



TO

Serve Them

Establishing
and respecting our
personal boundaries
is crucial to being
an effective
end-of-life provider.

BY MATILDA GARRIDO



IN the end-of-life doula course I teach at the University of Vermont, we spend a fair amount of time discussing self-care and boundaries. Observing my students navigate self-care and boundary issues as I reflect on my own end-of-life work is always eye-opening for me, as I am also constantly challenged in this area.

It is always so interesting when my students start the course and express that they think they are there to learn how to be compassionate. I always tell them, “No one needs to teach you how to be compassionate. That is already why you are here; you are compassionate and empathetic. What you need to learn is to be compassionate toward yourself, so you can effectively and ethically minister to others in the way that you are prewired to.”

It’s mind-boggling for them to realize they are already “all that” and that the real learning comes in making sure they are whole themselves, so they can offer their natural talents to others.

The same goes for funeral directors. You share many qualities with those who train as end-of-life doulas and will share many of the same struggles. However, you face unique challenges, such as the physical demands of your work and the potential for vicarious trauma (more on this later) from sometimes dealing with extremely disfigured remains. Self-care and establishing/respecting our boundaries are crucial to being effective end-of-life care providers, though, no matter your role. For many,

this is easier to accept intellectually than to put into actual practice.

Qualities Inherent in End-of-Life Professionals

Empathy is a quality shared by many who work with people and families at the end of life. *Psychology Today* defines empathy as “the ability to recognize, understand and *share* the feelings of others” (italics mine), and it can be a double-edged sword. On one hand, we can quickly identify and understand grief and suffering in those we serve, making us a safe space for them to open up, share their feelings and feel supported.

Make no mistake – no one enters this line of work unless they are hardwired to show up for people in spaces where no one else can.

On the other hand, it is way too easy for us to “take on” these emotions and absorb them into our consciousness without realizing they are taking over. This is called “vicarious trauma,” and it is very real, but many who experience it don’t realize what is happening to them. It is not just feeling great sadness and compassion for those who are suffering.

Vicarious trauma means actually adopting the experience of another. For instance, if you are attending to the body of a child killed in a violent accident, you may begin imagining your



own children under similar threat. Vicarious trauma feels like the other person's trauma has happened or will happen to us – that we are personally vulnerable.

Unidentified vicarious trauma can result in addiction, depression, anxiety and emotional burnout. Healthy boundaries and self-care practices can restore you to a feeling of balance and wholeness. If you find yourself struggling with significant vicarious trauma on an ongoing basis, it's important to seek professional help. There's no shame in needing support around this, and it's often the best way to ensure that you can continue to provide effective care.

*I believe that if you can work
in the end-of-life realm, you
have a moral imperative to do
so, as so many cannot.*

Please make no mistake – no one enters this line of work unless they are hardwired to show up for people in spaces where no one else can. Not everyone can engage in end-of-life work, and I have seen many people enthusiastically enter the various end-of-life fields only to find that it is not the field for them once they are face to face with death or at the bedside of an actual person who is dying.

If you are working in this field, you are a minority, and I believe that if you can work in the end-of-life realm, you have a moral imperative to do so, as so many cannot. So let's dispel the myth that you aren't already nice enough, giv-

ing enough, compassionate enough, sympathetic enough, devoted enough, etc. You are. It would help if you were taught to offer these qualities to yourself. Once you can, you will be more present, giving and effective as an end-of-life provider and derive more satisfaction from your work.

The Empathy Trap

End-of-life workers naturally have empathy, but some may be actual empaths. Judith Orloff, who wrote *The Empath's Survival Guide*, writes on her website, "The trademark of empaths is that they know where you're coming from. Some can do this without taking on others' feelings, [but] when empaths absorb stressful emotions, they can trigger panic attacks; depression; food, sex and drug binges; and a plethora of physical symptoms that defy traditional medical diagnoses."

Because you are so attuned to the emotional needs of the dying and grieving, the empathy trap is real for funeral directors, just as it is for death doulas and other end-of-life workers. If you find yourself overwhelmed, anxious and seeking escape and relief through drugs or food (many empaths are overweight or have alcohol use disorder, using food or booze to escape from those feelings), you might actually be an empath (rather than just highly empathetic) and need to be even more diligent about setting and protecting boundaries.

Let's Talk About COVID

If our inherent natures are not enough to make

us vulnerable, let's talk for a minute about COVID-19. Funeral directors suffered greatly during the pandemic, with many experiencing significant burnout and feelings of overwhelm. In addition to witnessing so many families in great pain at the loss of their loved ones – loved ones they could not say goodbye to in person or appropriately mourn with the support of the community – funeral directors themselves experienced their own heartache at being unable to help every family that needed their services during this time.

While doctors and other medical professionals were lauded and recognized, many funeral directors were subjected to displaced anger and frustration if they could not handle every request for a disposition. In addition, there was a direct physical danger to funeral directors when treating the body of a COVID-19 victim. Yet there was little recognition of this and no effort, at least initially, to share protective equipment with funeral directors. As last responders, your suffering was diminished and, frankly, disregarded by society, if even recognized at all. Do you still carry scars from this experience?

Self-Care and Boundary Setting

Setting boundaries and developing a self-care practice can be your bridge toward wholeness and remaining an effective and fulfilled end-of-life care provider. Please note that the term “self-care” in and of itself has become problematic, so let's define self-care as whatever activity brings you back to a feeling of being centered. Sometimes, this is a bubble bath or exercise, but sometimes it's a piece of cake, binge-watching Netflix or a beer. As long as it brings you back to a peaceful, calm place and doesn't cause a larger problem, it qualifies as self-care.

