Transforming Somatic Grief

in one's

Personal Life and Professional World

Dr. Lyn Prashant, FT. IGT. CMTI.

www.degriefing.com

Behavioral Sciences Department
San Jose, CA
February 7, 2019
About the Instructor

Lyn Prashant, PhD, FT, CMT, Somatic Thanatologist, founded Degriefing®: Integrative Grief Therapy. Lyn trains, counsels, consults, in the U.S. and abroad working with loss of any kind. Lyn is a Certified Grief Counselor (John F. Kennedy University’s Graduate School of Professional Psychology) an ADEC Fellow in Thanatology, (death, dying and bereavement educator) with over 29 years experience in the field. She also offers “Degriefing Trauma” crisis consulting for companies and individuals.


Her training in bereavement counseling and her knowledge of somatic health care practices has led her to develop a unique and successful approach to grief counseling called “Degriefing®”. Unlike many existing treatment regimes, Degriefing employs both verbal and physical methodologies to relieve an individual’s emotional distress, mental anguish and physical discomfort.

She lived at the Living/Dying Project working with Stephen and Ondrea Levine (who endorse her work, as does the late Elisabeth Kubler-Ross). In addition to her private practice based in San Francisco, California, Ms. Prashant teaches at the University of California Extension at Berkeley, where she co-coordinated the program “Changing Paradigms in Loss & Grief”.

Lyn presents her work bilingually at international conferences here in San Miguel de Allende, Mexico, directs the International Institute of Degriefing; a bilingual school for grief related issues. She teaches the mind/body process for grief transformation. Personal Grief Relief Retreats held by Lyn are attended internationally.

Lyn presents at hospitals, clinics and colleges and writes about grief-related topics. Ms. Prashant offers 6 day (40 hour) certification training in Degriefing, levels I, II, endorsed by ADEC (The Association for Death Education and Counseling). Lyn is a captivating and engaging speaker to English and Spanish speaking audiences.

OBJECTIVES FOR TODAY:

- Study the somatic aspects of grief
- Identify/locate somatic grief in the physical body
- Learn to formulate skillful questions
- Practice compassionate & active listening
- Apply integrative therapies in an IDT case study exercise
- Recognize global grief as a mental health risk
- Explore the connection between attachment and addiction
Loss is the absence of something we were once attached to. Grief is the rope burns left behind, when that which is held is pulled beyond our grasp.

Stephen Levine

“GRIEF IS NOT THE PRICE WE PAY FOR LOVE; LOVE IS ETERNAL

Grief thrives in the pain of attachment. Ironically attachment exists in a life of true IMPERMANENCE

All loss is that of the familiar because the only thing that is constant is change.
Dr. Lyn Prashant  
Somatic Thanatology  
 lyn@degriefing.com  
 415.457.2272  
 IntegrativeGriefThrapy.com

AM 1- Grief and Degrief  
 9:00-10:30 AM

- Introduction/Objectives of the Day…………………………………….p.2
- Picture Saying……………………………………………………………..p.3
- Schedule .......................................................................................p.4
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- Premises........................................................................................p.7
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PM 1 - Integrative Therapies ............................................................1:00- 2:30 PM

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5 Question Test/Evals. .................................................................3:50-4:30 PM

lyndegriefing.com  
 415.457.2272  
 IntegrativeGriefThrapy.com
WHAT IS GRIEF?

Lyn Prashant

“Grief is the human’s response to loss and it is the most available, untapped, emotional resource for personal transformation.”

“SOCIAL CONSTRUCTIONIST MODEL OF GRIEF”

Averill and Nunley
Handbook of Bereavement, Cambridge University Press, 1993

“The basic physiological and psychological concomitants of grief are universal throughout humankind. However, the events that warrant grief, the way people respond to those events and the process of recovering from grief are very much determined by the culture—by the values and practices of a society. Thus, grief is pictured as a normal emotion, with significant differences to be expected from one culture to another in the ways an emotion is represented in thought and behavior.”

What is Trauma?  Sudden, unexpected, unpredicted, shocking occurrence.

1. Pathology . (dictionary.com)
   • a body wound or shock produced by sudden physical injury, as from violence or accident.
   • b. the condition produced by this; traumatism.
2. Psychiatry.
   • an experience that produces psychological injury or pain.
   • b. the psychological injury so caused.

• All trauma provokes grief due to the loss of the familiar.
• All grief does not involve trauma.

Empathy: the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively

Compassion: sympathetic consciousness of others’ distress together with a desire to alleviate it.
Transforming Grief with Degriefing®

"Grief is the most available emotional resource for personal transformation”. This is the main premise of Degriefing. Grief is the body's response to loss—any loss. Grief creates a state of physical and mental disharmony. The body and the mind are inextricably linked.

Fresh grief can stimulate the feelings of previous unresolved grief. Loss is a common experience that every person encounters during his or her lifetime. A grieving person can undergo both significant and subtle changes impacting their physical, emotional, mental and spiritual states. It is necessary to understand the effect that grief has on existing conditions.

Symptoms of distress can be part of simple or complex, fresh or unresolved grief. A variety of somatic complaints can be experienced: fatigue, insomnia, pain, gastrointestinal symptoms, chest pressure, palpitations, stomach pains, headaches, backaches, panic attacks, increased anxiety or depression amongst others.

Therefore, health care approaches that attempt to alleviate or transform the effects of the grief, must include both physical and mental treatment methods. Combining existing conventional treatments with integrative therapies, particularly somatic treatments along with the appropriate verbal support, will create a new paradigm in normalizing the effect that grief has on the entire system: body, mind, spirit, especially when there is physical pain present.

Grief related problems are often unrecognized and remain unaddressed by today’s quick-fix health care system. The well-trained counselor can provide: supportive verbal communication techniques, nurturing emotional attention, make recommendations and provide referrals for appropriate integrative therapies and embody the personal presence needed to assist clients in coping with grief in a healthy self-supporting way.

This class is designed to provide practitioners with the information, skills and resources to better understand the grief process following a loss. This class will teach specific communication skills to assist in dialogue that address the client’s grief, increase awareness of the practitioner’s relationship to their own grief, recognize options for combined treatment modalities, know when referrals are therapeutically indicated, and assimilate and apply the principles and premises of the Degriefing process.

This class is intended for all health care practitioners: nurses, counselors, clergy, hospice staff, massage therapists, physical therapists and first responders, teachers, administrators who work with individuals coping with loss and grief.

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Grief is the most available, untapped emotional resource for personal transformation.

Degriefing promotes integration of the wisdom of the body with intelligence of the mind.

Grief is not as complicated as we make it, and not as simple as we would like it.

Grief is cumulative: fresh loss restimulates the grief of unresolved losses.

Degriefing practices ‘intention’ rather than ‘trying to accomplish’.

We don’t get over our losses: we change relationship to them.

We all have feelings; we experience them as emotions.

Degriefing encourages observation rather than worry.

Tears lubricate the muscles that hold grief so tightly.

Degriefing focus’s on allowing rather than forcing.

Grief is the bodymind’s response to loss…any loss.

Emotion is the affective aspect of consciousness.

The mind has a body and the body has a mind.

Above all, grieving people need to be heard.

In times of grief—our mind is not our friend.

The body is the barometer of our truth.

Grief is as universal as the smile.

Grief, like traffic, is continuous.

We feel degrees of grief.

“Life is a mystery to be lived, not a problem to be solved.”
## TYPES OF LOSSES

### TANGIBLE LOSSES
- Personal possessions
- Money
- Pet
- Job
- Stocks, bonds
- Residence

### ABSTRACT LOSSES
- Loss of dreams
- Loss of faith/trust/hope
- Loss of childhood
- Loss of innocence
- Loss of humor
- Loss of personality
- Loss of familiarity
- Loss of independence
- Loss of femininity/virility
- Loss of civil liberties
- Loss of quality of life

### DEVELOPMENTAL LOSSES
- Loss of fertility
- Loss of mobility
- Loss of skin tone
- Loss of vision
- Loss of hearing
- Loss of hair
- Loss of natural hair color
- Loss of control of body temperature

### LOSS OF OTHERS
- Death of spouse/partner
- Death of parents/friends
- Death of child/grandchild
- Death of siblings/relatives
  - Through separation
  - Through divorce
  - Through geographic move
  - Through job loss
  - Through war
  - Through retirement
  - Through miscarriage
  - Through abortion
  - Through drug use
  - Through addiction
  - Through overdose

### LOSS OF SELF
- Through physical illness
- Through divorce
- Through spouses death
- Through job loss
- Through retirement
- Through substance abuse
- Through mental illness
- Through abortion
- Through surgery
- Through physical/emotional/sexual abuse
Physiology of Grief

Grief is an integrated reaction involving the entire human system and is mainly orchestrated by a central structure within the nervous system: the Limbic System. Deeply related with stress, it includes oxidative injury to the enzymes involved in the production of chemicals messengers: the Neuropeptides – molecules that carry messages between the brain and every cell, the endocrine system and the immune system.

Some of the functions of the deep limbic system include:

- Setting the emotional tone of the body
- Modulating libido
- Processing the sense of smell
- Controlling appetite and sleep
- Tagging events as internally important
- Setting the emotional tone of the mind
- Storing emotional memories

Problems or dysfunction of the limbic system can result in:

- Irritability
- Moodiness
- Depression
- Negative thinking
- Negative perspective
- Sleep and appetite disorders
- Social isolation
- Decreased or increased sexual drive
- Motivation

Psychoneuroimmunology

‘The three traditionally separated fields of neuroscience, endocrinology and immunology, with their various organs – the brain, the glands, the spleen, bone marrow, and lymph nodes – are actually joined to each other in a multidirectional network of communications, linked by information carriers known as neuropeptides’

Candice Pert Ph.D.

