The Importance of Understanding Disenfranchised Grief

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Grief and Addiction
“Almost everything I learned about grief...

- I learned at the locked in-patient psychiatric unit at Overlook Hospital in Summit, NJ.”
I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel. ~ Maya Angelou

Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around. ~ Leo Buscaglia
Obstacles to Recovery

Giving up an addiction has far reaching implications for addicts. No matter how much misery the addiction has created, it has also provided significant rewards: the pleasure, the sense of kinship with others who are making the same choices, the release from pain and stress, and the escape from overwhelming difficulties.
Fighting Addiction

- Means he/she is willing to face problems, perhaps for the first time, without a crutch.
- Means willing to accept consequences of past mistakes and to assume adult responsibilities.
- Giving up certain acquaintances, a lifestyle, and a sense of identity.
- Saying goodbye forever to familiar behaviors and replacing them with new and often awkward-feeling choices.
- Enduring suffering, anxiety and depression without the numbing effects of the addiction.
When do Addicts Stop?

- Hit Bottom
- “Sick and tired of being sick and tired?”
- Family stops bailing them out
- Stopping behavior is only the beginning.
- Underlying depression, loneliness, anxiety or other problems need to be addressed or addict may simply switch addictions.
"I went to a bar where everybody knows my name... that's why I'm here!"
Disenfranchised Grief

“The grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported.” ~ Kenneth J. Doka

Whatever is disenfranchised is not merely silent, unexpressed, unnoticed or forgotten. Any bereaved person may choose not to reveal his or her grief. Failing to disclose doesn’t mean it is disenfranchised.
5 Types of Disenfranchised Grief (Doka)

1. Relationship is not recognized
2. The loss is not acknowledged
3. The griever is excluded
4. Circumstances of the death
5. Ways individuals grieve
Closeness of other non-kin relationships

(lovers, friends, neighbors, foster parents, colleagues, in-laws, stepparents and stepchildren, caregivers, counselors, coworkers and roommates (nursing homes), 12 step friends, Internet friends (Facebook).

Relationships not recognized or sanctioned (affairs, cohabitation of unmarried people, homosexual relationships may face negative sanction. Even ex-spouses, past lovers, former friends.
M.B.’s Grief over Tyler Clementi
M.B. on Tyler

M.B. said in the wake of Clementi’s suicide it bothered him terribly that "perhaps there had been something I could have done or said to him that would have changed the course of events."

"For all my life I have been known to the world by my name. That simple luxury was taken away from me as my identity became reduced to simply "M.B." in order to protect the privacy of myself and my family," he said.
"My children and I were invited to the funeral of my ex-wife Whitney Houston. We were seated by security and then subsequently asked to move on three separate occasions. I fail to understand why security treated my family this way and continue to ask us and no one else to move. Security then prevented me from attempting to see my daughter Bobbi Kristina. In light of the events, I gave a kiss to the casket of my ex-wife and departed as I refused to create a scene. My children are completely distraught over the events. This was a day to honor Whitney. I doubt Whitney would have wanted this to occur. I will continue to pay my respects to my ex-wife the best way I know how."
Loss not socially defined as significant.

Perinatal loss: strong grief reaction, loss perceived minor.

Abortion: serious loss for many; lack sanction or recognition.

Placing children for adoption or foster care, surrogate motherhood. Loss of a pet.
Loss Unacknowledged

- Social Death: Object of loss is alive but treated as dead: comatose, institutionalized
- Psychological Death: person changed so significantly—through mental illness, organic brain syndrome, or even significant personal transformation: recovery from addiction, religious conversion.
- Others perceive the person as they were as dead. Profound loss, not acknowledged, as person is alive.
**Losses Unacknowledged**

- Infertility, job loss: significant losses. First questions asked: What do you do? Have kids?
- Loss of reputation due to scandal, gossip or arrest.
- Transitions in life: aging, retirement, loss of driving privilege's, moving into nursing home or assisted living, developmental losses, child born with developmental disability, wedding, having a child, children leaving home.
Change (loss) of People Places & Things

- Buddies or real friends?
- Empty or unhealthy marriage/relationship that addiction served as an escape from
- Triggering relationships; toxic relationships
- Hang out places (bars, casinos, sporting events, parties...)
- Watching sports on TV
Relapse and Loss

Yes, I Relapsed Again
Griever is Excluded

- Not assumed to be capable of grieving: the very old, the very young often excluded from discussions and rituals concerning loss. Persons with developmental disabilities or mental illnesses (addictions) often protected.

