

## Auditing the Loss

**“Give sorrow words. The grief that does not speak whispers to the o’re-froght heart and bids it break.”**

William Shakespeare’s *Macbeth*

- Offer your presence and encourage talk about all dimensions of the loss;
- Helpful guiding statements/questions:
  - Tell me about this death, loss etc.
  - What has been the hardest part of your experience so far?
  - What feelings are coming up for you? How are you managing with them?
  - Where do you feel grief in your body?
  - What are your days like? What is the hardest part of the day?
  - What other losses are coming up for you as the result of this loss?
  - Have you been able to eat? sleep? rest? take care of responsibilities?
  - Have you been able to take ‘kind care’ of yourself?
  - Do you have a place where you can ‘let go’ and feel the grief thoroughly?
  - Have you experienced well-meaning people saying things that are hurtful to you?
  - What kind of support do you have from others?
  - Do you have someone to talk to and tell the exactly how you feel?
  - What tasks/responsibilities have been the hardest for you to do?
  - What things have been triggers for you?
  - What ways have you been unexpectedly surprised by feelings or memories?
  - How has your family life changed?
  - How has your social life changed?
  - How are you adjusting to this loss in your life?
  - Are you struggling to find meaning regarding this loss?
  - Is there anything you would appreciate having help with at this time?
  - What have been the most difficult things to accept about this loss?
  - Have you had to cope with ‘re-thinking’ any things that seemed true or right to you before this loss?

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## **Critical dimensions to keep in mind when helping a person resolve grief**

- \*Nature and degree of attachment to the person or object of loss;
- \*Circumstances of the death or loss (sudden/expected/violent/painful/avoidable etc.);
- \*Nature and severity of symptomatology;
- \*Person's understanding of the grief and mourning process itself;
- \*Number and nature of other losses connected to the primary death or loss;
- \*Number of other unresolved losses;
- \*Nature and type of triggers person is experiencing;
- \*Nature and type of positive coping skills available to the person;
- \*Nature and type of negative coping patterns;
- \*Degree of social support and or social isolation;
- \*Whether or not the loss can be acknowledged publically;
- \* Whether there is any unnoticed or disenfranchised grief involved;
- \*The gender roles, religious beliefs, cultural norms etc. which are operative and their relationship to the grieving process (helping? Hindering?)
- \* The mourner's personality and coping style;
- \*Nature and type of disruption to the person's worldview or assumptive world;
- \*Does a person have a way to symbolize, memorialize, or maintain a connection to the death or loss if needed or desired?
- \*Nature and degree of disruption to person's spirituality, faith, or hope;
- \*Is the person gradually moving towards any decrease in symptoms, resolution of loss, and re-engagement with life in a new way?
- \*If the person is not moving towards a gradual resolution, what factors are preventing this forward movement?

## Components of Supportive Work to Help Facilitate the Grief Process

### 1) Establishing a caring relationship

- What is this person's emotional style?
- Getting feedback about what is helpful or not;
- Work with person to identify what concerns they have and the coping skills needed;

### 2) Listening and encouraging talk about all dimensions of the loss

- A person must be able to **AUDIT** his/her loss;  
Much inside needs to get externalized; The narrative needs to be shared;
- Therapist must be very comfortable with silence and distress;

### 3) Psycho-education

- Normalization/ naming of the experience: ("This is grief; You are not mentally ill");
- There is no "right way" to go through the process;
- Talk about and validate the possible **symptoms** a person might be experiencing;  
(Possibly use a checklist to help assess and educate);
- Talk about the nature of **feelings** and how to work with them;
- Give an 'overview' of some of the processes and stages of grief work if appropriate;  
(Special emphasis on the experiences of shock/disbelief/emotional roller-coaster)
- Talk about **triggers**: what triggers are; what triggers the person is/might experience;
- Discuss **sleep hygiene** and methods of **self-care**;

