

What Does it Mean to Grieve?
Healing the Wounds of Loss

DMH Grand Rounds
 March 14, 2023

Janina Fisher, Ph.D.

1

Our bodies respond to loss as they would to life threat

- Medical studies of bereaved individuals show that **heart rate and blood pressure both increase after loss. The body secretes increased quantities of cortisol** as it does after a trauma, **and immune system functioning is decreased**
- Because of these health effects, women have a **16%** chance of dying in the year following the loss of a spouse, while men have an **18%** chance of death in the first year after due to the effects of loss on cardiac function.
- We can truly die of a broken heart.** Fisher, 2022

2

Loss = Increased sensitivity to fear

- As shown by James Coen's research, **attachment relationships play an important role in decreasing fear and stress.** In his study, 15 married women received an electric shock during a brain scan under three different conditions: while their husbands held their hands, while a researcher held their hands, and without any hand to hold.
- Having their hands held even by a stranger decreased stress compared to having no one's hand to hold!**
- Which proves that connection helps us feel safer in the world.** The research also showed that better marital relationships were associated with greater decrease in stress Fisher, 2022

3

The many aspects of grief

- The effects of loss are often hard to recognize as 'grief'
- We experience an array of feelings and reactions after bereavement:**
 - Guilt
 - Anger
 - Warmth and pleasure in positive memories
 - Relief
 - Numbing of emotion or shut down
 - Spaciness
 - Inability to concentrate, attentional problems, forgetfulness

Fisher, 2022

4

The many aspects of grief, cont.

- Grief is difficult to regulate.** Clients can't feel sad when they want or choose to. They also can't hold grief back if waves of sadness come, and the emotions don't fade easily.
- We also can't control grief in ways we think we 'should.'** Often, clients feel guilty because they feel more grief over the loss of a pet than the loss of a parent or grandparent. But the more warmth and love and closeness we have felt to someone, the bigger the 'hole in our hearts' after loss
- Childhood losses due to trauma and neglect are about the failure of attachment.** They are not the loss of what we had. They are the loss of what we wanted or yearned for.

Fisher, 2023

5

Childhood Losses

- Loss is central in childhood neglect and abuse:
 - Loss of safety
 - Loss of love, welcome, and belonging
 - Loss of comfort
 - Loss of trust
 - Loss of affection, holding
 - Loss of being delighted in
 - Loss of being able to love as well as be loved
 - Loss of support for self-actualization

6

Childhood losses go unrecognized and unsupported

- Death of a loved one is recognized, and all cultures include customs that support the bereaved in mourning their loss for as long as a year
- **The losses of childhood are usually invisible.** At most, abuse and neglect may be reported to child protective services but never marked as a loss, not just as assault
- In childhood, the necessity to survive is biologically prioritized. **Abused or emotionally abandoned children do not have the luxury of a safe environment in which to feel sadness.** Often it takes many years to take in how the losses have affected them

7

Unrecognized heartbreaks

- In trauma treatment, **we have historically been more focused on the details of the abuse and less focused on the heartbreaks of childhood**
- But often clients come to us with the emotional pain of their early losses: *“They never loved me,” “How can I feel lovable if no one ever loved me?” “How can I ever trust anyone ever if my trust was always broken?” “How can I be kind to myself if no one was kind to me?”*
- Or they come with family situations that trigger them and re- evoke the feelings of rejection and abandonment over and over again. *“My parents constantly criticize me,” “They never say they’re proud,” “No one asks how I’m doing”*

8

**Grief as a Process:
The Five Stages of Grief** [Kubler-Ross, 1969]

- Denial:** shock and disbelief, sense of unreality, numb
- Anger:** sense of unfairness, anger at the loved one or at the world, the doctors, the cause of the death, family members
- Bargaining:** guilt, ‘what if?’ questions, regrets, ‘do-overs,’ “if I had only been lovable enough. . .”
- Depression:** sadness, sense of loss, emotional pain of grief
- Acceptance:** coming to peace with the finality of loss
- David Kessler (2019) has added a sixth stage: **Finding Meaning**, making sense of the loss and seeing meaning in it