- Psyche – cognitive and emotional processes involving mood states
- Neuro – neurologic connections and neuroendocrine and secretions
- Immunology – cellular and humoral immune systems

Deepak Chopra, MD

An interdisciplinary science that studies the interrelationships between psychological, behavioral, neuroendocrine processes and immunology. Our internal chemicals, the neuropeptides and their receptors, are the actual biological underpinnings of our awareness, manifesting themselves as our emotions, beliefs and expectations, profoundly influencing our response and experience of our world.
# COMMON GRIEF REACTIONS

This table lists symptoms commonly expected during bereavement. Each person will experience a unique blend of some or all of the symptoms listed and perhaps some that are not listed.

<table>
<thead>
<tr>
<th>PHYSICAL</th>
<th>EMOTIONAL</th>
<th>MENTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>Shock, numbness</td>
<td>Disbelief</td>
</tr>
<tr>
<td>Fatigue, exhaustion, low energy</td>
<td>Emptiness</td>
<td>Confusion</td>
</tr>
<tr>
<td>Sleep disruption</td>
<td>Sadness</td>
<td>Disorientation</td>
</tr>
<tr>
<td>Appetite disruption</td>
<td>Sorrow for the one who died</td>
<td>Absentmindedness</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>Loneliness, longing, yearning</td>
<td>Forgetfulness</td>
</tr>
<tr>
<td>Tight or heavy feeling in chest</td>
<td>Anger</td>
<td>Poor concentration</td>
</tr>
<tr>
<td>Feeling of tightness in throat</td>
<td>Guilt, regret</td>
<td>Distraction</td>
</tr>
<tr>
<td>Hollow feeling in stomach</td>
<td>Resentment</td>
<td>Difficulty focusing and attending</td>
</tr>
<tr>
<td>Stomach pain and upset</td>
<td>‘More I should have done’</td>
<td>Low motivation</td>
</tr>
<tr>
<td>Headache, broken heart</td>
<td>Fear, anxiety, insecurity</td>
<td>Expecting to see the deceased</td>
</tr>
<tr>
<td>Dry mouth</td>
<td>Feeling helpless, out of control</td>
<td>Expecting the deceased to call</td>
</tr>
<tr>
<td>Tension</td>
<td>Diminished self-concern</td>
<td>Preoccupation with the deceased</td>
</tr>
<tr>
<td>Restlessness, irritability</td>
<td>‘Don’t care,’ “what does it matter”</td>
<td>Need to tell and retell story</td>
</tr>
<tr>
<td>Increased sensitivity to stimuli</td>
<td>Depression</td>
<td>Dreams or images of the deceased</td>
</tr>
<tr>
<td>“Grief Attacks”</td>
<td>Desire to join the deceased</td>
<td>Denial</td>
</tr>
<tr>
<td>“Sympathy pains”</td>
<td>Suicidal feelings</td>
<td>Thinking about other deaths and losses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOCIAL</th>
<th>BEHAVIORS</th>
<th>SPIRITUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being isolated by others</td>
<td>Crying (sometimes unexpectedly)</td>
<td>Questions about God:</td>
</tr>
<tr>
<td>Withdrawing from social activities</td>
<td>Searching for the deceased</td>
<td>Why would God allow this?</td>
</tr>
<tr>
<td>Diminished desire for conversation</td>
<td>Carrying special objects</td>
<td>Questions about the deceased:</td>
</tr>
<tr>
<td>Being “widowed,” “single,” etc.</td>
<td>Going to grave site</td>
<td>Where are they now?</td>
</tr>
<tr>
<td>Hide grief to “take care of others”</td>
<td>Making and keeping an altar</td>
<td>Are they ok?</td>
</tr>
<tr>
<td>Lose friends, make new friends</td>
<td>Keeping belongings intact</td>
<td>Can they see me?</td>
</tr>
<tr>
<td>Redefining oneself</td>
<td>Looking at photos or videos</td>
<td>Will I see them again?</td>
</tr>
<tr>
<td></td>
<td>Listening to tapes</td>
<td>What will happen when I die?</td>
</tr>
<tr>
<td></td>
<td>Talking to the deceased</td>
<td>Sensing the deceased’s presence</td>
</tr>
<tr>
<td></td>
<td>Avoiding situations that arouse grief</td>
<td>Hearing, smelling, or seeing the deceased</td>
</tr>
<tr>
<td></td>
<td>Changes in daily routine</td>
<td>Death affirms or challenges beliefs</td>
</tr>
<tr>
<td></td>
<td>“Staying busy”</td>
<td>Awe, wonder, mystery</td>
</tr>
<tr>
<td></td>
<td>Assuming mannerisms of the deceased</td>
<td>Continuing relationship with the deceased</td>
</tr>
</tbody>
</table>

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Grief Can Actually Kill You, And Scientists Have Figured Out Why

PETER DOCKRILL / 24 DEC 2018

It’s called the widowhood effect; the increased chance of death, particularly in older couples, when a person loses their spouse.

Now, scientists have discovered new evidence for why broken hearts and widowhood are in themselves a deadly danger to the recently bereaved – decoding hidden biological markers associated with severe cases of the grieving process.

A team led by psychoneuroimmunology researcher Chris Fagundes from Rice University examined 99 people who had recently become bereaved; they had lost their spouses, on average, less than three months prior.

A recent study by Fagundes had shown that widows and widowers are more likely to exhibit risk factors linked to cardiovascular illness and death, and here the team wanted to more deeply examine the culprit implicated: inflammation markers.

"Previous research has shown that inflammation contributes to almost every disease in older adulthood," Fagundes says.

"We also know that depression is linked to higher levels of inflammation, and those who lose a spouse are at considerably higher risk of major depression, heart attack, stroke and premature mortality."

In the new study, the researchers conducted interviews with each of the participants, classifying the level of grief they showed.

The team also took blood samples from the cohort, to examine whether elevated levels of depressive symptoms in bereavement correspond with higher levels of inflammation.

In their analysis, the researchers found bereaved individuals with a higher grief severity exhibited higher levels of various pro-inflammatory proteins called cytokines.

These signaling proteins – specifically the cytokines IFN-γ, IL-6, and TNF-α – saw the widows and widowers who displayed elevated grief symptoms experience up to 17 percent higher levels of inflammation.

Participants in the top one-third of that group exhibited a 53.4 percent higher level of inflammation than the bottom one-third of the group who did not exhibit severe grief symptoms.
While the previous findings already told us pro-inflammatory cytokines were higher in those who were recently bereaved, the new work gives us a clearer understanding of the associations and what they can mean.

"This is the first study to demonstrate that inflammatory markers can distinguish those who are widowed based on grief severity such that those who are higher on grief severity have higher levels of inflammation compared with those who are lower on grief severity," the authors write in their paper.

While it's early days, these links between grief severity, pro-inflammatory markers, and cardiac illness are starting to put together a picture that could help researchers design potential tools and treatments to identify and assist those at the greatest risk from the physical toll of bereavement.

"Now that we know these two key findings, we can design interventions to target this risk factor in those who are most at risk through behavioral or pharmacological approaches," Fagundes says.

It also goes to show that people experiencing the worst grief when they lose loved ones aren't just going through emotional hardship – their loss is so severe it's measurably impacting their own health and biological markers.

Helping people in those dark situations will never be as simple as just identifying their cytokine counts, but that knowledge could be what helps doctors prevent even further loss of life.

The findings are reported in Psychoneuroendocrinology.
**You really can die from a Broken Heart**

*Source: Rice University*

Grief brought on by the loss of a spouse can cause inflammation that can lead to major depression, heart attack, and even premature death.

For a new study, researchers examined the effect grief has on human health by conducting interviews with 99 people whose spouses had recently died. They also examined their blood.

They compared people who showed symptoms of elevated grief—such as pining for the deceased, difficulty moving on, a sense that life is meaningless, and an inability to accept the reality of the loss—to people who did not exhibit those behaviors.

The findings show that widows and widowers with elevated grief symptoms suffered up to 17 percent higher levels of bodily inflammation. And people in the top one-third of that group had a 53.4 percent higher level of inflammation than the bottom one-third of the group who did exhibit those symptoms.

“...those who lose a spouse are at considerably higher risk of major depression, heart attack, stroke, and premature mortality.”

“Previous research has shown that inflammation contributes to almost every disease in older adulthood,” says Chris Fagundes, an assistant professor of psychological sciences at Rice University and lead author of the paper, which appears in *Psychoneuroendocrinology*.

“We also know that depression is linked to higher levels of inflammation, and those who lose a spouse are at considerably higher risk of major depression, heart attack, stroke, and premature mortality. However, this is the first study to confirm that grief—regardless of people’s levels of depressive symptoms—can promote inflammation, which in turn can cause negative health outcomes.”
How Are You Feeling Today?

- Exhausted
- Confused
- Ecstatic
- Guilty
- Suspicious
- Angry
- Hysterical
- Frustrated
- Sad
- Confident
- Embarrassed
- Happy
- Mysterious
- Disgusted
- Frightened
- Enraged
- Aghast
- Cautious
- Snug
- Depressed
- Overwhelmed
- Beaten
- Lonely
- Love-struck
- Jealous
- Bored
- Surprised
- Anxious
- Shocked
- Shy
The Skillful Use of Photographs in the Degriefing Work

We have established that the intention of this work is to locate where the grief is being held in the bodymind system and how it is affecting us. We are then at choice as to how we use it.

Through inquiry we can locate and identify this emotional resource as grief fuel! We can then use it to power our choice of transformative activity.

As human beings we attach and assess meanings to our relationships and environment. When we experience a loss we find that outside stimuli, whether a sight, a sound, a taste, a smell or a touch can in fact bring the feelings of loss “to the surface”.