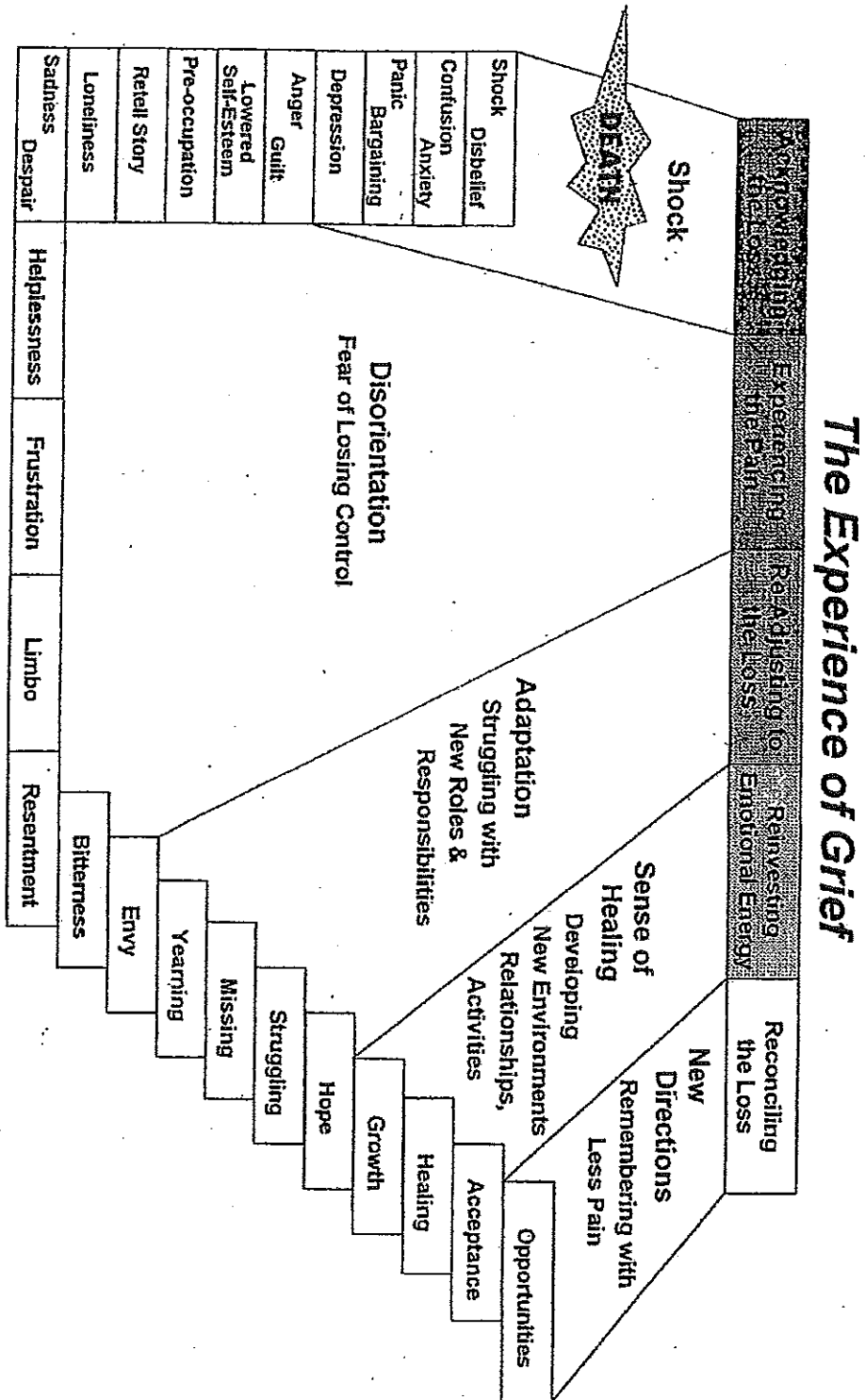
### 4) Teaching coping and self-regulation skills

- Help people to regulate their autonomic nervous system; Teach person how to monitor and relax the body; The goal is to help a person to have a full emotional experience in a relaxed body; If emotional processing gets suppressed, grief gets protracted;  
*"We can never really master change until we learn to breathe to the rhythms of the spaces between our landings, accepting the fear and sometimes raw terror those spaces bring, and moving on and through them"* Candice Carpenter

### 5) Case Management

- See if referrals to community services could be of benefit (minister/ grief support group, legal advice, meal services etc.)

