. On the one hand, the person who is ill needs our sympathy and attention. Can the person continue full employment? What happens when the person exhausts his or her sick leave? Does the person need someone to talk to about the situation? On the other hand, the co-workers also need to process how they feel and act when a co-worker is stricken with a terrible disease. Particularly where death seems a likely outcome, the process of dealing with a very serious illness by the friends, family, and co-workers of the sick person is sometimes called anticipatory grief.

Put in a completely different context,

many Americans felt the effects of anticipatory grief on September 11 and the following days as we waited to learn who and how many had died in the terrorist attacks. We began the process of grieving the loss of people we knew or perhaps did not know personally. We were shocked; we were sad; we got angry, all natural parts of the grieving process.

What helped most of us get through those days following September 11? Many of us needed to talk with others about those unbelievable events in order to process the reality of the horrible consequences: describing where you were when you first learned about the attacks; speculating about the courage of the passengers in the airplanes and on the top floors of the Trade Center; talking about who had carried out such a heinous crime; praising the remarkable outpouring of emergency and medical personnel in New York City; sharing the stories of those who died and those who lived through the experience at Ground Zero or the Pentagon. We shared this experience, this pain, with others to help process the sense of loss and helplessness that we felt.

I believe that we need to help co-workers process the anger and pain we feel when a colleague becomes seriously ill. In reality, however, something else often happens. We begin to process the fact that things will be very different. Sometimes as co-workers we begin to withdraw and avoid the sick person because we are afraid of what to say or how to express ourselves. Watching someone become more and more ill can lower our ability to cope with the normal situations of our own lives.

Knowing that someone is very ill, and perhaps dying, makes us feel vulnerable and fragile. We may be reminded of other loved ones who have died and a grieving process that is not yet finished with them. We may be reminded of our own mortality. The sick person reminds us every day of the unpleasantness and fears we associate with dying, so we pull away, trying to protect ourselves from the pain of facing these difficulties. Worse yet, we pull away from the person who is ill, at a time when he or she probably needs us the most.

When Melissa's condition seemed to be speeding out of control, her co-workers and I felt completely powerless to help her. We did not want to interfere with her private life and yet it was impossible to ignore her declining health. We knew she had to be worried about how long she could continue to work, about provisions for her husband if she died, and tasks and projects



she might be unable to finish. Finally, we sat down for a long talk about her illness, her family and husband, her feelings and mine.

I admit to feeling relieved to talk, finally, about what we were both thinking. This conversation was very painful for both of us. We cried, and we laughed hysterically. We made some plans and talked about contingencies and possibilities. We took some projects off the to-do list and reprioritized others. Both Melissa and I felt a great sense of calm after this conversation. I was certainly not done grieving and she was not ready to give up to her disease. Facing some of the hard questions was therapeutic for us both.

Caring about someone in the workplace in this situation makes confronting hard and painful ideas very difficult, but to pretend that everything is normal is very stressful for everyone. If the sick person does not feel that he or she can have such a conversation with his or her supervisor or the library director, find out what resources are available in your organization to help with such situations, or encourage the person to talk to a close friend or relative.

What can you do to help someone with a terminal disease? Offer to listen if the person needs to talk or rant or cry. Do not give false hope to the person, but recognize the hard times he or she is handling. Ask how the person's family members are coping. Pick up the person's medicine. Take him or her to the doctor. Be kind. Care. Make a freezer dinner for a night when he or she might not feel like cooking. Ask how the person feels, but be prepared if the reply is, on occasion, short or terse. Be available to listen further, but do not push if the person is not ready to talk at the time. Let the person cry. It is okay for you to cry, too. Give the person a hug. Help the person redefine hope: hope may be to work right until the end; hope may be to die among family and friends; hope may be to try every new treatment. Let the person know you care.

#### **DEATH OF A CO-WORKER**

In the case of death being preceded by a long illness, your anticipatory grief will not make the loss of the person any less painful. Anticipatory grief, however, can give you time to adjust to the idea of the person's death. A sudden death has a shock value that often takes a long time to process. In either case, the loss felt by you and your staff will seem bottomless. Each person in the organization will grieve in a different way and be at different places along the griev-

ing process spectrum. Keep in mind that just because everyone grieves differently does not mean that you should ignore how people feel and pretend that nothing is different. Ignoring the signs of grief will simply postpone the process; grief will not go away by itself.

Death may be a natural part of life, but the death of a co-worker will make everyone feel anything but normal. We may be angry, resentful that the person left so many projects undone. We may be listless and unable to do our own work. We may be prone to crying and sobbing. We may be sad or depressed. We may be unable to think about hiring a replacement or having others do parts of the person's job. We may be in denial that anything bad really happened. All of these reactions are coping mechanisms that help us get through the hard times.

A natural part of the grieving process is to wonder why such terrible things have to happen at all. We want to make sense of these tragedies. A book called *When Bad Things Happen to Good People*<sup>4</sup> may help you as it has helped me. Written by a rabbi whose son died at the age of fourteen of rapid aging, or progeria, this book helped me understand that people die because they have diseases and conditions that cause death; that there is a certain randomness as to whom dies when and under what circumstances; that we should ask, *What do I do now?* not *Why did this person die?* This book has a universal appeal that gave me some comfort when I was trying to understand Melissa's death.