9

Think of these stages as a spiral

- Denial:** shock and disbelief, sense of unreality, numbness will come and go. Most prominent immediately after the loss, it will return in response to unbearable reminders
- Anger:** many individuals experience anger but not all. It may be anger at the unfairness, anger at the loved one for leaving, at God, or at the world, anger at the doctors, the cause of the death, even other family members
- Bargaining:** “fighting with the gods:” how could this have happened? ‘What if?’ questions, guilt and regret, ‘do-overs,’ “just come back and it will be different,” “should have...” There are many ways of staving off the impact of a loss, including arguing with the gods about it

10

The stages as a spiral, cont.

- ‘Depression’** as a word does not do justice to the intense sorrow, emotional/physical sense of loss, or the emotional pain of grief that comes in the form of tidal waves of emotion. This ‘stage’ also is not linear. A reminder of someone we’ve lost can set off a wave 20 year later
- Acceptance:** coming to peace with the reality of the loss. Accepting any loss is a long, slow process. When the waves of grief subside and the ruminations give way to a feeling of peace, we are there.
- Finding Meaning** is also a process that can only come with time and may come and go. When we find meaning in the loss, it is easier to live with it at peace

11

Many individuals have resilience in the wake of loss

- **60% of the bereaved adults studied demonstrate remarkable resilience** as evidenced by their ability to feel sadness in the early stages of bereavement, to miss their loved ones, and to talk about them. They may try to focus attention away from the loss to regulate the intensity, but they don’t avoid reminders of the loved one
- **Their ability to grieve alternates with the ability to find pleasure in daily life activities and relationships** as well as in comforting memories (e.g., “He’s still here with me,” “I know she’s at peace now.”) **The ability to feel both pain and pleasure lends resilience**

12

*“One of the challenges of mourning is that the required learning is both **intensely emotional and deeply aversive.**”*

Shear, 2012, p. 23

13

Distinguishing resilience from suppression

- The impulse to avoid the intense pain of acute grief is normal and natural. It is as natural as feelings of sadness. **We should not confuse all the different ways that the bereaved try to manage or avoid the ‘aversive’ feelings.** Nor should we assume that it is healthy to be constantly at the mercy of the emotional pain!
- Because we associate grief with intense sadness and emotional pain and a focus on the lost loved one, **resilient individuals can often be misunderstood as avoidant**, as suppressing their grief. We forget that resilience = flexibility, being able to feel sadness and joy

14

Grieving too much and too little

- Research shows that prolonged **avoidance has negative consequences, but so also is being unable to pull attention away from the loss** so that the pain can rest
- Some experts have even suggested that **rumination may be a form of avoidance!** Some clients with complicated grief ruminate on the loss but also avoid their sadness, frustrating the therapist and keeping them stuck in Anger, Bargaining, or Depression.
- **Too much grieving and too little grieving both have negative consequences.** But to help clients afraid of their sadness involves making it easier to grieve

15

Childhood loss often results in ‘complicated grief’

- “**Complicated grief**” or “complicated grief disorder” is characterized by:
 - Persistent longing/emotional pain
 - Difficulty accepting the loss
 - Feeling that life is meaningless, no happiness is possible
 - Recurrent feelings of anger, bitterness, or unfairness
 - Preoccupying thoughts about the loved one that interfere with going on with their lives
 - Rumination and preoccupation AND avoidance

16

Vulnerability to complicated grief

- Research studies suggest that **vulnerability to complicated grief** is related to:
 - A history of depression or trauma
 - A history of substance abuse
 - Multiple losses or traumatic loss
 - Having been a caregiver for the loved one prior to the loss
 - The nature of the loss: loss of a child or spouse is associated with higher risk of complicated grief

17

How do we help clients with complicated grief?