- Barbara Bush on death of young daughter, Robin, 3: "I wouldn't let George Junior, 7, play with Robin because she bruised so easily. In fact, I kept the kids apart almost the whole time. We thought he was too young to know, and actually I didn't want Robin to know. I was very firm at the time and, I suspect, rather tough. I made up my mind that she was going to be happy. If anybody cried in Robin's hospital room, I'd ask them gently to please leave the room. Poor George [Senior]. It just killed him. I'd have to say, 'If you cry, you can't stay.'"
Griever Unable to Attend Ritual

- Prison
- Treatment Facility (locked)
- Lack Green Card
- In hospital

How to Help?
- Stage a ceremony in therapist’s office
- Have person say what they would have said or done, read a poem, a eulogy, light a candle
- Discuss all feelings
Circumstances of the Death

- Suicide loss, AIDS: some families feel as sense of stigma. Fear responses such as isolation, judgment or morbid curiosity.
  Death that provokes anxiety: suicide, mutilating loss, death of a child, or embarrassment (autoerotic asphyxiation or homicide), especially if incur media notoriety or involve other family members.
- Executed person, the death of an alcoholic, drug addict who may have been devalued. (Nursing home visit)

Assisted Suicide
Ways Individuals Grieve

- **Intuitive, Instrumental or Cognitive**
- Intuitive: experience and express grief as deep feeling.
- Instrumental: experience and express grief in physical or behavioral ways
- Cognitive: experience and express grief cognitively
- Counselors tend to disenfranchise instrumental and cognitive grievers. Larger community disenfranchises instrumental and cognitive grievers in early grief process; intuitive later in grieving process. Cultural differences too!
Grief
I do not believe that sheer suffering teaches. If suffering alone taught, all the world would be wise, since everyone suffers. To suffering must be added mourning, understanding, patience, love, openness and the willingness to remain vulnerable. ~ Anne Morrow Lindbergh
Eliazabeth Kubler Ross: 5 Stages of Grief Theory

1. Denial
2. Bargaining
3. Anger
4. Depression
5. Acceptance
Stage 1: Crisis: finding out
Stage 2: Unity: reality sets in
Stage 3: Upheaval: unity wears thin
Stage 4: Resolution: Acceptance
Stage 5: Renewal:
Tasks of Grief (Worden)

1. Accept the reality of the loss
2. Experience the pain of the loss
3. Adjust to the world without the deceased
4. Invest energy into new relationships and find a way to continue the bonds of the relationship if so desired.
Cultural Differences
Exacerbates the problem of bereavement:

- Tends to intensify emotional reactions; Emotions can be complicated. Intensify feelings of anger, guilt or powerlessness
- Ambivalent relationships complicate grief, often exist in disenfranchised grief.
- Ambivalence: abortion, ex-spouses, families of Alzheimer’s disease victims.
- Concurrent crisis: cohabitating legal and financial problems. Death of a parent may leave a mentally disabled child bereaved and bereft of support system.
Many also find that they may also be struggling with emotional or psychiatric conditions. Those with co-occurring disorders— including schizophrenia, bipolar disorder, anxiety and clinical depression— face major hurdles when fighting addiction. The addiction may have helped them to “feel normal”, to escape the fear, confusion, emptiness, boredom and pain within.
Current studies show that gamblers may also experience:

- Alcohol use disorder (73%)
- Personality disorder (61%)
- Nicotine dependence (60%)
- Mood disorder (50%)
- Anxiety disorder (41%)
- Drug use disorder (38%)
Grief

Adaptive Grief and Mourning vs. Complicated Grief and Mourning

(From Working with the Bereaved: Multiple Lenses on Loss and Mourning by Rubin, Malkinson and Witztum (2012))
Adaptive and grief interwoven with life, a sense of acceptance of life.
Pain, sadness and yearning are balanced part of life
Finding meaning to life and to loss
Positive attitude, self-efficacy, and trust in others
Investing life roles and old and new relationships
Complicated Grief and Mourning

