



Grieving the losses of childhood

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**Grieving the
Losses of
Childhood**

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1

**Childhood losses go
unrecognized and unsupported**

- **Death of a loved one is a recognized tragedy in all cultures.** Every culture has its customs that support the bereaved in mourning their loss for up to a year
- **The losses of childhood are usually invisible.** Abuse and neglect may be reported to child protective services but they are never marked as a loss or bereavement
- In childhood, the necessity to survive takes priority. **Abused or emotionally abandoned children do not have the luxury of a safe environment in which to feel their grief.** It can take many years to recognize how the losses of childhood have affected them

2

Childhood Losses

There are so many losses in abusive families:

- Loss of safety
- Loss of love, affection, closeness
- Loss of comfort
- Loss of feeling loved and lovable
- Loss of being delighted in
- Loss of being able to love as well as be loved
- Loss of support for self-development
- Loss of being able to trust

3

When we have social support, it is easier to tolerate pain and pleasure

- **The love and comfort of family, friends, or community** soothes the nervous system, lessens emotional pain, and can even evoke positive feelings.
- **But not everyone has the social support they need to regulate the stress and provide comfort.** When losses are secret consequences of abuse and neglect, there is no support for the child
- In today’s world, there are online bereavement communities for every type of loss other than childhood losses of love and safety. **For child trauma survivors, the lack of support persists long after the abuse**

4

Loss = Increased sensitivity to fear

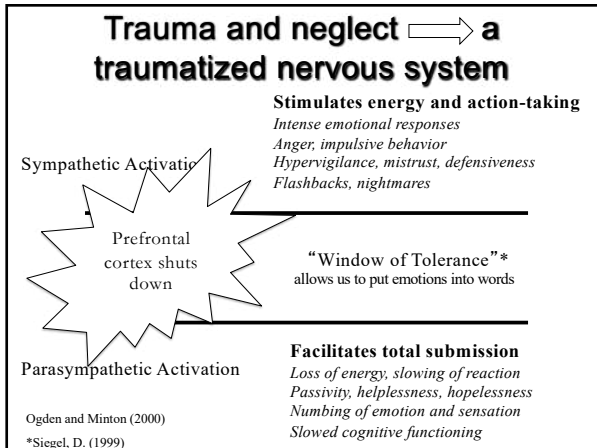
- **Relationships play an important role in decreasing fear and stress**, according to research by James Coen
- In his original study, 15 married women received an electric shock under three different conditions: once while their husbands held their hands, then while a researcher held their hands, and finally without any hand to hold. **Having their hands held even by a stranger decreased their stress more than having no hand to hold!**
- Connection helps us feel safer in the world. According to Coen’s findings, **the better the relationship, the greater the decrease in stress.** But what about failures of connection?

5

When social support is hard to find

- **Especially when the loss we grieve is a childhood loss**, it can be hard to find meaningful support, especially from those who have never experienced loss
- **Because grief is anxiety-provoking**, friends and family may be overwhelmed in the face of sorrow. **Their** emotions in response to grief may be so dysregulated that they cannot truly be present and comforting.
- Instead, they may respond with platitudes or, worse yet, change the subject or, even worse, encourage “leaving the past behind” as if the person who is grieving has somehow done something wrong! **Looking for support can often become another loss**

6



7

The many aspects of grief

- The effects of loss can be hard to recognize as ‘grief’

All of us experience an array of feelings and reactions to loss that are more extreme if trauma-related:

- Guilt
- Anger
- Warmth and pleasure in positive memories
- Relief
- Numbing of emotion or shut down
- Spaciness
- Inability to concentrate, attentional problems, forgetfulness

8

The many aspects of grief, cont.