Pictures of lost loved ones re-stimulate emotional feelings of the relationship we had with this person, place, animal or object.

When we look at a picture of a lost loved one, and talk about them, we can once again, get in touch with the truth of how we are feeling, and where in our bodies we are feeling the emotional reactivity. When viewing the picture we can ask the client where they feel the primary upsurges of emotion. Their response will help us begin to design an individually specific Degriefing protocol.

The primary intention of Degriefing is to combine appropriate integrative therapies with traditional ones, whereby the client can use their grief as fuel to power the actual activity intended to transform the grief into fuel for healing.

While nostril breathing, and observing ourselves viewing our own timeline, tremendous personal insight and compassion can be gained. We can observe our thoughts, sensations and memories that are connected to that person, to that time in our lives that they were with us and feel the resonance in our physical body.

With this approach we can acknowledge and begin to normalize the profound personal effects of our lifetime’s legacy of loss.

The mind often chooses to forget or discount things that the body registers and can remember for a long, long time.
Degriefing® Intake Form 2019  (Please fill out as completely as possible.)

<table>
<thead>
<tr>
<th>Name -</th>
<th>Today's date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred by -</td>
<td>Nature of relationship?</td>
</tr>
</tbody>
</table>

**Contact Information:**

1. Mailing address -
2. Telephone / Fax (home) -
3. Emergency contact (relationship) Telephone: Home: Cell
4. Work address- Telephone / Fax (work) -
5. E-mail address's- 1. work 2. home
6. Ethnic/ Ancestral Origin / Native Language Other Languages Spoken:

**Basic Personal Information:**

7. Place and date of birth- Ethnic origin-
8. Occupation -
9. Employer - Average commute time -
10. Hobbies or recreational activities -
11. Are you right or left handed? - Repetitive motion activities?
13. Do you have a pet? If so, please describe.
14. What is your religious or spiritual affiliation?

**Family Profile:**

15. Are you single, partnered or married? Sexual orientation? (optional)
16. Are you a child of divorce? Have you divorced? Had traumatic separation?
17. Who do you live with now?
18. Do you have children? How many? Names/ages?
19. Are your parents alive? If deceased, when?
20. Do you have siblings? Where do they live/ages?
21. Name/telephone of primary care physician-
22. Date of last complete physical examination - Prostate exam/Mammogram?
23. Do you currently have medical/dental insurance? What coverage?
24. Do you wear eyeglasses or contacts? Age first worn?
25. Do you wear dentures/prosthesis?
26. Do you regularly use any substances? alcohol? tobacco?
27. Surgical history?
28. Last reported blood pressure - Any medical restrictions/allergies?
29. List all current medications -
30. Please list any chronic conditions/illnesses in your family?
31. Please indicate which of the following currently apply to you:
   
<table>
<thead>
<tr>
<th>Allergies-food, environmental</th>
<th>eating disorders</th>
<th>lower back pain</th>
<th>Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>epilepsy</td>
<td>menopause</td>
<td>skin cancer</td>
</tr>
<tr>
<td>Asthma</td>
<td>headache</td>
<td>mid back pain</td>
<td>skin conditions</td>
</tr>
<tr>
<td>athlete's foot</td>
<td>heart conditions</td>
<td>neck pain</td>
<td>tinnitus</td>
</tr>
<tr>
<td>Cancer</td>
<td>herpes</td>
<td>osteoporosis</td>
<td>upper back pain</td>
</tr>
<tr>
<td>constipation / diarrhea</td>
<td>Hepatitis A, B or C</td>
<td>phlebitis</td>
<td>varicose veins</td>
</tr>
<tr>
<td>Diabetes</td>
<td>HIV</td>
<td>Plantar warts</td>
<td>vision problems</td>
</tr>
</tbody>
</table>

32. Do you currently have/or had, any contagious diseases or other conditions not listed?
33. Have you suffered a recent injury? old injuries? If so, what/when?

[lyn@degriefing.com](mailto:lyn@degriefing.com)

IntegrativeGriefThrapy.com
34. Any chronic or acute, physical or emotional pain?

35. Tell me about your DIET. What do you eat? What don’t you eat?

36. Please indicate which of the following currently apply:

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Symptom</th>
<th>Symptom</th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>insomnia</td>
<td>irritability</td>
<td>Confusion</td>
</tr>
<tr>
<td>mood swings</td>
<td>anxiety</td>
<td>fear</td>
<td>Paranoia</td>
</tr>
<tr>
<td>Apathy</td>
<td>compulsiveness</td>
<td>loss of appetite</td>
<td>Exhaustion</td>
</tr>
<tr>
<td>Heartache</td>
<td>crying</td>
<td>overeating</td>
<td>panic attacks</td>
</tr>
<tr>
<td>Nervousness</td>
<td>anger</td>
<td>guilt</td>
<td>loss of memory</td>
</tr>
</tbody>
</table>

37. Other/please explain

38. Preferred bed time? Average amount of sleep? Do you remember your dreams?

39. How would you assess your stress levels? On a scale of 1-10?

40. Have you ever had a professional massage/bodywork before?

41. Please circle any complementary/integrative (alternative) therapies you have experienced.

<table>
<thead>
<tr>
<th>Therapy</th>
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<th>Therapy</th>
<th>Therapy</th>
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<tbody>
<tr>
<td>Acupuncture</td>
<td>dance therapy</td>
<td>Meditation/Chanting</td>
<td>Improv/Storytelling</td>
</tr>
<tr>
<td>Alexander Technique</td>
<td>Feldenkrais</td>
<td>Pilates</td>
<td>Tai Chi/Chi Quong</td>
</tr>
<tr>
<td>Massage Therapy/Aromatherapy</td>
<td>flower essences</td>
<td>EMDR</td>
<td>Vibrational/EFT</td>
</tr>
<tr>
<td>Breathwork</td>
<td>hydrotherapy</td>
<td>Drama therapy/role playing</td>
<td>Visualization</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>hypnotherapy</td>
<td>Rolfing/Reiki</td>
<td>Yoga</td>
</tr>
</tbody>
</table>

42. Now engaged in other therapies?

43. Do you exercise regularly? Which form of exercise/how often?

44. Have you suffered a recent loss? What loss/when?

45. Why are you seeking treatment?

46. What more specifically has prompted your visit?

47. Please tell me about your diet; comfort foods, likes and dislikes. Cooking memories from childhood?

48. I have stated all my known medical, emotional and physical circumstances and will keep the Degriefing practitioner updated about changes in my condition.

49. I understand that Degriefing (i.e., a combination of verbal counseling and somatic treatments) is for the purpose of alleviating grief related ailments and promoting a sense of well-being. I understand that the Degriefing practitioner does not diagnosis illness, disease or any other physical or mental disorder; or prescribe medical treatments or remedies. The Degriefing process is not a substitute for licensed medical care, consultations or examinations.

50. My full payment of ___________________ is due at time of session/class/training unless prior arrangements are negotiated. I assume responsibility for full payment of any scheduled session that I cancel without at least 48 hours prior notice.

51. I've read and agree to the above statements and conditions. Signed:

 lyn@degriefing.com
415.457.2272
IntegrativeGriefThrapy.com
Stephen Levine states:

“We can only hold space for another’s grief— to the extent we know our own”

Role and Responsibility of The Practitioner in The Degriefing Process

Grief is the result of and the body’s response to loss. The loss of self (dying), the loss of health (illness), the loss of a loved one due to death, the loss of a loved one due to relationship problems or life events, the loss of a career, loss of a dream, loss of a pet, or even the loss of material possessions (home, valuables). The goals of treatment are to educate the client about the nature of grief and to normalize or reduce grief (i.e. stabilize emotional environment), improve the sense of well-being, establishing inner calm, and provide the tools to deal with immediate and future grief or anxiety-producing situations.

The role of the practitioner: To be truly effective, a Degriefer, like many therapists, should have an accurate self-awareness in four primary areas before starting work with a bereaved individual:

1. Awareness of their own physical state, including their body language, posture, eye contact, gestures, etc., and their appearance, dress, perfume, etc.
2. Awareness of their emotional state, their own amount of grief, their motivations/experiences, their degree of compassion/burnout, etc.
3. Awareness of their own spiritual state (their own existing spiritual/religious beliefs) and an awareness of "sacred spaces.”
4. Awareness of their own behavior.

An accurate self-awareness by the therapist helps create a sincere, trusting, safe, confident environment, which is especially important when working with grieving patients. Deeply personal issues and painful experiences are discussed. A self-aware therapist has the capacity to be more objective when necessary, and more empathetic when needed. A self-aware therapist will also better maintain their own state of well-being; Degriefing sessions have the potential to be draining both emotionally and physically.

Normalizing Grief It is the therapist’s responsibility to set the climate by holding psychic and physical space for the grieving individual. For instance, position yourself face to face, eye to eye, heart to heart; keep both feet on the floor, establish connection of how the client came to you, and acknowledge the courage and wisdom it takes to seek treatment. To normalize grief, the therapist listens to the client’s story, explains the nature and tenacity of grief, and explains the Degriefing process to them.

Degriefing consists of two overlapping processes:

- a nonphysical exploration of a person’s suffering, and related counseling, and
- a physical assessments and somatic treatment applying the use of integrative therapies.
Somatic Colloquialisms

We often express serious feelings and profound emotions casually in the English language.

Loss lives in our bodies. Our minds hear the information and then our bodies, the barometers of our feelings, register in our soma, (our physical self), the emotional impact of the loss.

Fresh grief re-stimulates issues regarding prior losses. When losses combine there is an exponential effect that occurs.

The following phrases are used colloquially when people talk about the way they are feeling physically (somatic) regarding loss of any kind. The common usage of such phrases are regional, cultural and often do not translate well to proper English and not well at all for foreign languages. (always to be taken into focus regarding cross cultural counseling.)