- Life is overwhelmed by grief, value of life is questioned.
- Experiencing separation anxiety, distress, and intense yearning without change. Avoidance of pain.
- Unable to find meaning in life and/or to loss
- A sense of emptiness and lack of purpose in life, a continuous search.
- Detachment from others. Distant involvement in relationships.
DSM V

Diagnostic and Statistical Manual of Mental Disorders
Fifth Edition

American Psychiatric Association
Question to include a grief related diagnosis to address maladaptive responses to bereavement and labels them as problem grief responses has raised questions among those working in the field.

Will this be detrimental to the bereaved?

Isn’t it a life experience and not a mental health issues or medical pathology?

What should be criteria to define grief as maladaptive, prolonged or pathological?
Factors influencing response include: circumstance of loss, kinship, gender, culture, identity of the bereaved and identity of deceased.

Terms such as normal, pathological, complicated, and prolonged grief and mourning reflect adaptive and maladaptive responses to loss as measured on specific variables.

Estimates of the percentages of people: 5–20
Loss is a Major Catalyst for Change

- For some, a degree of chronic grief and mourning will be a permanent aspect of the change that they have undergone. This is not necessarily “maladaptive”.
- Positive growth is an element of that change that can accompany response to loss—including among those who continue to mourn their loss months, years and decades later.
- How has the bereaved changed? Relationship to deceased changed?
Addiction and Loss

- Losses prior to addiction
- Loss from the compulsion of addiction (financial, emotional, relational, spiritual)
- Loss affecting loved ones, friends, co-workers
- Disenfranchised grief around the loss of giving up of the compulsive behavior around addiction (friends, action, excitement, places, rollercoaster of emotions, secrecy...)

[Image of a rollercoaster]
More losses

- Loss of control
- Guilt and shame about the addiction
- Lying
- Depression
- Lonely, yet avoid friends and family
- Thoughts of suicide
- Use of other addictive behaviors
Lives Lost to Addiction
Amy Winehouse
"I was myself at that time barely out of rehab and was thirstily seeking less complicated women so I barely reflected on the now glaringly obvious fact that Winehouse and I shared an affliction, the disease of addiction. All addicts, regardless of the substance or their social status share a consistent and obvious symptom; they're not quite present when you talk to them. They communicate to you through a barely discernible but un–ignorable veil," Brand added. "Whether a homeless smack head troubling you for 50 pence for a cup of tea or a coked–up, pinstriped exec foaming off about his 'speedboat,' there is a toxic aura that prevents connection. They have about them the air of elsewhere, that they're looking through you to somewhere else they'd rather be. And of course they are. The priority of any addict is to anesthetize the pain of living to ease the passage of the day with some purchased relief."
"Addiction is a serious disease; it will end with jail, mental institutions or death. I was 27–years–old when through the friendship and help of Chip Somers of the treatment centre, Focus12, I found recovery. Through Focus I was introduced to support fellowships for alcoholics and drug addicts which are very easy to find and open to anybody with a desire to stop drinking and without which I would not be alive," Brand wrote.

"Now Amy Winehouse is dead, like many others whose unnecessary deaths have been retrospectively romanticized at 27–years–old," he added. "Whether this tragedy was preventable or not is now irrelevant. It is not preventable today. We have lost a beautiful and talented woman to this disease."
“Gambling was not my problem.

My problem was losing too much money. Then my problem became losing too much money, and losing too much time away from my job and family. Then my problem became losing my car, and then the house, and maybe even my family. Finally, my problem became gambling.”

~Julia, age 43
Grief = Process  Depression = State

- Grief: Often aware of cause, natural and normal response to loss, a process to work through. Sleep aids should only be used temporarily: to get through the “arrangements”

- Depression: unaware of cause, irrational, a state of being. May be a part of grief, complicated bereavement, or untreated stress

- Reacts to pharmacological interventions; may be situational, endogenous, drug induced, biochemical imbalance
When the tragedy occurred, Clapton was just three years sober, after battling drug and alcohol abuse for over a decade.

