“Grief, like death itself, is undisciplined, risky, wild. That society seeks to discipline grief, as part of its policing of the border between life and death, is predictable, and it is equally predictable that modern society would medicalize grief as the means of policing.”


I’m not afraid of death. I just don’t want to be there when it happens.

Woody Allen
Fading away
Nearing the end
Breathing one’s last
Passing away
Going to a better place
Called to a higher service
Expired
Demise

Gut me. Slice me down the earth’s meridian from north to south. Lay my bones outside my skin.

Roger Rosenblatt

“I’m going to miss him; mentally, I still feel as if he’s still here. It still hasn’t completely hit me—even hearing people talk about it or seeing news reports—that he’s no longer around. I keep thinking, ‘We start workouts on the 17th; he’s going to be there.’ It’s like something has happened that you don’t believe has happened until you see it.”

DeAngelo Williams, Carolina Panthers
“It has been the hardest thing in my life. It has been harder than my divorce from my husband. It has really been even worse than the death of my mother.”

Ame Arlt on the effect of her job loss, business closures and search for a new less paying job

“Parents might need to share stories of dashed dreams, such as having a future soccer buddy or math whiz, and express sadness or even anger at the loss of a future without medical or mental health interventions. Oftentimes, parents feel selfish and shameful about having these sentiments.”

- Divorce, separation, breakups, estrangement, abandonment
- Disability, chronic illness, mental disorders
- Addictions and recovery
- Loss of capacity (e.g. infertility)
- Job or career changes, unemployment, relocation
- Loss of possessions
- Miscarriage, stillbirth, abortion
- Status and role changes
- Loss of fantasy or innocence or assumptive world (e.g. nothing bad can happen, meaning associated with faith and worldview)
- Loss associated with identity or one’s sense of self
- Cultural loss (e.g. loss of cultural history, memory, language)
- Pet loss
Grief: Key Concepts*

- Recognize that people, their experience of loss and their grief are unique.

- Loss and grief do not occur in a vacuum. Consider socio-cultural influences and be beware of blanket assumptions about cultural and contextual influences.

- Promote the value of “continuing bonds” of connection:
  - Find “a way to remember the deceased while feeling comfortable reinvesting in life.” (Worden, Grief Counseling and grief therapy (3rd ed) 2002).

- Grief is neither abnormal nor a disease nor dysfunctional. The label “pathological grief” may mean that the griever’s attitudes and feelings are at odds with the dominant professional culture.

- See the client as a whole person. Avoid equating clients with their problems or diagnoses.

“My relationship with my dad has improved since he died.”
Let clients do their own work.

- Allow for silence. Counselors must be self-aware, able to tolerate client distress, patient, respectful of client choices and confident in the process.
- Adopt a more collaborative stance with clients, deferring to their expertness.


Elisabeth Kubler-Ross

On Death and Dying

Five Stages of Dying:
- Denial
- Anger
- Bargaining
- Depression
- Acceptance

Elisabeth Kubler-Ross

“They were never meant to help tuck messy emotions into neat packages.”
Robert Kastenbaum
- Grief is better described by waves, not stages.
- The waves are loss and restoration oriented and include positive emotions.
- Waves are less frequent and flatten out, less lows and highs.
- A griever’s resilience determines how he/she copes.

Resilience
- Ability to cope, particularly in presence of adversity.
- Ability to adjust to the shifting demands of shifting situations.
- Optimistic: Belief in the ability to exert some control over the outcome of even the most difficult life events.

Therapeutic Goal...
- Facilitate natural resilience or psychological bounce. Serve as a witness to the process without getting in the way.
  - Bounce is personal.
  - Strength based. Look for natural processes.
  - Any feeling is OK as long as it keeps the person moving and bouncing.
  - 3 out of 4 people given no intervention will be able to recover from profound loss without any type of psychological damage. (Jackson Rainer)
**Resilience Research**

"A growing body of research now demonstrates that most bereaved persons display stable, healthy levels of psychological and physical functioning as well as the capacity for generative experiences and positive emotions even relatively soon after a loss."

"We would emphasize that the resilient pattern does not imply that such persons experience no upset related to the loss or aversive event, but rather that their overall level of functioning is essentially preserved.


**Resilience: Clinical Practices**

- Do not recommend therapy for all bereaved persons.
- Beware of pathologizing resilient responses to loss.
- Encourage the appropriate expression of positive feelings.
- Encourage appropriate self-disclosure.
  - Clients should assess their own social milieu to determine how and when effective disclosure may be achieved.
  - Talking about traumatic events may only be helpful when listeners are discreet, nonjudgmental or likely to help.
Be attentive to processes of identity continuity and change. Despite the experience of loss these individuals retain an underlying experience of continuity in daily life.
- Encourage the client to participate in ordinary activities and fulfill social role obligations.
- Identify and take stock of what is continuous in their life.


Posttraumatic Growth

- Resilience: The ability to recover.
- PTG: A new level of functioning and perspective—transformative responses to adversity.

Posttraumatic Growth Domains

- New Possibilities
- Relating to Others
- Personal Strength
- Appreciation of Life
- Spiritual Change

Tedeschi & Calhoun, Posttraumatic Growth Inventory, 1996.
I think the major change I've noticed in myself over the past year is, um, more accepting of just things that happen in life and not getting upset and not forcing things. . . . Um, there are also different things that are important to me now than there were then. I mean, friends were important then; they're more important now for different reasons, uh, on a deeper level. I'm more selective about those people I spend time with. I'd rather be alone than be with people I really don't enjoy or, uh, who don't understand me or who I don't have an affinity for. I'm really amazed at the strength that I've exhibited over the past year and the just sort of tenacity to get on with life.