We can glean a tremendous amount of information by hearing the communications from those who suffer. That’s the reason, that we as counselors and loved ones listening to the suffering and bereaved, must listen with our whole beings) The words ear and hear are encompassed in the word Heart).

According to the premises of Degriefing, above all,
- grieving individuals need to be heard
- and to be met emotionally just where they are.

Stephen Levine, author of Who Dies?, states that “we can only be truly available to others in loss and grief to the extent we know our own grief”.

Therefore, those of us working with or learning from the bereaved, must practice self-care, due to the ‘somatic resonance’ that our bodies register and thus we feel while being “there for and with the other."

When involved in empathic communication, that which mirrors the experience of the other, we must take care of the self to prevent bereavement overload, compassion fatigue and burnout.
Somatic Colloquialisms

- all thumbs
- anal retentive
- bite your tongue
- broadsided
- butterflies in my stomach
- by a nose
- can’t get a grip
- can’t see straight
- can’t stomach it
- can’t swallow it
- cross eyed
- earful
- elephant on my chest
- eye opening
- feet of clay
- frowned upon
- goose bumps
- hair raising
- hawk eyed
- head in a vice
- heads up
- heart of gold
- heart on my sleeve
- heartful
- heavy handed
- in my face
- jaws of steel
- light footed
- long in the tooth
- loose lipped
- nosey
- overstepped his bounds
- pain in the butt
- pain in the neck
- punched in the gut
- rendered speechless
- short arms
- sideswiped
- slight of hand
- soft belly
- spine tingling
- spun around
- stabbed in the back
- sticky fingers
- stiff upper lip
- stopped in my tracks
- task at hand
- teeth clenching
- tight lipped
- tip of my tongue
- tongue tied
- twinkle toes
- two left feet
- up tight
- weak in the knees
- weight of the world on my shoulders
- white knuckled
- zip it
Commonly used “Phrases to Avoid”

- Be thankful you have another child.
- You must get on with your life.
- You’re not the first person this has happened to.
- Don’t cry; try to keep control of yourself.
- You’re young; there’s plenty of time to have children.
- You’re young; you’ll find someone else and get married.
- I know exactly what you are going through.
- It was really a blessing; you must be relieved.
- You were lucky to have him/her for so long.
- Don’t fret. It’s probably for the best.
- It’s better this way.
- It’s a blessing in disguise.
- He’s better off dead. If he’d lived, it would have been awful.
- Don’t take it so hard. Try to keep yourself together.
- We have no right to question God’s will.
- This is God’s will.
- I heard you’re not taking this well.
- It’s just as well that you never got to know the baby.

Name others you have heard:
Mediators of Mourning—or Determinants Influencing the Grieving Process
(Based on J. William Worden’s Grief Counseling and Grief Therapy, 4th edition)

Mediator 1. Kinship: Who died?

Mediator 2. The nature of the attachment:
- Strength/security
- Ambivalence/conflicted
- Dependency issues

Mediator 3. How the person died: Death circumstances
- Proximity of death
- Expectedness of death
- Traumatic death
- Multiple losses
- Preventable death
- Ambiguous death
- Stigmatized death

Mediator 4. Historical antecedents
- Loss history
- Mental health history

Mediator 5. Personality Variables
- Age/gender
- Coping style
- Attachment style (secure/insecure)
- Cognitive style
- Ego strength (esteem, efficacy)
- Assumptive world (beliefs, values)

Mediator 6. Social Mediator Variables
- Support availability
- Support satisfaction
- Social role involvements
- Religious resources
- Ethnic expectations

Mediator 7. Concurrent Stressors (life-changing events)
**Dr. J. WILLIAM WORDEN’S: FOUR TASKS OF MOURNING**  (Grief Counseling and Grief Therapy, 4th edition)

**I: To Accept the Reality of the Loss**

- Even when death is expected, there is still a feeling that it didn’t happen.
- This task involves recognizing that the person is dead and will not return.
- Death must be accepted on both an intellectual and emotional level.
- Traditional rituals, such as funerals, help the bereaved to begin to accept the death as real.

**II: To Process the Pain of Grief**

- The intensity of the pain and the way it is experienced and expressed is different for everyone.
- It is impossible not to experience some amount of pain when someone very close dies.
- Friends and family sometimes are uncomfortable with the mourner’s pain and may try to interrupt this task.
- Mourners may try to avoid this task by masking the pain through the use of alcohol or drugs, by idealizing the deceased, by avoiding reminders of the deceased, or by relocating or quickly getting into a new relationship.
- No matter how successful a mourner is in avoiding the pain, it eventually will come back again, maybe in the form of depression or when a new loss is experienced.

**III: To Adjust to a World Without the Deceased**

*External (social), Internal (identification), Spiritual (religious) Adjustments*

- Adjusting to the new environment is dependent upon what the relationship was and what role the deceased played in the relationship.
- During this task, grief work focuses on coming to terms with living alone, raising children alone, facing an empty house, managing home maintenance and finances, and caring completely for oneself.
- It is important that regression to a state of helplessness, inadequacy or incapacity does not occur during this task.
- It takes time and patience to figure out how to take over the deceased’s roles.
- It is also during this task that the bereaved tries to make sense of the loss and tries to regain some sense of control over his or her life.

**IV: To Find an Enduring Connection with the Deceased in the Midst of Embarking on New Life**

- For many, this task is the most difficult to complete.
- During this task, the bereaved often finds the ability to invest emotionally in someone or something else.
- The deceased is not forgotten, nor are the memories that were shared, but instead, the bereaved finds enjoyment in life again.
- In this task, the bereaved do not “give up their relationship with the deceased, but find an appropriate place for the dead in their emotional life—a place that enables them to go on living effectively in the world.”

“The fourth task is hindered by holding on to the past attachment rather than going on and forming new ones. Some people find loss so painful that they make a pact with themselves never to love again.” = NOT LIVING.
Partner: Compassionate Listening Exercise

**Somatic Resonance and Countertransference:** How to Know What is Your Feeling (Inside) and What is the Client’s (Outside) – Marjorie L. Rand  *AHP PERSPECTIVE* 2001

I think it is very important therapeutic concept and skill to understand cognitively and somatically, how to discern what feelings are coming from the client and what feelings belong to the therapist. This may be easy to talk about, but very hard to know in the moment of a therapy session. Coming from the field of body psychotherapy, I would like to introduce the notion of somatic resonance (Reich, Wilhelm, *Character Analysis*, New York; Basic Books, 1949).

As body therapists, we must use our bodies as instruments, barometers, and more precisely turning forks, to guide us in a session. This means we must be “attuned” to a client’s body. We must first be empathic to the defensive (e.g., struck) pattern of the client, and bring it to awareness before we attempt to change it.

We listen to the “music” as much or more than to the words. Most important, we must attend to when the client goes into defense – shuts down, freezes, contracts, stops breathing, goes away (splits off), and other forms of bodily defense. And we must respect this, and add it to the total formula of the therapeutic process.

In former times, we would have called somatic resonance an art, or an innate ability, or even plain old intuition. To me, intuition is a bodily experience. It is not a thought or an idea, but a felt sense (Gendlin, E.T., *Focusing*, New York Everest House, 1978), and this cannot be accomplished any other way than through presence and grounding of direct experience in the body of the therapist. This is exactly what is also necessary in the experience of the client. How can we expect the client to go somewhere we cannot accompany her/him?

We, as therapists, must be grounded in our bodily awareness and experience in order to ascertain a clear understanding of what is going on in the body/mind of the client. Even verbal therapists can and should be trained in this ability. Those body psychotherapists who have mastered this skill can tell you that there is a distinct vibrational and emotional difference between what belongs to us, and what we are “picking up” from the client.

The trick is to know what are the feelings of the client and what are those of the therapist. This requires clear boundaries, groundedness IN THE BODY, presence, awareness, and empathic skills, and this is not easy task.

How can we use somatic resonance to inform us of our own counter-transference issues, (what belongs to us), and thus help us better serve our clients? There is no better tool than our own bodily awareness to inform us of this. Each therapist may have a different experience of what this means, but for me, I can discern the difference very clearly by the level of emotional and energetic charge accompanying the experience. The therapist must have done enough work on her or his self to know what their “triggers” are and to recognize them (IN HIS OR HER BODY)!

Somatic resonance is a skill that requires constant practice and attendance to one’s own experience, before attention to the experience of the client. So, what does this mean? It means, you must first be in your own body, before you can even hope to clearly discern what is happening in the body of the client. Marjorie L. Rand, Ph.D., can be reached by at drrandibp@aol.com, or [http://myhometown.aol.com/drrandibt/myhomepage/profile.html](http://myhometown.aol.com/drrandibt/myhomepage/profile.html).
The Art of Skillful Questioning with Therapeutic Phrases

The following examples are meant to exemplify what it means to pay attention to what is happening (Process in addition to what is being said (Content). You will find your own ways to bring attention to the process that is happening for the client – and also between you and the client. (Carol Little, MFT, Former Instructor, Graduate School of Professional Psychology Department, JFK University, 1991)