“I probably would have killed myself if I were actually a practicing alcoholic at the time of his death,” Clapton said. “Who knows what would have happened? I wouldn’t be here now. I doubt I would have survived that.”
“With all that going on, how did you not relapse?” Potts asked.

“(It) never occurred to me,” he replied. “Maybe one of the reasons was that it besmirched his memory. I had a good reason to honor his memory and (stay) sober and (try) to do the best that I could to carry a message of that nature to other people.”
1. Symptoms of dysfunction: Sounds like you have been depressed. What areas of your life have been affected? Sleep, appetite, anxiety, ruminative thoughts?

2. Hopelessness: Not uncommon after a loss to feel that things are terrible now and won’t get better. Are there times when you feel like that? What makes it better or worse?
3. Guilt: Sometimes people feel so responsible for a loved one’s death, or so badly about how they failed in the relationship; they feel strong sense of guilt. Is that something you experience? How often? What makes it worse?

4. Suicidal ideation: There are times after a loss the bereaved may feel depressed, hopeless, and stressed or when they think about the person they miss so much, they think about death and dying for themselves. Does that describe you? Could you say more?
5. Purpose of suicide: What do you think about when you think of dying? For some it may feel like an escape from pain or a terribly hopeless situation. For others it is a punishment for themselves or others. Some think it is a way to be close to the loved one who died. Can you say something about this.

6. Protective factors: What are things that distance you from thoughts of self-harm? Do you have access to family and friends to talk to? What about religion or clergy? What are your reasons for living? What beliefs do you hold that keep you alive and involved in life?
National Suicide Prevention Lifeline

1-800-273-TALK (8255)
suicidepreventionlifeline.org
Words by Those Affected by Gambling

- We can’t help our children with their school expenses.
- I could not buy groceries or pay the mortgage. We had to ask family and friends for help.
- My children hardly ever see me because I’m working so many hours to pay bills.
- I realized that I was not alone and that many other people live with gamblers and suffer the effects of gambling.
Professional help helps you to get over the devastation of you going through shame, guilt, humiliation, and the alienation from your family, friends and anybody that cares about you. If you are in bad enough shape to go to GA, then you are in bad enough shape that you have burnt a lot of bridges. GA can’t help you build from square one like a professional could.

~ Sarah, age 42
Women and Gambling

“Ten or 15 years ago, 95% of those in treatment for gambling were men. Now it’s 60% men and 40% women. Programs all over the US and Canada are seeing this.”

Nancy Petry, prominent researcher.
Shame

- One reason that gamblers avoid treatment.
- After a period of abstinence, often shame over the past sets in. The lies, dishonesty practiced, the irresponsibility...
- GA teaches gamblers to forgive themselves.
- Toxic shame (John Bradshaw): Best reason for relapse.
- Using the intellect as opposed to emotions in order to get help.
Goodbye Letter to Addiction

- Dear Drugs, Alcohol, Gambling, Porn, etc.
Gambling, Grief and Family

- Pain and suffering inflicted on family members are biggest regrets reported by women gamblers. When asked what do you regret the most when you look back over your compulsive gambling days?”
Regrets for family

- The utter look of betrayal from my one and only true friend, my husband.
- All the lying to friends, family and myself
- Robbing the family of time, love and not being there
- The loss of income and time with my family.
- Hurting my husband and the lies I told about money
- The huge financial pressure I put on my spouse, causing him to overwork.
Effects on children in household

- How disorganized or dysfunctional the family was to begin with
- How much addictive behavior interrupts routines.
- Age of children, personalities and characteristics and the amount of marital discord all contribute to the total picture of how children will react.
- If concealed, children may feel confused and worried and sense something is wrong.
To avoid upsetting parents, children will keep feelings locked up inside.

