

Conference Notes from a MCDES Board Member

“Untangling Intangible Losses in the Treatment of Traumatic Grief”

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On Shame

- There is no emotion that is more complicated or debilitating, contributes to problems with resolution of grief and/or to complex bereavement
- Vicious cycle of shame, secrecy and silence
- Promotes isolation, disconnection, feeling lost or directionless
- Different than *privacy* (which like shame is also personal, but lacks deeper, painful, emotional aspect)
- Different than *embarrassment* (which unlike shame requires an outside observer, shame “lives inside a person”)
- Different than *therapeutic resistance* on the part of the client (shame paralyzes the therapeutic process where as resistance is a natural part of therapeutic relationship/process, several strategies available for dismantling resistance in therapy)
- When you’re not white, poor, marginalized you are devalued. When shame is tied to the very basis of your being, devaluation is internalized.
 - “our collective salvation rests in the humanizing of others”

Finding Ways to “De-shame”

- Dental/root canal metaphor: “you must remove the part that hurts while saving the tooth.”
- Don’t name it as shame until the client is ready to do so. Instead talk around it via building good will, trust, and capitol so that the client is able to address it.

Generational Shame

- Dismantling collective secrecy via building relationships and acknowledging that something happened (again engaging in discussion around the issue without naming it as shame directly). “My sense is that something happened that made you feel _____”
- “Set the table” and with time and patience the issue will avail itself. “The only reason therapists rush in naming shame is to serve their own ego”

On Therapist Self-disclosure

- Therapists are NOT tabula rasa. “When we are open to it, our personal life informs our professional life.”
- Yet, we must always “WAIT” (ask yourself “why am I talking?”)
- Appropriate to disclose if doing so to augment the story or sharing of the client or to increase client vulnerability (vulnerability begets vulnerability).
- Inappropriate to disclose if therapist has not found resolution regarding the topic of disclosure

Supporting clients in coping with loss

DO:

- Ask pointed questions about relationships, ask client to share stories, express “unrelenting curiosity” (“who was the first person you told about the loss?” “how did they respond?” “who was most affected?”)
- Invest in the client’s life, allow them to draw their own conclusions
- Speak to the third ear (2 primary ears close when confronted with strong emotions). Speak to the client’s unconscious.
- “We must be emotionally-focused in our work” hold process, deal with strong emotions)
- Give permission for client to share via utilizing heartfelt, authentic statements
 - “I know how painful it has been for me to bear witness to what has been happening with your mom here in the hospital and I’m just the social worker. I can’t imagine what it’s been like for you as her son.”

DONT:

- Collude with avoidance: “Avoidance is manifested in questions we have but fail to ask.”
- Downplay or minimize

On a Multicultural Perspective

- Acknowledges that within each cultural group there is wide diversity, this perspective enables engagement across a diverse spectrum of people
- Acknowledges that **a given person/family is “like all other people/families, some other people/families and no other person/families”**
- Our context shapes our reality-- highlights the complexity and enormity of loss

On Loss

- **Tangible loss:** physical, quantifiable, measurable
- **Intangible:** not overt, visible, concrete, measurable
 - All tangible losses contain intangible losses, but intangible losses do not always contain tangible losses
- COVID has elevated the prominence of intangible losses in ALL of our lives
 - Loss of normalcy, predictability, familiarity (we never know when this is going to end, we don't know what, if anything will return to “normal”)
 - Loss of community (leading to increased crime and DV?)
 - Loss of closure (not able to visit loved ones in the hospital, not able to have traditional funeral)
 - Loss of mobility
 - Loss of safety/security, loss of respite (many of the strategies we traditionally would employ are no longer available)
- For people of color and marginalized populations: every dimension of their lives are impacted by loss
- Loss of Respect, dignity, humanization, future orientation, innocence (all intangible) → a sense that their life doesn't matter
 - I.e. reframing label of “thug” to “a person who has already accepted that they won't live past 35 years old. Ask the question: “do you care whether you live or die?” Response indicative underlying intangible losses.

Manifestations of Loss

- **Acknowledged loss:** Cognitive and emotional manifestation:
 - Client can talk to you about/name the loss (cognitive) and has appropriate affective expression (emotional)
- **Unacknowledged loss:** Cognitive manifestation only, emotional manifestation only, or lack of both

Treatment Strategies:

1. **Assessment and determination**
 - a. Is this an acknowledged or unacknowledged loss? Tangible/intangible/both?
2. **Create space for the exploration of loss**
3. **Psychoeducation**
 - a. It is possible that two members of the same household can respond differently to the same loss?
 - b. Complexity of loss (as illustrated by use of putty-- so many ways it can be shaped)
4. **Emotional exploration**
 - a. Indirectly via the third ear (unacknowledged losses)
 - b. Directly- what feelings did that generate? How did you cope with those feelings?
5. **Factor in relationships**
 - a. Who else is impacted? What are the related stories connected to the loss?
 - b. Relationship connection to both suffering and healing
6. **Execution phase**
 - a. Invite in others who are connected to the loss
 - b. Bearing witness/corrective work
 - c. Rechanneling emotion in to action/productivity

Intangible, Unacknowledged Losses:

1. **Assessment:** explore the anatomy of the loss (process is circular, story-focused and nonlinear—“snoop and poke around”)
 - a. “When did this happen? Who did you tell first? Who is connected? What did you learn? What would you do differently? Tell me the story about how your husband responded.”

2. **Psychoeducation/"petit lectures"**
 - a. Use provocative aids (music, movie clips, writing) to elicit emotion via third ear
 - b. "Feeling pie/inventory" composed of 4 quadrants (glad, mad, sad, nervous) helps client to name/categorize feelings, serves as a template to turn to
 - c. Create a loss diagram with color coding
3. **Ask historically based questions** around client relationships in order to generate emotions, increase potential for rehumanizing loss (find out people's names and use them to rehumanize)
4. **Invite a stroll down memory lane via storytelling**
 - a. "When you think about ____, what is one memory you will always have?"
 - b. Ask yourself, "what does the client value?" and ask questions/facilitate reflection around that
 - i. i.e. if value is loyalty, "Can you tell me about a time when ____ had your back?"
5. **Explore relationship impact and invite relationship connection**
 - a. If there is no relationship network, believe in your own creative ideas to bring people together.

On the Cross Racial Therapeutic Relationship

Vital to acknowledge whiteness and cross racial dynamic

- **DO SAY:** "You know, these are very difficult times to work cross-racially. I want you to know that I am coming to this work with that in mind. I'm very aware of my own whiteness and I will bring the very best of myself to this relationship. It's not your job to call me out on my whiteness, but I want to welcome you to do so if you feel so inclined and that in doing so there won't be any damage to this work or relationship"
- **DON'T SAY:** "How do you feel about working with me as a white person?" (question comes from and reinforces a position of power)
- As therapists, we don't "get over" our own issues, instead we must touch and integrate parts within ourselves where suffering lives, we must build relationship with our own suffering.
- Silence = complicity. Say something. Anything that you do is preferable to doing nothing.