1. You seem uncomfortable.
2. You seem to have difficulty getting comfortable.
3. You were talking quickly and have slowed way down.
4. I feel heaviness, do you?
5. I am aware that I know very little about your brother.
6. I guess that you’re more comfortable talking about your mother than your father.
7. Your work seems important to you although it is not something that you say much.
8. What you are saying seems important, yet I wonder if it’s something that you really want to be talking about.
9. I’m aware that I know a lot about how your wife views things, but I am not sure how you view them.
10. You seem disconnected from what you are talking about?
11. Do you feel connected to what you are talking about?
12. You appear to be struggling.
13. I think that my remark made you angry.
14. You say that you are not angry and at the same time your fists are clenched.
15. It looks like you don’t like what I just said.
16. You dip into sadness and after just a moment you move to a thinking place…. I wonder if that stops the feeling?
17. It seems more comfortable to move away from the sadness, (anger, hurt, resentment) etc.
18. You ask me questions and when I start responding you interrupt me…. I wonder if you want me to answer?
19. I guess that you prefer that I just listen for now.
20. When you say that you look like you are about to cry.
21. Earlier you mentioned you’d like support and now you say you want to do it alone, I guess that you’re conflicted.
22. When you mention your dreams you almost whisper.
23. When I mentioned your brother you pulled way back, I guess that is not something that is comfortable to talk about.
24. When we get on the subject of your son, we end up talking about work. What is your sense of that?
25. It seems okay for you to say things about your mother, but not okay for me.
26. We always start about five minutes late… I wonder if it is difficult for you to come here?
27. You seem to pay close attention to the clock.
28. It seems very important to you that I be very clear about your motives.
29. I guess you want to make sure that I hear both sides.
30. You often forget to pay me. I wonder what that is about?
31. You keep forgetting your checkbook…. Perhaps you’re not sure that you want to pay me.
32. Whenever you mention your father’s anger, in the next breath you mention his love. Are you aware of that?
33. You seem to get sad whenever you mention your daughter… Are you aware of that?
34. You have gotten very still and quiet… I wonder what has happened?
35. Your eyes filled with tears when you mentioned your sister, then you began to talk about work… I wonder if you needed to move from the feelings?
36. Are you feeling defensive right now?
37. You seem to get defensive whenever I mention your work.
38. Your face lights up when you mention traveling.
39. I don’t think it is useful to talk about me now—this is your time.
40. Was it helpful to hear that?
DEGRIEFING CAREGIVER BURDEN
Lyn Prashant, PhD, FT – Private Practice, Grief Counselor, Educator, Consultant

Clients for whom the technique is appropriate: Pastoral, funeral and humanitarian service providers working with thebereaved who find they are unable to regain their emotional equilibrium due to compathy (the physical equivalent of empathy), which causes the caregiver to experience the client’s presenting physical distress. However, restoring basic routines and establishing a sense of safety, or other methods of promoting self-regulation may be a more appropriate focus for some in the initial phases of traumatic grief.

Description
In addition to raw emotional pain, grieving individuals resonate physical sorrow as well. A qualitative study examining the nurse-patient relationship has identified the contagion of physical distress or ‘compathy’ as a significant but otherwise neglected phenomenon.

Compathy occurs when one person observes another person suffering a disease or injury and experiences in one’s physical body a similar or related distress (Morse & Mitcham, 1997). Although this particular somatic aspect has yet to be incorporated into the common protocol for caregiver overload, Integrative Grief Therapy (IGT) provides direction for its inclusion. IGT’s degriefing procedures utilize integrative therapies that enable caregivers to take primary responsibility for themselves in order to be ultimately responsible to their clients. The holistic approach transforms the caregiver’s embodied grief by providing self-care techniques intended to ease emotional distress, mental anguish and physical discomfort by increasing self awareness, illuminating and fortifying their strengths and teaching new coping skills for ongoing caregiver stress. The degriefing protocol is usually organized into 8 sessions, featuring several distinctive interventions. These often begin with timelines of personal and professional losses and a telling of the healer/client’s story, which is engaged with active listening on the part of the degriefing counselor (henceforth client and counselor, respectively). Additional points of entry may include the sharing of photographs related to the client’s timeline, and the exploration of the client’s emotional reactions, body language, and styles of communicating regarding losses. Middle sessions introduce the concept of “compathy” and symptoms of caregiver burden, which are reviewed in terms of various degriefing premises, as illustrated below. Various self-care options are discussed, including simple yoga postures, breath-focused relaxation, dance, stretching, walking, oils and bodywork for specific somatic complaints. Expressive arts interventions follow using paper and crayons and storytelling, after which clients explore the meanings of various emotion states and the needs associated with them. Finally, in the closing sessions, yoga exercises are extended into various spiritual practices and rituals, as clients formulate a plan for integrating greater self-care into their daily lives. Several of these features are illustrated in the case example that follows.

Case example
Sue, 43, came to see me saying her physical problems had gotten out of hand. Her physician had found no organic cause for her problems and suggested she seek counseling as physical pain often has an emotional component. Sue reported lack of focus, headaches, back and shoulder pain, upset stomach, and raspy throat. As the oldest of seven, with a working mother and an alcoholic father, she had assumed a parental role with her siblings since childhood, and continued a lifelong pattern of focusing on others at the expense of her own self-care. She was employed as a psychiatric nurse at a local hospital but refrained from telling her colleagues about her exhaustion, fearing they’d think less of her.
She had stopped exercising, returning calls or socializing. After work she’d turn on the TV, eat dinner and fall asleep on the couch.

Session 1: Sue expressed shame that she could help others and not know how to help herself. While showing photographs of deceased loved ones she complained of anxiety and tears appeared without warning. Sue created two time lines. On her personal timeline she named each loss, where she felt it in her body, what her mind said and what her body felt about each. Her work timeline indicated places where professional and personal losses intertwined and overwhelmed her. As homework, I suggested she list her intentions with respect to managing her stress differently.

Session 2. We reviewed the parameters of Degriefing, a holistic process approach to healing grief-related pain that combines verbal counseling therapies with individualized physical care. The premises that Sue resonated with most were that: the mind has a body and the body has a mind; in times of grief your mind is not your friend; we don’t get over our losses so much as we change our relationship to them. Sue said putting words to her physical discomfort helped her feel normal in the midst of her confusion. As homework she began to journal about her experience, enjoy a lavender bath each day, walk 20 minutes daily and engage in inspirational and self-help reading.

Session 3. We discussed the concept of compathy and Sue’s realization that she had been too hard on herself. She was emotional while talking about patients, who died traumatically at work. She could not get their faces out of her mind and would often dream about them. Using ginger oil on Sue’s feet and Neroli on her heart we did progressive relaxation. She agreed to bathe in Rosemary oil, and to continue reading.

Session 4. Focusing on the somatic aspects of grief, we engaged in deep breathing to release tension, as I did bodywork on Sue’s shoulders arms, back, legs and feet. She talked about joining a yoga class, and walking more. She reported feeling better and waking up feeling clearer. As homework Sue continued her inspirational reading.

Session 5. We worked with words: the meanings, the usage and application for our mental exercise. Psycho Somatic Semantics: is the use of language as a therapeutic tool to evoke a desired response in the body, in this case a release of grief.”(Prashant 2002) Sue reveled in the opportunity to roleplay since she often shied away from direct communication. She had little feedback from colleagues now because he had not talked to anyone about her conflicted feelings. Sue reported that she had started using breathing exercises when listening to other’s communications.

Sessions 6. Our Focus was emotional expression. Sue had been asked to bring her favorite music to the session, which we played. There tools for emotional expression to choose from. Collage supplies, musical instruments, modeling clay, crayons and sketch pad, yoga mat, essential oils, and music selection. She chose to do collage and kazooed songs that evoked memories and tears. Sue decided that she would assign song titles to losses on her grief timeline, because she often remembered life events that way. For homework she read the book “Tear Soup,” with its message that grief has a function.

Session 7. Sue built an alter with photos, sacred objects, flowers, candles and crystals; made a list of everything she wanted to eliminate from her life, which we burned outside in the fire pit as a form of symbolic release. Sue also made a second list of her hopes and dreams, which she placed on her alter. I led her through a mindfulness meditation. As homework she practiced belly breathing, journal writing and tratak, a form of concentration-enhancing meditation.

Session 8. We reviewed work accomplished, answered questions and tied up loose ends. I made recommendations for other integrative therapies such as acupuncture, dance classes and swimming. We discussed what had been the hardest to work through and what had been easier than expected. She agreed to write a summary of her work and to call in two weeks to touch base. When she did so, she reported much less burden than in the past.
Concluding Thoughts
Caregivers engaged in compassionate service with grieving individuals are subject to caregiver burden, which profoundly impacts their body, mind and spirit. “Fundamental to the emotional, physical, and spiritual well-being of professional counselors are the self-care strategies that promote resiliency for the prevention of empathy fatigue. This type of “fatigue reaction” and its consequences has been recognized as “counselor impairment”. (Stebnicki, 2007) Degriefing meets the specific needs of a caregiver currently suffering physical distress. It also primes caregivers to remain vigilant about how their work can continue to directly affect their own body, mind, spirit. By engaging in self-selected self care therapies Sue used the power of grief as fuel to transform the pain into a healing experience and obtained the tools to manage ongoing issues, truly representing the caregivers quest for healing.

References
Kubler Ross’ Five Stages: What Are They For?

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<tr>
<th>Stage</th>
<th>Description</th>
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<tr>
<td>1 - Denial</td>
<td>Denial is a conscious or unconscious refusal to accept facts, information, reality, etc., relating to the situation concerned. It's a defence mechanism and perfectly natural. Some people can become locked in this stage when dealing with a traumatic change that can be ignored. Death of course is not particularly easy to avoid or evade indefinitely.</td>
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<tr>
<td>2 - Anger</td>
<td>Anger can manifest in different ways. People dealing with emotional upset can be angry with themselves, and/or with others, especially those close to them. Knowing this helps keep detached and non-judgemental when experiencing the anger of someone who is very upset.</td>
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<tr>
<td>3 - Bargaining</td>
<td>Traditionally the bargaining stage for people facing death can involve attempting to bargain with whatever God the person believes in. People facing less serious trauma can bargain or seek to negotiate a compromise. For example &quot;Can we still be friends?..&quot; when facing a break-up. Bargaining rarely provides a sustainable solution, especially if it's a matter of life or death.</td>
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<tr>
<td>4 - Depression</td>
<td>Also referred to as preparatory grieving. In a way it’s the dress rehearsal or the practice run for the 'aftermath' although this stage means different things depending on whom it involves. It’s a sort of acceptance with emotional attachment. It’s natural to feel sadness and regret, fear, uncertainty, etc. It shows that the person has at least begun to accept the reality.</td>
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<tr>
<td>5 - Acceptance</td>
<td>Again this stage definitely varies according to the person’s situation, although broadly it is an indication that there is some emotional detachment and objectivity. People dying can enter this stage a long time before the people they leave behind, who must necessarily pass through their own individual stages of dealing with the grief.</td>
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“Elisabeth says that anticipatory grief is for finishing business!”
PM 1:

A. **Video**

B. **Silent Self Expression Exercise**
If you were going to die soon and had only one phone call to make, who would you call and what would you say? And why are you waiting?