- **Psychoeducation:** explaining the grief process, reframing guilt and anger, laying out a map for healing
- **Emotion regulation:** building the ‘emotional muscles’ needed to recover from loss with the understanding that having more resilience does not mean being “OK” with it
- **How to use and keep a social support system:** understanding others’ difficulty regulating **their** emotions
- **Setting goals and/or imagining a future life**
- **Developing a healing story** that puts the loved one in perspective, including negative and positive feelings

18

What is “healthy” grieving?

- Here is what we know about grieving:
- **The ability to focus back and forth** from the loss of the loved one to those things we haven’t lost is crucial.
- **Social support for grieving individuals** is important, even if it is just a good deed or a cooked meal or prayers or emails/texts/cards
- **Grief is not just sorrow.** Normalizing the full array of symptoms associated with grief (guilt, shame, anger, fatigue and spaciness) is important. **Grief is ‘aversive,’ painful, and frightening, but it is easier IF we can learn how to regulate it**

19

Is it OK to regulate our emotions?

- Often, children are taught to restrain or manage their emotions in socially acceptable ways, but **the idea that emotions need to be regulated** is a relatively new idea
- Emotions are a valuable source of information. They help us to feel alive and connected to ourselves. They add color and texture to our thoughts and actions.
- **BUT emotions also drive our actions, so when they are not regulated, they can stimulate us to act in ways that make our situations worse.**
- Another complication is that we rarely distinguish between **FEELING** emotion and **EXPRESSING** it

20

Regulating grief helps resolve it

- **Grief is difficult to regulate.** Feelings of sorrow often ‘come out of nowhere’ like a tidal wave that overwhelms the capacity to tolerate or regulate them. Some clients shut down; some clients become impulsive and unsafe
- **But expressing emotions does not regulate them!** Sometimes their expression stimulates more intense emotion. To resolve and soothe painful emotions, we need to be able to witness the feelings, not just express or discharge them.
- **When we can be in relationship to feelings of sorrow, they are less overwhelmingly intense** Fisher, 2022

21

Avoiding rumination

- **Rumination is not grieving.** Rumination is obsessing, and it is usually painful but also very cognitive
- Bereaved individuals with complicated grief tend to ruminate on their **thoughts** about the loss while avoiding reminders of their loved one. They clear their homes of all reminders, or they leave everything untouched, which is why the experts suggest that **rumination may be a form of avoidance!**
- When clients are consumed with guilt, fear, or anger (or **when thoughts predominate over feelings**) after weeks or months following a loss, that is a sign that we might want to talk about the risks of rumination . . .

22

Avoiding avoidance

- **Always keep in mind that avoidance is a sign of fear!**
- **Trying to get the avoidant to focus on the loss simply exacerbates the fear,** rather than facilitating grieving
- Two kinds of avoidance have been identified:
 - **Behavioral avoidance:** avoiding contact with places, people, photos that are reminders of the loss
 - **Depressive avoidance:** social isolation, rumination
- With those who are avoidant, **offer support rather than trying to evoke their emotions!**
- **Be curious:** “Does it help or hurt to be reminded? Or does it just feel too big to think about?”

23

Mindful noticing

- **We have to help grieving individuals notice the components of grief one by one as a thought, a feeling or a body reaction.** We are helping them take a tidal wave and break it down into its component parts, each more manageable than the whole
- **Noticing “I’ll never be happy” as a thought or even ‘just’ a thought.** Noticing tears as just tears, constriction in the throat as just sensation, noticing the ground swell of a wave of grief come up and noticing the physical sensations of it without adding beliefs about the sensations. Even noticing “It’s too much” as just a thought.

Fisher, 2022

24

Noticing 'without attachment or aversion'

•A Buddhist perspective advises us to notice thoughts, feelings and body experience 'without attachment or aversion.' 'Attaching' to a belief or feeling is accepting it or even prioritizing it. 'Aversion' is trying to avoid or reject the feeling, the memory, or the thought.