So how should a library react when there has been such a loss? Some find that small, informal groups meeting to talk about the person and how they feel about his or her death can be very useful. Other co-workers may not feel comfortable with a group effort, but may be helped if a professional grief counselor is brought in for individual sessions. Since grief is a process, consider several sessions.

Talk about the person. Remember his or her strengths and quirks. Think how the person would react to certain policies or ideas. Laugh and cry. Perhaps you need to hold your own memorial service to honor and remember the person. Such a service can help people process their grief and pain and give closure for others. Think of a special way to honor your former colleague. With gifts from her family and her many friends, we created a scholarship in honor of Melissa. We have encouraged non-JD librarians into careers in law librarianship with annual scholarships. Over the past twelve years, a dozen librarians have benefited from

**GRIEVING MOVES BACK AND FORTH ALONG A SPECTRUM THAT BEGINS WITH SHOCK, DISBELIEF, CONFUSION, IMMOBILITY, ANGER, GUILT, AND DEPRESSION AND ENDS, WE HOPE, WITH ACCEPTANCE, ADJUSTMENT, NEW RELATIONSHIPS AND INTERESTS, GREATER COMPASSION, AND A REALIZATION OF PERSONAL GROWTH.**



**A NATURAL PART  
OF THE GRIEVING  
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this fund, and the size of the award is now \$750. Over \$30,000 is now in this fund! Every year when colleagues write checks to contribute to the fund, and when we announce the winners, we remember what our friend and colleague Melissa represented to us.

**GRIEVING STAFF MEMBERS**

Sometimes grief in the workplace has nothing to do with the death of a co-worker. Individual employees may be grieving the death of a child or parent or other loved one. Even though you may not know the person who died, the survivor is your colleague and co-worker. Do we recognize these losses of our colleagues, or ignore them because the losses are personal and there is no place for such concerns on the job?

To fail to show sympathy and concern for the grieving co-worker is not humane. The grieving staff member will likely need time off, perhaps at a time that is hard or bad for the institution. The person is likely not to be working at full production for some time. Other staff may need to cover or add responsibilities during the interim. Even in the best of circumstances, the staff person's loss is bound to have a librarywide impact. Be sensitive to the person's needs. Provide safe places to talk and cry. Relieve the person of as much stress as possible. Support the person's needs to travel and take care of personal business that might be the result of the death. Know your institution's policies for bereavement leave. Encourage grieving staff members to take care of themselves during this time. Perhaps most importantly, be patient. Remember that grieving has no time limit. Do not assume that others grieve according to your timetable.

Marcia Gray suggests that you center yourself before talking or visiting with ill or grieving persons. Remember that the process takes time. Ms. Gray outlines the following ways to help others help themselves:

1. Help the person focus on the present rather than the past or future.
2. Encourage the person to set a time and place where he or she can be alone to touch base with his or her own emotions.
3. Encourage the individual to lean into the pain (that is, to think about the loss and what it will mean, to face the reality of the death) when possible. Although difficult and painful, this act is extremely healing.
4. Empower the person to listen to, trust, and have faith in him- or herself.
5. Look for new ways to connect. Reach out to

others, especially to friends of the same sex.

6. Encourage the person to examine the relationships in his or her life: with spouse, parent, surviving child, and other family members; with the deceased (note that the relationship did not end but it did change); with friends; with him- or herself; with his or her spirituality.
7. Suggest keeping a journal about the grief experience. The writing process can be very therapeutic.
8. Encourage the person to talk and cry with someone with whom he or she feels safe.
9. Remind the person to filter advice from others and to keep only those pearls that are helpful. Also, remember that no one is a mind reader; ask if the person needs anything. Ask if you can attend to a specific task; do not say, "Tell me what to do."
10. Remind the individual that although the experience may not feel normal, the pain, confusion, and distress are very normal. Remind the person to take extra good care of the whole self.

**CONCLUSION**

Our temptation when confronted with a terminal illness or a death in the workplace is to ignore the symptoms of loss until they seem to go away. September 11 made it clear to all of us that healing could begin to take place through confronting the painful images and their consequences. Working through our pain and anguish with discussion, education, crying, anger, and frustration can help us cope with those tragic losses. Grief is in the workplace, but we can survive its impact and consequences by helping others recognize the symptoms. Understanding the process of grief and the experiences common to all kinds of losses can make our workplaces more humane and help each of us process grief in a more normal and healthy manner.

**ENDNOTES:**

- 1 Many thanks to my wonderful colleagues at the Gallagher Law Library who have helped me understand the reality of grief in the workplace. Special thanks to Peggy Roebuck Jarrett who read this article and made many useful suggestions.
- 2 American Association of Law Libraries, *Educational Program Handout Materials*, "The Grieving Library," Program G-3 (AALL, 1995). See also, "The Grieving Library" Program G-3 in AALL 1995 Annual Meeting, Pittsburgh, July 15-20 [sound recording] (AALL, 1995).
- 3 Peter McWilliams, *How to Survive the Loss of a Love* (1993).
- 4 Harold S. Kushner, *When Bad Things Happen to Good People* (Avon Books, 1981). ■