- Grief is difficult to regulate. We can’t feel sad when we want or choose to.** We can’t hold grief back if waves of sadness come up, 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 family member. Usually, the more warmth and love and closeness we have felt, the more we feel a ‘hole in our hearts’ after loss
- Childhood losses are most often about what we did not receive, not the loss of what we had. They are the loss of what we wanted or yearned for.**

9

Unrecognized heartbreaks

•In trauma treatment, we have historically been more focused on the details of the events and less focused on the heartbreaks of childhood

•But clients come to us with the emotional pain of those 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 still re-evoke feelings of rejection and abandonment. *“My parents constantly criticize me,” “They never say they’re proud,” “No one ever asks how I’m doing. . .”*

10

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, other family members, society
- Bargaining:** ‘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

11

Think of these stages as a spiral

•**Denial:** shock and disbelief, sense of unreality, numbness will come and go. Most prominent immediately after a 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 abusive parents, at God, at the world, or at non-protective bystanders

•**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,” “I should have...” There are many ways of staving off the impact of a loss, including ‘arguing with the gods’ about it

12

The stages as a spiral, cont.

- **‘Depression’** as a word does not do justice to the sorrow, sense of loss, and emotional pain of grief that often comes in the form of tidal waves of emotion. This ‘stage’ also is not linear. A reminder of a childhood loss can set off a wave decades 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 ruminations give way to a feeling of peace, we are there.
- **Finding Meaning** is also a process that can only come with time. When we find meaning in a loss, it is easier to accept it, live with it and go on with our lives

13

Research on grief looks at resilience in the wake of loss

- **60% of bereaved adults in one study demonstrated 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 builds resilience**

14

But how do traumatized individuals develop resilience?

- **This ability to feel grief and the ability to shift attention from negative to positive feelings** is easily learned in secure attachment. Safe, loving parents support and soothe the child’s distress and help them shift attention to what isn’t distressing.
- **Abusive and neglectful parents shame or punish distress and sometimes the child’s positive feelings, too. There is no comfort.** The fear of emotional pain stems from its having once been dangerous, and **the ability to shift states is not learned in a world in which comfort is never available**

15

Traumatic attachment complicates grieving

- **Many childhood trauma survivors experience the intense yearning and hunger for connection** that went unmet. They ‘miss’ the love they never received. Some repeatedly re-experience the mistrust and vigilance necessary for survival
- **Acknowledging their losses stirs up both the hunger and anger or hypervigilance.** Grieving is complicated by the tendency to fight sadness with anger. Once a needed adaptation to an abusive world, their bodies instinctively guard against vulnerability. The longing for closeness drives desperate seeking of support for their grief

16

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 pathologize all the different ways that our clients 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

17

Childhood loss often results in ‘complicated grief’

- **“Complicated grief”** or “complicated grief disorder” is characterized by:
 - Persistent longing and 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 life
 - Rumination and preoccupation AND avoidance

18

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

19

Grieving too much and too little

- Research shows that prolonged **avoidance has negative consequences, but so also does being unable to pull attention away from the loss** so that the pain can rest
- Some experts have even suggested that **rumination on the loss may actually be another form of avoidance!** Some clients with complicated grief ruminate on the loss while avoiding their sadness, frustrating the therapist and keeping them stuck in Anger, Bargaining, or Depression.
- **Because too much grieving and too little grieving both have negative consequences,** we have to make it **easier** for clients to grieve!

20

How do we help clients with complicated childhood grief?

- **Psychoeducation:** explaining the grief process, reframing guilt and anger as grief, helping clients approach vulnerability bit by bit, laying out a map for healing
- **Emotion regulation:** building the ‘emotional muscles’ needed to tolerate sadness, helping clients understand that more resilience does not mean being “OK” with loss
- **Being able to imagine a future life** in which they are not impeded by the failures of their parents. They can go on
- **Developing a healing story** that puts their childhoods in perspective and makes the loss easier to bear

21

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

Shear, 2012, p. 23

22

Beware of pathologizing grief!

- **We as a society are very quick to pathologize the griever** 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; some people may judge ‘too much’ grief. Neither is helpful to those with childhood loss

23

What is “healthy” grieving?

- Here is what we know about healthy grieving:
- **The ability to focus back and forth** from the loss to those things we haven’t lost is crucial. Trauma clients in particular may have to work on avoiding rumination
- **Social support**, complicated by the reality that others without childhood loss cannot always understand pain.
- **Grief is not just sorrow.** Normalizing and regulating the full array of symptoms associated with grief (guilt, shame, anger, fatigue and spaciness) is crucial.
- **Grief is ‘aversive,’ painful, and frightening, but it is easier IF we can learn how to regulate it**

24

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 action, so** when they are not regulated, **feelings can get expressed in ways that make the situation worse.**
- Unfortunately, we rarely distinguish between **FEELING** an emotion and **EXPRESSING** it. . .