•Every grieving person has attachments and aversions. "I can get through this" might be a thought to which the client is attached, or it might be an aversive thought. Encouraging the bereaved to notice with interest but not 'draw conclusions' is an important part of mindful grieving.

Fisher, 2022

25

Noticing 'without attachment or aversion,' cont.

•Sensations and emotions are 'just sensations' from a Buddhist perspective, and pain or pleasure is a conclusion, not a fact. When we notice painful emotions or sensations as neither comfortable nor uncomfortable, they are more bearable. Naming the sensations we notice can help us to put words that are not conclusive: sharp, aching, burning, tight, dull are words that do not intensify pain

•It takes practice to simply observe our sensations, emotions, and thoughts, and a recent loss is not an optimal time for practicing a new skill. Yet it is one that can help grieving individuals develop resilience and gain relief

26

Noticing 'without attachment or aversion,' p. 3

•The practice is easier with the help of a guide, whether friend or therapist. **Explain that if grief gets 'stuck' and has nowhere to go, it gets more overwhelming. But if it's treated like a wave in the ocean and just allowed to break and subside, they will feel relief instead**

•First, ask the individual to pause as each wave of grief arises and just notice rather than react to it.

•Next, ask them to name out loud or to themselves whatever they are noticing: "The wave is coming up from just below the stomach and gets more overwhelming as it comes up. . ."

27

Noticing ‘without attachment or aversion,’ p. 4

- Ask the individual to notice the sensations and feelings:** “Is it a whoosh or is it slow?” “As it arises, what else do you notice? Tears? Tightness? Aching?”
- Keep reminding them to relax the body and ‘let the feelings flow through. . .’** Relaxing the body will reduce the feeling of overwhelm, but if it doesn’t, ask them to just notice the overwhelm as sensation and ‘let it flow through’
- Keep asking them to stay focused on the sensations and their movement** until the feelings settle. . . “Keep letting it flow through. . .”

Fisher, 2022

28

Noticing ‘without attachment or aversion,’ p. 5

- As thoughts arise, ask the individual to notice them as ‘just thoughts’** and to put them aside to go back to watching the wave rise and fall. “Just put the thought aside and stay with the sensations—notice where you feel them in your body, notice the quality of the sensation—just let them come up and let them flow through. . .”
- Relaxing the body will reduce the intrusion of thoughts, but if clients can’t put them aside, then ask them to notice, **“What happens to the sensations when you have that thought?** Do they get less intense or more intense?”

Fisher, 2022

29

Noticing ‘without attachment or aversion,’ p. 6

- Because we are so used to listening to our thoughts before our feelings,** it can be challenging for clients to stay focused on the sensations without going into thought. **The therapist can help by evoking curiosity and focus:** “Is it more in your throat or more in your chest?” “What kind of sensation are you noticing? Is it more emotional or more physical?”
- It may seem like an empathic failure to keep the focus on sensations instead of the words, but keep in mind that the words stimulate **more** emotion. If the client can tolerate it, that’s wonderful, but most grieving people cannot.

Fisher, 2022

30

“Making Meaning”

- Human beings are meaning-making creatures.** Before we have words, the brain and body make meaning of our experience. With language, we begin to attach words to our experience of making meaning
- All human beings make meaning of their losses, and the meanings we attach can help or hinder healthy grieving**
- Negative meaning-making can include:** blaming ourselves, blaming the loved one, negative predictions of the future, beliefs with ‘never’ or ‘always’ in them, attributions of guilt. These meanings interfere with finding peace

Fisher, 2022

31

“Making Meaning,” cont.

- We forget that beliefs are hypotheses or theories. Even though we state them in words, it does not mean they are true!** Most therapists accept the meanings clients attach to their experience for fear of empathic failure, especially when it comes to such an emotionally painful experience
- But we do our clients a disservice if we don’t help them arrive at meanings that allow them to grieve and go on**
- The question to ask is: **“How does that belief help you to cope with this loss?”**
- Don’t be afraid to suggest that many different meanings could be made. . .