Feel responsible for things they don’t understand

Become anxious and guilt ridden

Develop a sense of shame, feeling as though they are bad, even though they can’t figure out why. Some kids cope by being super competent or responsible to feel good about themselves or by acting out in an attempt to have bad feelings noticed or punished.
Effects on Children

- When someone in the family is addicted to drugs, alcohol or gambling, family systems become burdened by prolonged stress, frustration, fear and marital discord.
- Unpredictability plays a significant role, and even after becoming adults, fear the rug will be pulled out under them.
- Roles include: responsible one, mediator, identified problem, invisible. Often these roles are carried into adulthood.
“What do you regret the most when you look back over your days of compulsive gambling?”
“The pain and mistrust it caused in my children’s eyes.”
“Time away from the children and losing their college money.”
“Loss of valuable time with my kids.”
“Losing my children as friends.”
“Missed important events in my children’s lives.”
“The times I left my children in situations that in hindsight were completely dangerous. Times I could have spent with them. These days I can’t retrieve.”
How do we grieve? “Awkwardly, imperfectly, usually with a great deal of resistance, and often with anger and attempts to negotiate. Ultimately we surrender to the pain.”

Unfinished business refers to when we are not completed grieving. Stuck in the grief process. May be around denial. Passing through denial is the first and most dangerous stage of grieving, but also the beginning of acceptance.
Often addicts feel a great deal of shame about themselves, remorse for the harm they have caused others, and hopelessness about their ability to fix past mistakes.
Dealing with regret

- Most important and difficult challenges in maintaining recovery.
- Early stages of recovery it takes ongoing vigilance to avoid slipping into a morass of guilt and remorse.
- When compulsive gambling stops, the person is immediately faced with what is called in AA, “the wreckage of the past”.
Gamblers have few outward or physical signs of their problem.
The public, including some health care professionals, seem to believe that those who are out-of-control gamblers are different than those who abuse substances. However, recent research reveals the common pathways in the brain for these disorders.
The earlier the age of onset for gambling, the greater the risk for a gambling problem.

Adolescent gambling may be a “gateway” to other dangerous behaviors. Youth who gamble have a higher rates of substance use and abuse, drunken driving, risky sexual activity, and other antisocial behaviors.
Gambling can affect a person’s ethics, morality and religion.
Gambling can affect family’s sense of faith.
Hopelessness
Recovery includes repair of spiritual damage.
Spirituality, a necessary part of living a rich and meaningful life. Faith, trust, and honesty. Encourages healthy humility, love of self and others, trust and commitment.
SAMHSA Administrator Pamela S. Hyde said that the “misuse of benzodiazepines along with other prescription drugs in fueling the rise of treatment admissions.” A rise in benzodiazepine admissions also points to the inescapable connection between addiction and other psychiatric disorders—the phenomenon known in medicine as co-morbidity. Even when use in controlled circumstances for anxiety, under a doctor’s direct supervision, benzodiazepines can cause serious withdrawal issues during detox and recovery.

Interestingly, the vast majority of benzodiazepine admissions involved white males between the ages of 18 and 34, the report stated. So much for mother’s little helper.
The Use of Medication

- Use sparingly
- Late Thomas P. Hackett of Psychiatry at Mass Gen Hospital, much experience treated bereaved people. He used anti-anxiety agents to treat both anxiety and insomnia.
- **Warning**: anyone who is suffering acute grief reaction, keep potentially lethal quantities of such drugs out of their hands.
- Often anti-depressants inadvisable: take weeks to work, rarely relieve normal grief symptoms, could pave way to abnormal grief response.
- Exception: major depressive episode.
Diagnosing Complicated Grief

- Self diagnosis: client claims to be “stuck” or will come for some medical or psychiatric problem, unaware of unresolved grief at heart of matter.
- Most intake procedures may overlook deaths and other losses, which can have direct relationship to the current issues. A long history will help therapist in long run.
1. Person can’t speak of deceased without experiencing intense and fresh grief
2. Some minor event triggers intense reaction
3. Themes of loss come up in clinical interview.
4. Person is unwilling to move material possessions belonging to deceased
5. Person has developed physical symptoms like those the deceased experienced prior to death
6. Those who make radical changes in their life style following a death or who exclude from their friend, family or activities associated with the deceased

7. Long history of subclinical depression, persistent guilt and lowered self esteem

8. Compulsion to imitate deceased’s behaviors

9. Self-destructive impulses stimulated

10. Sadness occurring at a certain time of year each year.
11. Phobia about illness or death is often related to the specific illness that took the deceased.