25

The value of regulating emotion

- **Grief is difficult to regulate.** Feelings of sorrow often ‘come out of nowhere’ like a tidal wave that overwhelms our capacity to tolerate or regulate them
- **Expressing emotions does not regulate or discharge them!** Sometimes expressing them stimulates more intense emotion. To resolve and soothe painful emotions, we need to be in the Window of Tolerance so that we can have a relationship the feelings, not just discharge them.
- **When we can be in a friendly relationship** to feelings of sorrow, **they are less overwhelmingly intense. When we tense against them, the intensity is worse** Fisher, 2022

26

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 the emotions. Childhood loss often involves painful rumination about being unloved, about why ‘this’ happened, about the yearning to be loved
- **When clients are consumed with their thoughts about the loss,** that is a sign that we might want to talk about the risks of rumination . . . We can empathize with the feeling of grief yet also encourage clients to ‘let go’ of the thoughts that cause them repeated pain

27

Avoiding avoidance

- **Always keep in mind that avoidance is a sign of fear!**
- **Trying to get the avoidant to focus on the loss 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 for their fear rather than trying to evoke their emotions!**
- **Be curious:** “Does it just feel too big to talk about?”
“Let’s separate the feelings from the thoughts. . .”

28

Sorrow and sadness

- How do we know when we are feeling sad?
- Our throats tighten. Tears well up in our eyes. We feel pain in our hearts and chest. And then the tidal wave of tears and emotions swells up and overwhelms us
- Sadness and sorrow are body experiences as much as they are emotional moments.**
- But because human beings are moved to put emotions into words, we try to either explain the feelings (or calm them) by talking about them.** But grief and sorrow (like most feelings) are exacerbated by the words we use to describe them. . .

29

Sorrow and sadness, cont.

- Sometimes words also fail us.** The emergency response system shuts down the prefrontal cortex and thus prevents our access to words
- Without an understanding of grief, it is easy to see why many bereaved individuals begin trying to avoid the tidal waves of sorrow by avoiding reminders of loved ones. **Without a way to regulate the huge waves of emotion, they try to stop the tides.**
- No one teaches us that there is another option for riding the waves of sorrow.** And that other option is to establish a mindful relationship to the sadness and pain

30

Mindful noticing

•We can help clients with childhood loss learn to notice the components of grief one by one—as a thought, a feeling or a body reaction. We can help them take a tidal wave of grief and break it down into its component parts, each more manageable than the whole

•Noticing “I’ll never be happy” as ‘just’ a thought. Noticing tears as just tears, constriction in the throat as just sensation, noticing the ground swell as a wave of grief comes up and noticing the physical sensations of it without adding beliefs about the sensations. “It’s too much” or “I can’t stand it” as just thoughts—ones that intensify grief

31

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.

32

Noticing ‘without attachment or aversion,’ cont.

•Sensations and emotions are ‘just sensations’ from a Buddhist perspective, and pain 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 can help clients to add words that are not interpretive. Sharp, aching, burning, tight, dull are all descriptor words that do not intensify pain

•It takes practice to simply observe sensations, emotions, and thoughts. Yet it is a practice that can help grieving individuals develop resilience and gain relief. Childhood grief is old grief – a feeling memory of loss

33

Noticing ‘without attachment or aversion,’ p. 3

•**Explain to clients that they face a dilemma. If the grief is suppressed, gets ‘stuck,’ and has nowhere to go, then it gets more overwhelming. But IF grief is treated like an ocean wave and allowed to rise, crest, and subside, they will get to relief instead**

•**First**, ask the client to pause as the feelings of grief arise and just notice them rather than react

•**Next**, ask them to name out loud or to themselves whatever they are noticing: “The wave is coming up from the pit of my stomach and gets more overwhelming as it comes up. . .”

34

Noticing ‘without attachment or aversion,’ p. 4

•**Ask the client 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 should reduce the feeling of overwhelm. If it doesn’t, ask them to notice the overwhelm as just a 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

35

Noticing ‘without attachment or aversion,’ p. 5

•**As thoughts arise, ask the individual to notice those as ‘just thoughts’** and 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—just let the sensations come up and then let them flow through. . .”