Fisher, 2022

32

“Making Meaning,” p. 3

- “What other belief could you have?”**
- “What if you believed that it wasn’t your fault?” “What if you believed that her life would have meaning through you?” “What if you believed that he’d want you to be happy?” “What if you believed that it was possible to be loyal to him and loyal to you?” “What if you believed she was watching over you?”
- Take the time to let different meanings ‘sit’ and ask clients to notice the different responses they have to different meanings.** Often, clients will say, “That one feels better, but it’s not true!”

Fisher, 2022

33

“Making Meaning,” p. 4

- “What are you worried about if a new theory feels better?”**
- Most of the time, you will encounter another belief that **it’s not OK to feel OK about a loss.** “So, it’s not OK for grieving people to believe something comforting? Is that right? And does that apply only to you or to everyone?”
- When necessary, it can be helpful to ask clients to try out a new belief even if they don’t believe it!** Changing the meaning may be the only way out of complicated grief, so spending as much time as needed to find a meaning that helps the client to heal is time well spent Fisher, 2022

34

Letting go is hard to do

- Accepting the facts of a loss is different from acceptance and letting go. It is easier to accept facts.
- Letting go means fighting our instinctual tendencies to hold on AND our beliefs about what it means to let go**
- It does NOT mean** that we let go of our love for those we’ve lost or let go of what they meant to us or our memories of them—or their place in our hearts.
- But those fears often compete with letting go and especially with the wish to feel less pain or less broken
- Guilt is the biggest challenge for the bereaved. Fisher, 2022

35

“Why did this happen?”

- Often, loved ones struggle with the question of “why”?** **The need to know how this could have happened before they can let go is understandable.** But it can also keep them locked in the pain
- Sometimes, they are “fighting with the gods:”** “Gods, you better have a darn good reason or I am not accepting this loss!” When we can’t accept that there is no ‘good’ reason for a premature death or a death by violence, we are trapped in the cycle of “why” questions as much as we can be trapped in the cycle of guilt
- “Peace with gravity:”** how do we help the bereaved to accept the inexplicable and unjust loss?

36

“Why did this happen?” cont.

- **Accepting unjust, unpunished losses is like climbing Mt. Everest:** all human beings have a protest response to unjust losses. We resist accepting unfair losses!
- **Help clients befriend their protest responses:** help them to **savor** the protest rather than getting stuck in it. Of course, they can’t accept the unfairness! Why should they? **What they need is help letting go of the need for compensatory fairness or ‘justice.’**
- **The belief that we will feel better when the crime is punished is a powerful one,** but it is rarely successful. A loss is a loss even when justice has been done. It is still raw and painful

37

Beware of pathologizing grief!

- **We as a society are very quick to pathologize the bereaved** for feeling too much, feeling too little, feeling too long or for not long enough!
- **Remember that loss affects the body and mind very much like a trauma or a severe wound to the body.** We know that injuries take time to heal, that some people experience more pain or complications than others, but we tend not to judge them
- Therapists are likely to judge the avoidance or lack of emotion; others may judge ‘too much’ grief. But what the bereaved need is positive social support

38

Beware of pathologizing grief, cont.

- **Social support should offer comfort for the pain BUT also offer the change to rest** from the grief!
- **“Rest” doesn’t mean advising the bereaved to go out socially, to begin dating again, etc.** Those types of suggestions too early in the process feel undermining. “Rest” might mean going out to lunch, taking a walk, chatting with friends, doing a jigsaw puzzle.
- As a therapist, ‘be’ there---whether it’s with the avoidance, the overwhelm, the complicated grief, the need to cry or the need to take a break from crying. **Validate the wish not to feel the pain of grief!**

39

For further information, please contact:

Janina Fisher, Ph.D.
511 Mississippi Street
San Francisco, CA 94107
DrJFisher@aol.com
www.janinafisher.com

40