12. Acknowledge of the circumstances surrounding the death can help therapist determine the possibility of unresolved grief. Ask them what it was like at time of loss. Avoided visiting gravesite or participating in death related activities, or lack family or social support during bereavement period.
Complicated Grief: Criteria A

Person has experienced the death of a significant other and response involves 3 of the 4 following symptoms daily or to a marked degree:

1. Intrusive thoughts about the deceased
2. Yearning for the deceased
3. Searching for the deceased
4. Excessive loneliness since the death

DDD: Daily, Disrupting, Disruptive
Complicated Mourning: Criteria B

In response to the death, 4 of the following 8 symptoms experienced at least daily or to a marked degree:

1. Purposelessness, feelings of futility about future
2. Subjective sense of numbness, detachment or absence of emotional responsiveness
3. Difficulty acknowledging the death (disbelief)
4. Feeling that life is empty or meaningless
5. Feeling that part of oneself has died
6. Shattered world view (lost sense of security, trust, control)
7. Assumes symptoms or harmful behaviors of or related to the deceased
8. Excessive irritability, bitterness or anger related to death to the death.
The intense difficulty about the loss of the relationship more than the mode of death.

Traumatic Grief:

The loss of the relationship AND the manner/circumstances of the death. (John Jordan, 2010)

Vast majority of people do not seek help. 90–95% are able to work it out
Grief Counseling Goals (Worden)

- The goal to help the client to complete any unfinished business with the deceased and to be able to say good-bye to what once was.
- 1. To increase the reality of the loss
- 2. To help the client deal with expressed and unexpressed
- 3. To help client overcome various impediments to readjusting after the loss
- 4. To help client find a way to remember the deceased while feeling comfortable reinvesting in life.
Help the client actualize the loss
(Best way to let them talk about it: where did it happen, how did you hear, where were you, what was funeral like?)
Visiting the gravesite or the place where the remains reside or are scattered
Be a patient listener
A “companion” as Alan Wolfelt calls it
Help Client Identify and Experience Feelings

Many look for immediate relief from feelings (addictive behaviors, medication, etc)

Help them to accept and work through the pain is major part of intervention.

Common problematic feelings: anger, guilt, anxiety, helplessness and loneliness

Scream Box; Psychodrama for guilt, in group, empty chair, letter writing.

Always inquire about suicide ideation.
Gestalt: Empty Chair Technique
Principal 3

■ Assist Living Without Deceased
■ Problem solving approach
■ Help client adjust to new roles
■ Encourage effective coping and decision-making skills
■ Encourage client to assess what their present needs are and how to meet those needs.
■ Discourage major life changes or decisions.
Help Find Meaning in the Loss

Some who can’t fine the answer to “why” become involved in philanthropic, political or caretaking activities related to the manner of the death that took their loved one.

Websites, organizations, changing laws, scholarships,

Activities help client believe that a senseless death will not be in vain.
Miami Heat in Support of Travon Martin
Principal 5

- Facilitate Emotional Relocation of the Deceased
- Help person to move forward and form new relationships.
- Some are quick to jump into new relationships. Often too soon will hinder grief process.
Provide Time to Grieve

Grieving takes time

Often support is around in beginning only

Critical times: 3, 6 months, 1 year, holidays, celebrations, special days.

Make a note in calendar recontact at critical times

Counselor needs to see the intervention role that stretches over time,

even if contact is infrequent.
Interpret Normal Behavior

Learn normal grief behaviors
Many feel they are going crazy
With knowledge can offer reassurance
Rare to decompensate and become psychotic
Hallucinations, a heightened sense of distractibility, preoccupation with deceased normal
“Those in grief can feel like they're crazy — but they're not. Children need to know what adults need to know— that they are not crazy. There is a psychiatric term called "The Crazies," which many grieving adults experience:

I don't know what's wrong with me. I get up in the morning and I don't know where I'm going. I get lost. I can't eat, I can't sleep, I can't concentrate. I come to a red light, and I forgot whether the red light means stop or go. I go to make a bank deposit slip, I forgot how. I even forgot my own name.

What you need to know is they're not crazy. They're not going crazy. It's part of the grief process. You are not going crazy.”