•Relaxing the body will reduce the intrusion of thoughts, but if clients can’t put thoughts aside, then ask them to notice, “**What happens to the sensations when you have that thought?** Do they get less intense or more intense?”

36

Noticing ‘without attachment or aversion,’ p. 6

•Because we are so used to listening to our thoughts first 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.

37

Ride the waves to where?

•The more skilled and comfortable the client becomes with simply ‘riding the waves’ of grief, the less frightening and aversive the sorrow feels. The less frightening it feels, the easier it is for clients to feel moved instead of overwhelmed

•Whatever “acceptance” means to each individual mourner, its goal is to feel at some level of peace with the loss.

Getting to shore after a wave of grief brings some peace

•And with making peace after loss, it becomes easier to go on with life and to focus on whatever brings a sense of new possibilities. **“I let you be, and I let me be,”** writes Alla Marie Bozarth, in her book, *Life is Goodbye and Life is Hello: Grieving Well through All Kinds of Losses.*

38

*“Truth be told, the past is stable. What happened, happened. . . . **How it is remembered, how it is reported, how it is felt or interpreted, how we regard it, and different viewpoints [towards it] can all change, but the facts of the past are permanent. . . . The good news is, though, we can change the effect the past continues to have on ourselves and our clients now and in the future. That is really the aim of trauma recovery . . .**”*

Rothschild, 2017

39

Letting go is hard to do

- **Letting go means fighting our instinctual tendencies** to hold on **AND our beliefs about what it means to let go**
- **Letting go does NOT mean letting abusive, abandoning parents off the hook. It doesn't mean that it was OK.** The erroneous belief that letting go makes the loss 'OK' challenges many individual's ability to let go and go on with creating a life after trauma.
- ***"If I don't feel the pain, if I'm happy despite him, then my father gets off scot-free,"*** said Jessica. She sobbed through every therapy session, every stressful situation in her daily life, burning out the friends who were trying to support her

40

"Why did this happen?"

- **Often, clients struggle with the question of "why"?** The need to know **HOW this could have happened is understandable.** But the need to know the unknowable can also keep them locked in the pain. . .
- **Sometimes, they are "fighting with the gods:"** "How could a parent have treated a child this way? What did I do to deserve this?" When they can't accept that there is no 'good' reason for rejection, abuse or abandonment by a parent, they stay trapped in the cycle of "why" questions
- **"Peace with gravity:"** how do we help clients accept the inexplicable and unjust loss? **How do we help them when it's too late to hold anyone accountable?**

41

"Why did this happen?" cont.

- **Accepting unjust, unpunished losses is like climbing Mt. Everest** because all human beings have a protest response to unjust losses. Every fiber of our being resists acceptance
- **We can 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 remains raw and painful

42

Anger versus acceptance

- **Anger is a fight response. No wonder it is so often a part of grief!**
- **There are many things to be angry about in the wake of a loss:** anger at the universe or at God, anger at the parents who failed to protect or actively harmed, anger at other family members for not intervening
- At first, anger makes us feel stronger, less vulnerable, but when there is no action to take, anger eats away at us
- Anger and resentment on a long-term basis sap energy, intensify mistrust, and make us bitter and wary. We can support our clients' anger but try to help them let it go

43

Anger versus acceptance, cont.

- **What to do with anger when there is nothing to fight? Angry beliefs make it even harder to accept loss:** "This would never have happened if I/they/you hadn't..."
- **Anger prevents acceptance.** Angry beliefs stimulate more anger, creating a vicious cycle
- **When understandable anger has become burning resentment and is no longer adaptive,** it is time to help clients accept the loss and create new meaning. *"If they could have done better, they would have. . ."* *"They didn't have the capacity to love and care. . ."* *"You were the right child born into the wrong family. . ."*

44

Unfinished Business

- **Childhood losses rarely come with the opportunity to complete unfinished business with the parent.** Abusive parents are rarely able to process what happened even if they are still alive and in the client's life.
- **Worse yet, completing the unfinished business cannot make up for what the individual lost at age 2 or 3 or 5.** Even if the parent can apologize and express loving feelings now, the wound to the child cannot be healed by the attachment figure in relationship to an adult child.
- Unfinished business complicates grief. The easiest losses to grieve are the ones connected to warm positive memories

45

Unfinished Business, cont.