Stephen Levine
Empathic Resonance: The Encyclopedia Britannica (1999 edition) defines empathy as:

"The ability to imagine oneself in another’s place and understand the other’s feelings, desires, ideas, and actions...The most obvious example, perhaps, is that of the actor or singer who genuinely feels the part he is performing.

With other works of art, a spectator may, by a kind of introjection, feel himself involved in what he observes or contemplates. The use of empathy is an important part of the counseling technique developed by the American psychologist Carl Rogers."

In human-speak, if you say that you are sad and I empathize with you it means that we have an agreement. You communicate to me a property of yours ("sadness"). This triggers in me a recollection of "what is sadness" or "what is to be sad". I say that I know what you mean, I have been sad before, I know what it is like to be sad. I empathize with you. We agree about being sad.

Genetic Resonance: (exerpt from Sibling Loss Across the Lifespan.)

"My sister’s pain, My parents pain.

The internal cellular gut wrenching pain that I experienced caring for my sister was inexplicable and incomparable and incomprehensible as compared to my ferociously painful experience of losing my husband to cancer. It was both surreal and possible to functionally support Mark’s family.

It was not the case with my family they blamed me when I shared the news of her difficulty and the predictions of her lack of longevity.

How could I be assigned once again, such a similar task?

With the loss of my baby sister, my DNA, my genetic coding was resonating and suffering at the level of the construct of my being aching differently. It was my flesh and blood dying.

I loved both my sister and my husband Mark soulfully, unconditionally." I’ve now learned something unique regarding the loss of significant others in our lives.
**Simple Self Care:**

Q. **What are STUGS?** (Terese Rando, PhD)
A. Sudden Temporal Upsurges of Grief.

Q. **Why are they important?**
A. STUGS are the body’s ways of releasing emotional holding and intellectual content in surges, like waves, and can be triggered by any of the senses...consciously or unconsciously.

Grieving individuals so full of emotions find that any life experience can create turmoil inside bringing one’s grief to the surface provoking some physical expression in just a second’s time. Nostril breathing, being aware of this body/mind reaction and recognizing STUGS as part of the bereavement process can be normalizing.

- a sight
- a sound
- a smell
- a thought
- a memory

**Skillful response**: Nostril breathe, make mental note of your feelings. Where are they located in your body? and What the body is showing & telling you?

**Practice Somatic Quick Tips to prevent or diminish**: Bereavement overload, compassion/compathy, burnout, empathy fatigue, compassion fatigue for Simple Self Care and emotional regulation:

- engage in a personal A.M. ritual daily
- run hands/feet under cold water
- soak or shower in hot water
- nostril breathe at all times
- express …don’t repress your feelings
- write, sing, draw, dance or pray
- smile for no reason
- talk to your self lovingly
- sit and observe your breath for 5 minutes: attention on belly
- engage in a personal P.M. ritual daily
- discover***your***Sankalpa

**Left/Right Nostril Breathing**

<table>
<thead>
<tr>
<th>Left-Lunar</th>
<th>Right-Solar</th>
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<tbody>
<tr>
<td>Moon</td>
<td>Sun</td>
</tr>
<tr>
<td>Night</td>
<td>Day</td>
</tr>
<tr>
<td>Feminine</td>
<td>Masculine</td>
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<tr>
<td>Cool</td>
<td>Hot</td>
</tr>
<tr>
<td>Internal</td>
<td>External</td>
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Dr. Lyn Prashant, PT. IGC. IGT. CMT.
Somatic Thanatology

415-457-2272
lyn@degriefing.com
www.integrativegrieftherapy.com
Degriefing: Integrative Therapies for Transformation (partial listing)

<table>
<thead>
<tr>
<th>Self-Expression</th>
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<tbody>
<tr>
<td>grief work--individual/group</td>
<td>journaling</td>
<td>spiritual search/meditation</td>
</tr>
<tr>
<td>educational study</td>
<td>reading/movie</td>
<td>alter creation/prayer</td>
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<tr>
<td>art therapy/crafts</td>
<td>drama therapy</td>
<td>attend organized retreat</td>
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<tr>
<td>hobbies/sports</td>
<td>photo album</td>
<td>story telling/tape recording dream</td>
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<tr>
<td>exploration/naps</td>
<td>letter writing</td>
<td>private devotional chanting</td>
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<tr>
<td>talk to clergy</td>
<td>attend services</td>
<td>flowers home/office</td>
</tr>
<tr>
<td>walks/hikes</td>
<td>list making</td>
<td>farmers market</td>
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<tr>
<td>plant “memory garden”</td>
<td>beach making</td>
<td>resting on a beach</td>
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<thead>
<tr>
<th>Touch-Somatic (physical):</th>
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<tbody>
<tr>
<td>massage/bodywork</td>
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<tr>
<td>Reiki/lymphatic</td>
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<tr>
<td>compassionate touch</td>
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<tr>
<th>Sound:Internal:</th>
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<tbody>
<tr>
<td>voice dialogues</td>
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<tr>
<td>crying / sobbing</td>
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<tr>
<td>devotional chanting</td>
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<table>
<thead>
<tr>
<th>Sound:External:</th>
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</thead>
<tbody>
<tr>
<td>soothing music</td>
</tr>
<tr>
<td>drumming</td>
</tr>
<tr>
<td>nostril breathing</td>
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<tr>
<td>Holotropic work</td>
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<table>
<thead>
<tr>
<th>Movement:</th>
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<tbody>
<tr>
<td>aerobic classes</td>
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<tr>
<td>skipping</td>
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<td>dancing</td>
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<table>
<thead>
<tr>
<th>Smell:</th>
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<tbody>
<tr>
<td>Essential Oils: (applied directly to body, in bath water, or diffused in air)</td>
</tr>
<tr>
<td>ginger root</td>
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<tr>
<td>lemongrass-(3 drops)</td>
</tr>
<tr>
<td>yang ylang</td>
</tr>
<tr>
<td>peppermint</td>
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<tr>
<td>spikenard</td>
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<tr>
<th>Water:</th>
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<tbody>
<tr>
<td>hot baths/showers</td>
</tr>
<tr>
<td>cold compresses/foreheads</td>
</tr>
<tr>
<td>hydrotherapy</td>
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The Degriefing® Timeline

The Degriefing Timeline is a tool that can be effectively and efficiently used to identify and acknowledge the grief that each individual carries. By creating a timeline one can view the legacy of their losses more objectively. The information regarding loss in one’s life can be graphically viewed outside the body, while the somatic reaction that is felt is happening inside the body.

Losses have mental, emotional, physical, physiological and psychological components that are in fact unique to each particular incident. Since grief is the body/mind’s reaction to loss, any loss, the timeline is a proficient way to experience the impact of each loss on one’s life story.

Important information is needed to begin the transformation process of using grief as fuel for personal healing. The body holds onto somatic information that the mind has long since chosen to forget.

Measuring the degrees of grief, is a very skillful way to ascertain which loss to explore first when approaching the subject of an individual’s grief. Present loss is combined with and exacerbated by past losses. Fresh grief re-stimulates unresolved issues and feelings of grief from the past. When losses combine they do not add up linearly, the result is an exponential effect.

Stephen and Ondrea Levine clearly advise that when one has not gone to the gym to work out for a while, to pick up the 3 pound rather than the 300 pound weight is both a skillful and compassionate approach. It is not mandatory to tackle the most painful and difficult loss first. Encouraging a person to ask “Where do I want to start to unravel my legacy of loss?” is a skillful way to begin.

No loss that can be remembered is too small to log since grief accumulates in the body/mind system. Our minds often suggest that life’s little losses are not a big deal. Yet when viewing the chronology of our losses our feeling state in the present regarding losses in the past, can bring awareness of the specific and cumulative effect of the events of loss in our life.

The intention of this exercise is to use this Degriefing tool to guide an individual to a more comprehensive awareness of their physically held pain and emotions. Observing the thoughts, feelings and memory upsurges that occur while recording specific losses on the timeline, encourages a grieving person to take a compassionate look at what they have experienced and what they are still being affected by.

The process of viewing the “Many Faces and Places of Grief”, demonstrates that our losses impact our lives to various degrees throughout our lifetime. We can be empowered to transform the pain of loss into self-caring awareness and intentional healing.

Timeline Directions:

Draw a horizontal line, and divide it into five year increments from the date of your birth to your present age. Ask, “...what losses occurred in my life between ages 15-20, or 30-35, 45-50”... etc. Observation is the key. Pay attention to where in the body the memories provoke feelings, and what the mind comments while recording the loss. (if it is easier to begin with a vertical listing, you can then place the information on the horizontal graph)
Degriefing™ “Grief Timeline”

Directions: Breathe through the nose and allow yourself to recall and document your life’s grief(s) according to specific chronology.

<table>
<thead>
<tr>
<th>BIRTHDATE</th>
<th>AGE NOW</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td>5</td>
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</table>

Start anywhere to log the losses, with the names, incidents, dates, present feelings and memories. You may use different colors to express impact. Add pictures, phrases and key words, noting thoughts, bodily feelings and memories that correlate.