# The Experience of Grief



Source: November, 1994, Family Information Services Focus Issue, prepared by Britton Wood, Ph.D., CFTL, Family Life Consultant, Fort Worth, Texas. This graph developed by Jack Lockero, Reprinted with permission granted exclusively to members of Family Information Services.

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## Triggers for Grief and Loss

- \*Any anniversary date(s) related to the loss itself (This could include such things as actual date of death, time of an accident, time of diagnosis etc.)
- \*Any date or anniversary special to the deceased or mourners (birthdays, dates of weddings, engagements, divorces etc.)
- \* Location where the death or loss happened (rooms of house, hospitals etc)
- \*Occurrences of similar events or experiences;
- \*Going through daily routines (grocery shopping, preparing meals, watching television);
- \*Significant family/social events: holidays, birthdays, graduations, etc.
- \*Certain sights, sounds, clothing, scents, foods, etc. that trigger memories or experiences;
- \*Seeing photos of the deceased;
- \* Seeing a relative or stranger who looks or acts like the person who is gone;
- \*Receiving mail addressed to the deceased;
- \*Hearing the person's voice on phone recordings, videos etc.;
- \*Movies, television shows, music, or lyrics that have connection to the loss;
- \*Familiar places where the mourner went with the deceased (restaurants, hiking places, vacation homes etc.);
- \* Events like sorting through a person's clothing and belongings; selling the person's home or car;
- \* Seeing people at similar developmental stages of the deceased (i.e. children walking to school; adolescents going to proms, graduating from high school, people getting married, having children etc.)

# Physical, Emotional, Cognitive, Behavioral, Social, and Spiritual Aspects of Loss

## Physical Symptoms

lowered immunity/vulnerability to opportunistic illnesses  
sleep problems  
fatigue  
appetite change  
chills  
frequent sighing  
digestive/ intestinal distress  
pounding heart  
restless/agitated  
accident-prone



## Emotional Symptoms

shock/disbelief  
overwhelming sadness/depression/ tearfulness  
worry/anxiety/fear/ panic  
self-doubt  
helplessness  
lack of pleasure/ numbness  
guilt  
relief  
anger/negativity  
confusion

# Physical, Emotional, Cognitive, Behavioral, Social, and Spiritual Aspects of Loss

## Cognitive Symptoms

- difficulties concentrating
- problems with memory
- disassociation/ “spacing out” / perception of unreality
- inability to complete work/tasks
- intrusive thoughts and images of the deceased /thoughts about death
- difficulties problem solving/planning
- having hallucinations (visual, auditory, sensate) of the deceased



## Behavioral Symptoms

- crying and restless agitation
- decreased sleep
- increased smoking
- increased alcohol/drug use
- reckless driving
- scanning crowds of people to find the deceased person
- increased or decreased prayer/ reading of sacred or inspirational material
- avoidance of triggers (music, certain rooms, photos etc.)



# Physical, Emotional, Cognitive, Behavioral, Social, and Spiritual Aspects of Loss

## Interpersonal Issues

difficulties being around others/feeling like a 'downer'

Loneliness

sense of isolation due to experiencing a life event others don't understand

tendency to camouflage grief in effort not to upset others;

dependency on others to take initiative

lack of touch/ intimacy

fears about making others uncomfortable talking about grief

guilt about not participating or assume one's usual level of responsibility

## Spiritual Issues

hopelessness, despair

inability to find meaning/ purpose in the loss or one's ongoing life

absence of God;/ anger at God

isolation/withdrawal from spiritual community;


questioning former beliefs

preoccupation with death and the afterlife

disruption of assumptive world (safety, bad things don't happen to

good people, control over one's life)