Boundaries are important because they can help you separate another's experiences from your own. In speaking about boundaries, Henry Cloud, leadership expert and author, offers that while we can lighten someone's burdens, we cannot carry their load for them. As end-of-life care providers, we cannot fix another's sadness and tragedy. We can only offer ourselves as companions on their journey.

As funeral directors, your sympathy and professional assistance make losing a loved one easier to bear. Please feel confident that no more is required of you than to offer your (inherent) compassionate nature and the hands-on/logis-

tical assistance you can provide without jeopardizing your well-being. You may meet with a family and do everything you realistically can, but they still have to go through the painful grieving process. There is no way around this.

As end-of-life providers, we cannot fix another's sadness and tragedy. We can only offer ourselves as companions on their journey.

Do You Have Issues With Your Boundaries?

Recognizing and setting personal boundaries in the 24/7 funeral business can be very difficult. “Time boundaries,” in particular, are some of the most easily violated and hardest to establish and keep. In her book *Set Boundaries, Find Peace*, Nedra Tawwab writes, “People with [time boundaries] struggle with work/life balance, self-care and prioritizing their needs... If you don't have time for something you want to do, you don't have healthy boundaries with time.”

In addition to being vulnerable to time boundary violations, you may also be reluctant to delegate to others because you always want the best for the families you serve and are convinced (maybe secretly) that you are the only person who can take proper care of them during their time of need. Of course, there will always be emergency situations where we must temporarily put a family's needs above our own, but if this happens a lot, please look at your time boundaries. For instance:

- Do you regularly miss your child's soccer games, even though you have coverage on Saturday mornings?
- Is there at least one or, even better, a couple of nights a week where you can turn your phone off and get seven straight hours of sleep?
- Do you take regular vacations? Even just a week once a year?
- Do you fully trust your staff to cover the business in your absence or are you secretly worrying/monitoring them during times when you are supposed to be off duty?

Even though being hypervigilant seems like the best way to ensure that families are well cared for, in actual fact, what they need is for you to be able to care for yourself first so you can care for them most effectively. It is that same old “put the oxygen mask on yourself first”

instruction we hear every time we board an airplane. It is much better to show up well-rested, fulfilled and content than to arrive exhausted, in poor health and resentful.

Setting Healthy Boundaries

How can you figure out your own boundaries, which are different for everyone and may even be different for you at various times during your life? Start by assessing your values and relationships. Do you have young children who need and want you to attend their meetings, plays, sports games, etc., with them? Do you have an elderly parent who you need to check on once a week? Do you have a dog and set aside time for leisurely – not rushed – walks that you both enjoy? Do you have a partner, and do you spend at least one hour a week relaxing with your partner (no, doing yard work together doesn't count; going out to dinner or watching an episode of "Yellowstone" together with no interruptions does).

What families need, in fact, is for you to be able to care for yourself first so you can care for them most effectively.

A good starting point is to establish two to three hours per week to devote to your relationships and make that time sacrosanct. Schedule it in advance on your calendar so the ones closest to you know how important it is to you (which will make them feel good, too), and make sure you have coverage so you won't worry about missing calls or business.

Taking care of your physical body is also very important. Make sure you get at least seven hours of sleep most nights of the week. If you end up having to work all night, set aside at least two hours in the afternoon to rest or take a nap. Try to schedule three hours per week of exercise, whether that's going to the gym, taking a yoga class or walking to and from work. If you are connected to a spiritual community or practice, nourish yourself this way for one to two hours a week. If it's not possible for you to schedule this ahead of time, spend five minutes every couple of days to figure out whether you're on track for the week. Hold yourself responsible for taking care of yourself.

For many, the biggest struggle can be releasing control and letting others step in when you want to take this time for yourself. Make sure you've got dependable people at your side and let them know you're open to questions and calls for emergencies only during these personal hours. They may be so used to you being a constant presence that they reach out to you when they can really handle things themselves. You may have to train them, as well as yourself, to separate. This can be hard but will get easier.

There are 168 hours in a week. If you spend the minimum of three hours in relationship, 49 sleeping, three exercising and two in spiritual practice, there are still 111 hours during the week to work and take care of other responsibilities. These may seem like small numbers at first (and you can always grow them), but the real magic is less in the actual time and more in setting the intention to take them back for yourself and make them a high priority. Consciously choosing to be deliberate with your time and set these boundaries in and of itself will help you feel more centered and less stretched. It is an ongoing message that you count, too. You are worth your own time.

Make no mistake, this will probably not be easy, and you won't be perfect at it to start. It's a total paradigm shift to refocus on yourself and make yourself as important as others in your life. In our field, as I've said before, we're almost bred to be outer-focused, and so many of us derive a lot of our sense of self and self-worth from feeling helpful and of comfort to others.

But you've got to show up for yourself as well. There are many benefits of setting boundaries and practicing self-care, and you will experience increased positive results the longer you work at maintaining them. Getting started may feel difficult and unnatural, but you will find it well worth it in the end. ☸

Matilda Garrido, MS, CT, holds a Master of Science in thanatology (study of death, dying and bereavement), a Master of Science in bioethics and is certified in thanatology by the Association for Death Education and Counseling. She has extensive experience working with the dying, families of the dying, and the bereaved and is focused on normalizing the experience of grief and reducing death fears through education, focused action and increased community supports for the dying and grieving.