- **Recognizing the role of unfinished business as a barrier to letting go** is a very important part of griefwork.
- **What was left unsaid? Or undone?** How do they accept what attachment figures did or failed to do? How can we help clients resolve it now?
- The unfinished business needs to be acknowledged even if it cannot be ‘finished.’ **The key is being able to accept loss and offer comfort to the broken-hearted children they once were**
- The comforting experience of loving their child selves as they always wished to be loved is healing.

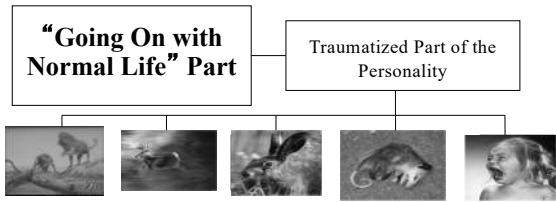
46

Unfinished Business, p. 3

- But that idea often evokes anger: **“How can you ask me to take care of myself when that’s what I had to do?”**
- **The therapist has to be clear:** “I’m not asking you to take care of yourself—I’m simply asking you to extend some kindness to the child you once were, the child who was neglected and abused and rejected.”
- **“Just because you were never comforted doesn’t mean that you aren’t capable of comforting this child. . . . That’s an innate quality—you extend it to others all the time. . . .”**
- “What did that little child do? How is s/he responsible for the hurt you endured?”

47

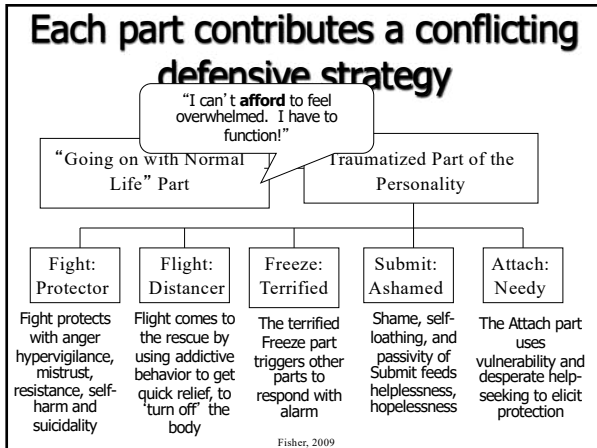
Trauma necessitates fragmenting to protect vulnerability



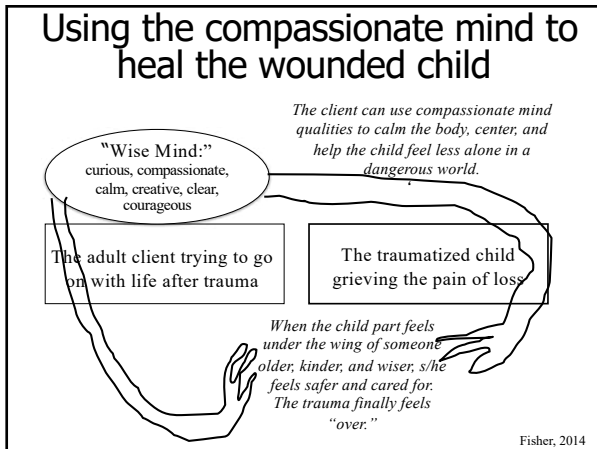
Although the client appears to be one whole person, each survival defense causes a shift in personality and mood and even memory. Each part is driven by a different animal defense survival response

Van der Hart, Nijenhuis & Steele, 1999

48



49



50

Building compassion, step by step

- **Asking clients to 'take care of their parts' can be very triggering.** Keep in mind that compassion and kindness were very dangerous in their childhood environments
- Start with the **basic ingredients** of self-compassion:
 - **Interest and curiosity:** once clients understand the language of parts, ask them to be 'interested' in the part.
 - **Listening:** could you listen to the part who's speaking?
- Interest, curiosity and listening rarely provoke resistance, yet each is very healing and reparative.
- **Next, we need to evoke more empathy for the part. . .**

51

Building compassion, p. 2

- **There are two ways to evoke empathy for the parts in distress:**
 - Facilitate imagining them: “Imagine that little child was right here in front of you. . . You can see the fear in her eyes. . . You can see the tear marks on her cheeks. . . Notice your impulse as you see her here with you.”
 - Ask: “How did this part help you survive?.” “Did it help that she was so quiet and afraid?” “Did it help he was ashamed?”
- **Next, empathy builds with inner dialogue:** “Ask the protector part what it’s worried about if it isn’t angry?” “Ask the hopeless part what it’s worried about if you have hope?”