Feel and record the emotional impact, the corresponding re-stimulated memories and the prominent thoughts occurring. Perhaps you will recognize the primary losses that caused the secondary ones. Notice patterns of loss and chronological groupings. Create this graph as intricately as you choose. Loss and grief are inherent to the human condition.

Recognize that this timeline is an ongoing work in progress. Stay present and observe the surprises that may occur. This is an exploration of the story of the losses in your life and how they have and continue to affect you. Working with the timeline can reveal what is still living residually in the body, so remember that “Grief is the most available untapped emotional resource for personal transformation.”
1. **Grief Timeline Exercise:**

- Skillful questions: (refer to Worden’s Mediators of Mourning)
  - What happened to____?
  - When did it happen? /how long ago?
  - Where did it happen?
  - What did I feel then?
  - Where do you feel it now?
  - Where in the body did it happen and?
  - How do I (now cope) =transform my life using my grief as the fuel?
  - What is the loss and associated memory?
  - What are the thoughts?
  - What are the physical sensations?
  - What are the emotions that surface with the loss?
  - Where were you when you heard or knew about the loss?
  - Does it have a color?
  - Does it have a texture?
  - Does the loss have a sound?
  - Is there a song that plays in your head?
  - Is there a cluster of losses you see listed?
  - What is the most painful?
  - What is the most recent?
  - What is the primary loss?
  - What are the secondary losses associated with that loss?

- Please fill out the grief timeline and with each loss, write down the place where you feel the reaction or information in your body:

- Counseling and education access the intelligence of the mind and the wisdom of the body providing comfort by holding space with presence.
- Degriefing normalizes grief. It recognizes the multi-faceted kaleidoscopic effects grief has on the body, and how it shifts the functioning of the mind.
NOSTRIL BREATHE
OBSERVE

NAME THE LOSS
NAME FEELINGS
THOUGHTS PROVOKED

Where in the body do I feel it? (color, shape, size, texture & temperature)

======================================================================

NOSTRIL BREATHE
OBSERVE

NAME THE FEELINGS
THOUGHTS PROVOKED
CORRESPONDING EVENT

Where in the body do I feel it? (color, shape, size, texture & temperature)

======================================================================

NOSTRIL BREATHE
OBSERVE

NAME THE THOUGHTS
CORRESPONDING EVENT
FEELINGS STIMULATED

Where in the body do I feel it? (color, shape, size, texture, temperature)
Sympathetic/ Parasympathetic Nervous Systems:

The **sympathetic nervous system** prepares the body for intense physical activity and is often referred to as the fight-or-flight response.

The **parasympathetic nervous system** has almost the exact opposite effect and relaxes the body and inhibits or slows many high energy functions.

All trauma is grievous---So What is emotional and psychological trauma?

Emotional and psychological trauma is the result of extraordinarily stressful events that shatter your sense of security, making you feel helpless and vulnerable in a dangerous world.

Traumatic experiences often involve a threat to life or safety, but any situation that leaves you feeling overwhelmed and alone can be traumatic, even if it doesn’t involve physical harm. It’s not the objective facts that determine whether an event is traumatic, but your **subjective emotional experience** of the event. The more frightened and helpless you feel, the more likely you are to be traumatized.

Causes of emotional or psychological trauma

An event will most likely lead to emotional or psychological trauma if:

- It happened unexpectedly.
- You were unprepared for it.
- You felt powerless to prevent it.
- It happened repeatedly.
- Someone was intentionally cruel.
- It happened in childhood.

Emotional and psychological trauma can be caused by single- blow, one-time events, such as a horrible accident, a natural disaster, or a violent attack. Trauma can also stem from ongoing, relentless stress, such as living in a crime-ridden neighborhood or struggling with cancer.

Commonly overlooked causes of emotional and psychological trauma

- Falls or sports injuries
- Surgery (especially in the first 3 years of life)
- The sudden death of someone close
- A car accident
- The breakup of a significant relationship
- A humiliating or deeply disappointing experience
- The discovery of a life-threatening illness or disabling condition
Risk factors that increase your vulnerability to trauma

Not all potentially traumatic events lead to lasting emotional and psychological damage. Some people rebound quickly from even the most tragic and shocking experiences. Others are devastated by experiences that, on the surface, appear to be less upsetting. A number of risk factors make people susceptible to emotional and psychological trauma. People are more likely to be traumatized by a stressful experience if they’re already under a heavy stress load or have recently suffered a series of losses. People are also more likely to be traumatized by a new situation if they’ve been traumatized before – especially if the earlier trauma occurred in childhood.

Childhood trauma increases the risk of future trauma

Experiencing trauma in childhood can have a severe and long-lasting effect. Children who have been traumatized see the world as a frightening and dangerous place. When childhood trauma is not resolved, this fundamental sense of fear and helplessness carries over into adulthood, setting the stage for further trauma.

Childhood trauma results from anything that disrupts a child’s sense of safety and security, including:

- An unstable or unsafe environment
- Separation from a parent
- Serious illness
- Intrusive medical procedures
- Sexual, physical, or verbal abuse
- Domestic violence
- Neglect
- Bullying

Symptoms of emotional and psychological trauma

Following a traumatic event, or repeated trauma, people react in different ways, experiencing a wide range of physical and emotional reactions. There is no “right” or “wrong” way to think, feel, or respond to trauma, so don’t judge your own reactions or those of other people. Your responses are NORMAL reactions to ABNORMAL events.

Emotional and psychological symptoms of trauma:

- Shock, denial, or disbelief
- Anger, irritability, mood swings
- Guilt, shame, self-blame
- Feeling sad or hopeless
- Confusion, difficulty concentrating
- Anxiety and fear
- Withdrawing from others
- Feeling disconnected or numb
Physical symptoms of trauma:

- Insomnia or nightmares
- Being startled easily
- Racing heartbeat
- Aches and pains
- Fatigue
- Difficulty concentrating
- Edginess and agitation
- Muscle tension

These symptoms and feelings typically last from a few days to a few months, gradually fading as you process the trauma. But even when you’re feeling better, you may be troubled from time to time by painful memories or emotions—especially in response to triggers such as an anniversary of the event or an image, sound, or situation that reminds you of the traumatic experience.

Grieving is normal following trauma

Whether or not a traumatic event involves death, survivors must cope with the loss, at least temporarily, of their sense of safety and security. The natural reaction to this loss is grief. Like people who have lost a loved one, trauma survivors go through a grieving process. This process, while inherently painful, is easier if you turn to others for support, take care of yourself, and talk about how you feel.

Seek help for emotional or psychological trauma if you're:

- Having trouble functioning at home or work
- Suffering from severe fear, anxiety, or depression
- Unable to form close, satisfying relationships
- Experiencing terrifying memories, nightmares, or flashbacks
- Avoiding more and more things that remind you of the trauma
- Emotionally numb and disconnected from others
- Using alcohol or drugs to feel better

http://www.helpguide.org/articles/ptsd-trauma/emotional-and-psychological-trauma.htm
Dr. Peter Levine’s: The Nine-Step Method for Transforming Trauma

The first thing is that you have to create a sense of relative safety. Remember we talked about the social engagement system – you have to help the person feel just safe enough to begin to go into their bodies.

The second from that sense of relative safety created by the therapist and the environment, we help the person support initial exploration and acceptance of sensations. And we do it only a little bit at a time, so they “touch into their sensations” then come back into the room, into themselves.

The third step is a process I call “pendulation.” That’s a word I made up – what it means is that when people first begin to experience their body sensations, they actually feel worse for a moment. It is probably largely because they have avoided their sensations. So when they feel them, they feel worse. This is like a contraction. But what I have discovered is when you help support people, they discover that with every contraction there is an expansion.

So if they learn just to stay with these sensations just momentarily long enough, it will contract but then it will expand. And the rhythm between contraction and expansion, that really gives people the sense, “Oh my God, I’m going to be able to master this!” So, again, when they get the sense or rhythm, of contraction/expansion, it needn’t become threatening. It just becomes, “Oh, okay, I’m contracting, and now I’m expanding.”

And the rhythm between contraction and expansion, that really gives people the sense, “Oh my God, I’m going to be able to master this!” So, again, when they get the sense or rhythm, of contraction/expansion, it needn’t become threatening. It just becomes, “Oh, okay, I’m contracting, and now I’m expanding.”

The fourth step, which is really the first, and the second, and the third, and the fourth, fifth, sixth, seventh and eighth, is what I call “titration.” And by titrating, by just dosing one small amount of experience at a time, this creates an increase in stability, resilience, and reorganization of the nervous system. So titration is about carefully touching into the smallest drop of survival-based arousal...

So sort of like a homeopathic approach to trauma? A homeopathic dose level of approaching...

Dr. Levine: Yes! Yes, that’s it! Yes, that is exactly a really good analogy – and it may be more than just an analogy. You know, we have a number of homeopaths, particularly in the European and South American trainings – and, you know, they get it – the idea of the smallest amount of stimulus that gets the body engaged in its own self-defense mechanisms.

Then the fifth step is to provide corrective experiences by helping them have active experience that supplants or contradicts the passive response of collapse and helplessness. So as they recover active responses, they can feel empowered – active defensive responses.

When people are in the immobility response, when they are in the shut-down state, what happens is that normally in animals, it’s time-limited. I was out on the beach the other day and
some of the kids on the beach do this for fun – they will take one of the pigeons and hold it. They will come up very quietly behind the pigeon, hold around its wings so it can’t move, and then turn it over and it goes into this complete immobility response. It doesn’t move. It looks like it is dead – it is so-called “playing possum.”