See Mancini and Bonanno (2006).

Posttraumatic Growth

- Acknowledge and reinforce the experience of growth when it is articulated, but not prematurely.

- Old crises can also provide a fruitful source for recognizing growth that the individual has already experienced.

- Check out survivors’ willingness to think in terms of PTG by saying:

  “Some people have said that they have changed in some positive ways as they coped with their trauma/loss. Do you think that is possible for you, given the things you went through?”

Books on PTG

- Calhoun & Tedeschi (2013) *Posttraumatic growth in clinical practice*
- Calhoun & Tedeschi (2006) *Handbook of posttraumatic growth*
- Tedeschi and Calhoun (2004) *Helping bereaved parents*
- Tedeschi & Calhoun (1995) *Trauma and transformation*
### Complicated Grief

- Prolonged state of grief where the client is unable to incorporate the death into her life
- Grief dominates the client’s life rather than receding into the background
- Grief takes hold of a client’s mind and won’t let go
- Client often reports feeling “stuck”

### Factors that interfere with the natural healing process:

- Characteristics of the bereaved person
- The nature of the relationship with the deceased
- The circumstances of the death
- Things that occurred after the death

### Complicated Grief: Symptoms

- Strong feelings of yearning or longing for the person who died
- Feeling intensely lonely, even when other people are around
- Strong feelings of anger or bitterness
- Feeling like life is empty or meaningless
- Significant impairment in social, occupational and other areas of functioning
Complicated Grief: Symptoms

- Strong feelings of disbelief about the death or finding it very difficult to accept the death
- Finding it hard to care about or trust other people
- Feeling very emotionally or physically activated when confronted with reminders of the loss
- Avoiding people, places, or things that are reminders of the loss
- Strong urges to see, touch, hear or smell things to feel close to the person who died

Complicated Grief: Treatment

- Meta-analysis of treatment interventions in five studies. Positive results reported in four. All four employed cognitive-behavioral techniques. Included individual or group counseling.

- Cognitive behavioral techniques "appear to be efficacious in the short-term and long term alleviation of CG symptoms... [T]he positive effect of treatment interventions increases significantly over time."


- Includes both Interpersonal Therapy and CBT.

- Interpersonal therapy helps the client explore his/her relationship with the deceased.

- Client concentrates on both adjusting to the loss and improved functioning/restoring a satisfying life.

Adaptive Grieving Styles

- Intuitive Grieving Style: Respond to loss primarily in terms of emotion, tending to feel and express emotions intensely.
- Instrumental Grieving Style: Respond to loss more cognitively and physically. Tend to express grief in terms of thoughts and activity.
- Blended Grieving Style: Most people. Greater emphasis on intuitive or instrumental depending on the person and the situation.

There is no ideal style and no pathology to any of the styles. People grieve differently because of influence of personal, social and cultural factors. Do not interpret the grieving styles too rigidly or stereotypically.


Dissonant Response to Grief

- Discrepancy between the griever’s inner experience and his/her outward expression of grief.
- Personality, gender role socialization, image management and cultural norms influence dissonant response.
- Unresolved dissonant response is often source of complications in the grieving process.
Counseling More Intuitive Grievers

- Normalize and validate the primary emotional response to loss.
- Facilitate experience of emotion and the expression of feelings.
- Consider referral to grief support group or group counseling.
- Enhance skills in less familiar secondary adaptive strategies (e.g. effective problem solving).
- Help clients manage possible negative response of others to their intuitive style.

Counseling More Instrumental Grievers

- Normalize and validate the private, reserved and modulated grief experience.
- Enhance skills for emotional expression as needed.
- Encourage grievers to use their skills to help others (e.g. problem solving, planning).
- Encourage grievers to join group experiences such as sports or Habitat for Humanity.
- Help clients manage possible negative responses of others.

Counseling Dissonant Grievers

- Help clients identify and embrace their adaptive grieving style.
- Facilitate client exploration of discrepancy between their inner experience and outward expression.
- Explore possible role of image management, especially for intuitive style.
Identify ways client has resolved discrepancy in the past

Identify and address cognitive distortions

Facilitate exploration of social and cultural influences

**Solution Focused**

- What will it look like when you are fully embracing life again?
- What will be different when you are managing this grief well?
- How will you know when things are better?
- What will it look like when you are remembering, but also moving forward?
- How will your relationship look when you grieve for ___, but also live fully as a couple?

**You Know You Are Getting Better When…**

*Helen Fitzgerald  American Hospice Foundation*

- You can review both pleasant and unpleasant memories.
- You are less sensitive to some of the comments that people make.
- You can reach out to help someone else in a similar situation.
- Some time passes in which you have not thought of your loved one.
- You can concentrate on a book or a favorite program.
- You can establish new and healthy relationships.
You Know You Are Getting Better When…

☐ You develop a new routine that does not include your loved one.
☐ Your eating, sleeping, and exercise patterns return to what they were beforehand.
☐ You can have a good laugh without feeling guilty.
☐ You look forward to getting up in the morning.
☐ You organize and plan your future.
☐ You stop to smell the flowers along the way and enjoy experiences in life that are meant to be enjoyed.

“In just a year I’ve gone from hating the word “autism” to embracing it because it’s a key to understanding how to be a better mother to a son who has a heart as big as the moon and trusts me to protect it. Asperger’s syndrome is just one piece of who he is, besides clever, loving, silly and creative.”

Michael Kahn, LPC, JD

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