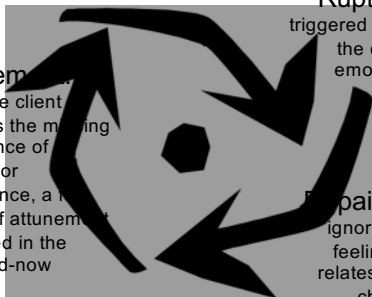
52

From alienation to attachment

- **There is a way for all wounded human beings to experience the love and comfort they didn’t get ‘then:’** by visualizing/imagining secure attachment experiences and evoking the associated emotional and body responses
- **“Secure attachment” and “attunement” are somatic experiences:** we feel warm, our bodies relax, we feel an energetic connection and sense of safety. **When our wise minds begin to provide those felt sensory experiences for young child parts, they can begin to heal**
- As in all attachment relationships, this work requires what can seem like endless and monotonous attention to the dysregulated feelings of the child parts

53

Rupture and repair of internal attachment



Attunement: when the client provides the missing experience of comfort or acceptance, a sense of attunement is evoked in the here-and-now

Rupture: a part is triggered by something; the client feels the emotional reaction

Repair: rather than ignore or suppress feelings, the client relates to them as a child’s feelings

54

“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

55

“Making Meaning,” cont.

- We forget that beliefs are hypotheses or theories. Even though we state them in words, it doesn’t 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 as loss
- But we do our clients a disservice if we don’t help them arrive at new meanings that allow them to go on with life**
- The question to ask is: **“How does the belief that you cannot be loved help you to accept this loss?”** Don’t be afraid to suggest that many different meanings could be made of their childhood losses

56

“Making Meaning,” p. 3

- “What belief would you rather have?”**
- “What if you believed that it wasn’t your fault?” “What if you believed that the ability to love and feel comfort were yours? That no one could take that away?” “What if you believed that it was possible to be loyal to your parents and be loyal to yourself?” “What if you believed that you are a miracle?”*
- Take the time to let different meanings ‘sit’ and ask clients to notice the responses they have to different meanings. Often, they will say, “That one feels better, but it’s not true!” Ask them to ‘try out’ even the beliefs they don’t believe are true**

57

New meanings for befriending grief

- “My parents missed out on an amazing child. . .”
- “**I would have loved having a child like me.**”
- “Because they rejected me, I never became like them. . . I’m proud to say **I am a totally different kind of person.**”
- “**It was a senseless tragedy. . .**”
- “Now I can enjoy my life without having to worry about their criticism and rejection”
- “**I deserved better. . .**”
- “I was one smart cookie. . .” Fisher, 2023

58

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59



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Naomi Halpern | 7 – 8 Sept | 12 hours | The Snow White ‘Parts’ Metaphor: Working with Complex and Attachment Trauma | Christchurch, New Zealand



Dr Mary-Anne Kate & Dr Colin Ross | 5 October | 3 hours | Expert Guidance in Screening for Dissociative Disorders and Differential Diagnosis | Online



Blowing the Whistle on Freud's Seduction Theory | 8 October | 6.00 - 7.30pm AEDT | 1.5 hours | with Jeffrey Masson, Warwick Middleton. Martin Dorahy & Kate McMaugh | Online



Dr John Briere | 18 & 19 October | 16 hours | Four Clinical Dilemmas: Maintaining

Resilience, Mindfulness & Compassion in Work with Complex Trauma & Challenging Client Presentations | Melbourne, Australia



Dr Jennifer Freyd | 7 December | 1.5 hours | Moving from Institutional Betrayal to Institutional Courage | Online