~Earl Grollman
Liberating Loss

When Death Brings Relief
When Loss Brings Relief
When a relationship ends that has been full of Addiction, Abuse, Mental Illness, Violence, Fear, Struggle, Conflict....
Families can play a meaningful part in a person’s recovery.

Counseling or therapy; family therapy, group therapy

Importance of family attending a support group: Al–Anon, Gam–Anon, Nar–Anon

12 Step program and confidential program – whether or not the person has stopped their addictive behavior. A place to gain hope and support as family members learn to move on.
Permission to Mourn

The holder of this certificate, is hereby entitled to publicly acknowledge her loss, to mourn openly, to share narratives of the loss and to recruit social support in his or her own way and time, without apology or embarrassment.

Tears, memories, silence, uncertainly and strong emotions are hereby allowed.

Please treat this griever with kindness, compassion and love.

This certificate has no expiration date

(Harold Ivan Smith, The Grief Care Kit)
The Counselor’s Own Grief

“The loss of a loved person is one of the most intensely painful experiences any human being can suffer, and not only is it painful to experience, but also painful to witness, if only because we’re so impotent to help.” ~ Bolby

“Pain is inevitable in such a case and cannot be avoided. It stems from the awareness of both parties that neither can give the other what he wants. The helper cannot bring back the person who’s dead, and the bereaved cannot gratify the helper by seeming helped.” ~ Parkes
Grief Counselor Challenges:

- May feel frustrated or angry as it is difficult to be or feel helpful.
- May feel uncomfortable witnessing the pain in the other.
- Make us aware of our own losses (especially if losses are similar to the bereaved). If counselor has worked through a similar loss, this can be useful and helpful.
- Counselor’s own feared losses (of a child).
- Existential anxiety and one’s own personal death awareness.
Suggestions to Counselors

- Explore your own loss history (loss line)
- By exploring losses, counselor gets a better sense of resources available to bereaved.
- Coping styles, what to say, not to say, what didn’t help.
- Identify unresolved losses in own life.
- Know your own limitation with respect to kinds of clients and kinds of grief situations that one can deal with.
- Make referrals when necessary.
Don’t try to be Superman/Superwoman

- In mental health field, we often want to be able to handle all situations.
- Mature counselor knows limitations and knows when to refer. (Often the ones we have difficulty with are issues around our own unresolved losses).
Your Own Loss History

1. The first death I remember was the death of...
2. I was age:
3. The feelings I remember I had at the time were...
4. The first funeral (wake or other ritual service) I ever attended was for:
5. I was age:
6. The thing I remember about that experience is:
7. My most recent loss by death was (person, time, circumstances)
My Own Loss History

8. I coped with this loss by:
9. The most difficult death for me was the death of:
10. It was difficult because:
11. Of the important people in my life who are now living, the most important death for me would be the death of:
12. It would be the most difficult because:
13. My primary style of coping with loss is:
14. I know my own grief is resolved when:
15. It is appropriate for me to share my own experiences of grief with a client when:

Avoid burnout by practicing active grieving.

After a death of a patient or client, attend the funeral services of the person with whom they have been working. Allow yourself to experience the sadness and other feelings. Don’t feel guilty if you don’t grieve the same for each death.

Know how to reach out for help and know where his or her own support comes from.
Grief Counselors Need to Know:

1. Where to get emotional support
2. What your limitations are
3. How to reach out for help when you need it.

Regular staff meetings can help.

“With proper training and support we shall find that repeated griefs, far from undermining our humanity and our care, enable us to cope with more confidently, and sensitively with each succeeding loss.”

~ C.M. Parkes
There is a sacredness in tears. They are not the mark of weakness, but of power. They speak more eloquently than ten thousand tongues. They are the messengers of overwhelming grief, of deep contrition, and of unspeakable love. ~ Washington Irving
“Anything that’s human is mentionable, and anything that is mentionable can be more manageable. When we can talk about our feelings, they become less overwhelming, less upsetting, and less scary. The people we trust with that important talk can help us know that we are not alone.”
— Fred Rogers
"Sometimes our light goes out but is nurtured into flame by another human being. Each of us owes deepest thanks to those who have rekindled this light." – Albert Schweitzer

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