## Understanding and Working with Feelings

- Feelings exist; They just are a reality of life; They are natural, normal, and universal;
- Feeling are important because they tell us about what we like or don't like, they help to motivate us; they help us to know ourselves better, to be more real, and to connect more deeply with others;
- All feelings are acceptable; There are no "good" or "bad" feelings; They just are;  It can often be more useful to think of our feelings as "pleasant" or "unpleasant"; For example, some feelings are more unpleasant to experience such as guilt, sadness, anxiety, shame etc.;
- The way you 'gain control of your feelings is by allowing yourself to feel them without judging them; Feelings change as we allow ourselves to feel them; Feelings follow their own natural course to resolution if you let them;
- Feelings involve both a mental and a physiological state;** Certain physical sensations are associated with certain feelings;
- A key to working with painful feelings is trying to experience the emotion while keeping the body relaxed;
- We can sometimes have feelings about feelings; {ex. "I feel ashamed that I was angry at him for dying and leaving me" "I feel guilty that I am relieved she is dead after so much suffering"}
- Having feelings is different from acting on them;
- Everyone can have their own style, tempo, and method for working with feelings;

## **COMMON MYTHS PEOPLE HAVE ABOUT EMOTIONS**

Given that it is common for us to judge our emotions, many people develop false beliefs or 'myths' about emotions. Here are the most common ones, as well as why they are false. If you have not read the toolkit on Change Your Negative Thinking, make sure to take a second look at these myths once you have. It may become even clearer why they are all myths.

**Myth #1:** There is a right way to feel in every situation.

False. Feelings are not right or wrong. They provide information about how we see a specific situation. Different people will feel different emotions depending on the situation because we all have different beliefs about ourselves, others and how the world operates. Even if two people feel the same emotion, it is possible that the intensity will vary. For example, during a funeral most people will feel sad, but the intensity of sadness will vary depending on how close each person was to the deceased person.

**Myth #2:** When I let others know I am feeling bad it shows I am weak or flawed.  
False again. Feelings are not a weakness. Everyone experiences negative emotions and we cannot all be weak or flawed. So expressing a negative emotion simply means that something is bothering us.

**Myth #3:** All negative emotions will keep on increasing in intensity if I do not act now. This is untrue. Emotions do not increase forever in intensity. They reach a peak and then they will subside.

**Myth #4:** Negative emotions are bad and destructive.

This is another false myth. It is not the emotion that is bad or destructive but the behavior that results. For example, alcohol abuse, compulsive shopping, risk-taking behaviors and self-mutilation.

**Myth #5:** All emotions happen spontaneously for no reason.

False. All emotions happen for a reason and are the result of our perception of an event.

**Myth #6:** I cannot tolerate any painful emotion.

This is not true. People can learn to tolerate unpleasant emotions with practice. If we do not learn to tolerate emotions, impulsive behaviors such as drugs, regrettable sexual encounters and self-harm with lead to further problems and additional painful emotions.

**Myth #7:** Some emotions are completely stupid and useless.

Untrue. All emotions provide information to us so they are very useful. They help identify what we like or do not like (for example, what sports we like, how we want to be treated), they help us communicate with others (for example, facial expressions to convey anger or interest) and they help prepare us for action (for example, feeling anxious about a test motivates us to study until we feel prepared and the anxiety decreases).

**Myth #8:** If others do not agree with how I feel then I must be wrong.

Another false myth. There is no right or wrong emotion so emotions cannot be judged. If you feel a certain way, then it is what you are feeling regardless of what others say. Also remember that each person can experience a different emotion after the same event.

**Myth #9:** Other people are the best at knowing how I am feeling.

Not true. People can only see behaviors or what you do, but not what you are feeling. Thus, each person is the best judge of how they feel.

**Myth #10:** All painful emotions should be ignored because they are unimportant.

False. Painful emotions are especially important because they leave significant emotional scars that need to be healed. Ignoring them will not make them go away.

**Myth #11:** Feeling negative or painful emotions means I am bad.

A final false myth. Feelings are not like a personality trait or a behavior, so negative emotions do not describe us as people. In addition, everyone feels negative emotions, like anxiety or depression on occasion, and everyone cannot be 'bad'.

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