But if you frighten the animal when it is coming up or if you frighten it when it is coming in, it stays in that immobility a longer amount of time, a much longer amount of time – particularly if you re-frighten it.

So the thing is, we frighten ourselves. Normally the exiting out of immobility is time-limited – you go in and you go out. When people are coming out of immobility, if they are frightened of those sensations, that fear then puts them into immobility. So I call it “fear-potentiated immobility.”

In the sixth step, we uncouple the fear from the immobility and the person comes out of the immobility, back into life. And, again, when they come out, there is usually a lot of activation, a lot of arousal. So when the person comes out, we have to be prepared to help them contain that sensation of arousal and then move through that, back into homeostasis, balance and social engagement.

And the seventh step is to help them discharge and regulate the high arousal states, and they redistribute the mass of the vital energy mobilized for life-preserving action, while freeing that energy to support higher-level brain functions.

“By helping them supplant the passive response of collapse and helplessness, they recover active defense responses; they can feel empowered.” “...we uncouple the fear from the immobility and the person comes out of the immobility, back into life.”

Step eight is engaging self-regulation to restore dynamic equilibrium and relaxed alertness. I like that word better than “homeostasis” because homeostasis implies a static state, and this dynamic equilibrium is always shifting. So we go into a high level of arousal, but dynamically we turn to a balanced equilibrium.

And then the ninth step is to help the person reorient in the here and now; contact the environment, the room, wherever they are - the emergency room if it is the emergency room, the recovery room if it is the recovery room – and reestablish the capacity for social engagement.

The National Institute for the Clinical Application of Behavioral Medicine   www.nicabm.com
Signs of Psychological Trauma

- Fear and anxieties:
  - Pervasive fears (routine activities that they may have enjoyed in the past appear fraught with potential danger
  - Separation anxiety
  - Physiologic reactivity
  - Sudden panic or distress
  - Specific Fears
  - Fear denial (some children may insist all day long that they fear nothing at all and then collapse in terror at the dark of bedtime)

- Behavioral Regression
- Personality changes
- Sleep related difficulties
- Unwanted images and thoughts
- Retelling and replaying of Trauma
- Withdrawal and constrictions
- Loss of pleasure in enjoyable activities
- Complaints of aches and pains
- Post traumatic play (frequently lacks pleasure and relief; has a seriousness and intensity uncharacteristic of typical play. Many children try to undo the most difficult aspects of a traumatic event through play)
PM 2: Class Case Studies and IDT Work:
The Wheel of Self-Care

There are certain things everyone can do to improve their health and wellness. Look at the sections of the wheel and decide how well you’re doing with each section. If the centre of the wheel is “0” and the outer edge is “10”, draw a line with your score for each area. If you feel you’re at a “10” in every section, then you’d have a perfectly round wheel. Most of us have a different score for every section - some are higher than others. So we wobble around on a wheel that isn’t in the best shape to carry us.

How smooth is your ride?

- GETTING ENOUGH SLEEP
- ADDICTION-FREE
  (no addictive behaviour or using substances that you are addicted to, which could include tobacco, alcohol, sugar & sugary foods or snack foods)
- PHYSICAL ACTIVITY
- HEALTHY EATING & VITAMINS, DRINKING ENOUGH WATER
- FREEDOM FROM PHYSICAL, MENTAL & EMOTIONAL CLUTTER
- RELAXATION & SPIRITUALITY
- SOCIAL SUPPORT
- FUN & RECREATION, LAUGHTER

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Coping With Stress

Everyone—adults, teens, and even children—experiences stress at times. Stress can be beneficial by helping people develop the skills they need to cope with and adapt to new and potentially threatening situations throughout life. However, the beneficial aspects of stress diminish when it is severe enough to overwhelm a person’s ability to take care of themselves and family. Using healthy ways to cope and getting the right care and support can put problems in perspective and help stressful feelings and symptoms subside.

Stress is a condition that is often characterized by symptoms of physical or emotional tension. It is a reaction to a situation where a person feels threatened or anxious. Stress can be positive (e.g., preparing for a wedding) or negative (e.g., dealing with a natural disaster).

Sometimes after experiencing a traumatic event that is especially frightening—including personal or environmental disasters, or being threatened with an assault—people have a strong and lingering stress reaction to the event. Strong emotions, jitters, sadness, or depression may all be part of this normal and temporary reaction to the stress of an overwhelming event.

Common reactions to a stressful event can include:

- Disbelief, shock, and numbness
- Feeling sad, frustrated, and helpless
- Fear and anxiety about the future
- Feeling guilty
- Anger, tension, and irritability
- Difficulty concentrating and making decisions
- Crying
- Reduced interest in usual activities
- Wanting to be alone
- Loss of appetite
- Sleeping too much or too little
- Nightmares or bad memories
- Reoccurring thoughts of the event
- Headaches, back pains, and stomach problems
- Increased heart rate, difficulty breathing
- Smoking or use of alcohol or drugs
Healthy Ways to Cope with Stress

Feeling emotional and nervous or having trouble sleeping and eating can all be normal reactions to stress. Engaging in healthy activities and getting the right care and support can put problems in perspective and help stressful feelings subside in a few days or weeks. Some tips for beginning to feel better are:

- Take care of yourself.
- Eat healthy, well-balanced meals
- Exercise on a regular basis
- Get plenty of sleep
- Give yourself a break if you feel stressed out
- Talk to others. Share your problems and how you are feeling and coping with a parent, friend, counselor, doctor, or pastor.
- Avoid drugs and alcohol. Drugs and alcohol may seem to help with the stress. In the long run, they create additional problems and increase the stress you are already feeling.
- Take a break. If your stress is caused by a national or local event, take breaks from listening to the news stories, which can increase your stress.

Indicators of Your Stress Index? If you answered YES more than %50 ... it’s time for skillful self-care interventions!

- Try to do everything yourself?
- Spend a lot of time complaining about the past?
- Neglect your diet?
- Blow up easily?
- Seek unrealistic goals?
- Fail to see the humor in situations that others find funny?
- Act rude?
- Make a big deal of everything?
- Have difficulty in making decisions?
- Complain that you are disorganized?
- Avoid people whose ideas are different from yours?
- Keep everything inside?
- Neglect exercise?
- Have few supportive relationships?
- Use sleeping pills and tranquilizers without doctor’s supervision?
- Fail to get a break from noise and crowds
- Get too little rest?
- Get angry when you are kept waiting?
- Ignore stress symptoms?
- Put things off until later?
- Think there is only one right way to do things?
- Fail to build relaxation into your day

lyn@degriefing.com
www.integrativegrieftherapy.com
415-457-2272
Crying-The Body's Self Regulator

Copyright: by Edward Willett (exerpts)

Dr. William Frey of Minnesota, suggests that crying makes people feel better because emotional tears help rid the body of chemicals that build up as a result of stress. Irritant tears (which Frey produced in his subjects with onion vapors) are chemically different from emotional tears (which he produced by showing sad movies). Emotional tears have more protein in them, including various stress hormones. Other researchers theorize that crying may stimulate the release of endorphins, substances that elevate our mood and relieve pain.

In addition, women's crying is far more likely to send tears rolling down their cheeks. When men cry, 70 percent of the time all that happens is their eyes fill with tears. This difference crops up around age 12 or 13, which supports the idea that hormones are involved. Prolactin, for instance, involved in the menstrual cycle, breast development and lactation, may also help stimulate tears: drugs that reduce prolactin levels have can reduce excessive crying caused by neurological disease. Male hormones, such as androgen or testosterone, may have the opposite effect, actually inhibiting crying. Differences in the levels of these hormones among individuals could help explain why some people cry more than others do.

Most people say they feel better after they cry. Women were shown brief tear-jerking clips from the movie Steel Magnolias, discovered that, far from reducing the level of stress, seemed to enhance it, as measured by heart rate, sweat gland activity and skin temperature: the more the women cried, the more upset they became. That would seem to indicate that, indeed, crying is more important as a signal to others that we need help than as a means of relieving stress.

Cry Findings: Read 'em and Weep!

- Women cry five times more frequently than men do. 55% of the men reported crying at least one during a one-month period, while 94% of the women reported crying once or more during the same period. The women averaged five crying spells a month.
- For men, crying usually involved welling of tears in their eyes rather than flowing tears or sobbing.
- Crying episodes last anywhere from a couple of seconds to nearly two hours, with average times ranging from one to two minutes.
- Sadness was the number one reason given for crying, followed by happiness, anger, sympathy, anxiety and fear.
- Most crying occurred between 7 and 10 p.m. when adults were most likely to be with relatives and friends or watching movies.
- 85% of the women and 73% of the men said that they felt better after crying and that it significantly reduced emotional stress.
The Practice of Tratak

Tratak is a cleansing technique that helps to clean the body and mind to prepare the body for understanding the spirit. Tratak helps balance the endocrine system by re-setting the Pineal gland which in turn regulates stress, enhances the immune system, decreases anxiety, improves memory, regulates mood, increases concentration, and it is thought to stimulate the third eye (Ajna chakra).

The Pineal gland is a photoactive gland that as the sun goes down it will increase the secretion of melatonin that helps the body sleep. When the sun comes up the pineal gland secretes less melatonin so the body will awaken.

Often in grief a person’s sleep patterns are disrupted. A person will either sleep too much or too little. Using Tratak stimulates the optic nerves which can help re-set the pineal gland so a person can have improved sleep patterns.

Tratak also helps a person focus on the present and also be able to look into the future. When looking at the thumbnail it reminds the person to be present to what is in this moment. When focusing on the object in the distance it can help an individual understand that they have a future and they can set goals for their future. The distant object they will focus on during Tratak practice can be something they want in the future, i.e., a new house, a vacation, calm mind, etc.

How is Anahat (Heart) Chakra involved in grief?

Anahat chakra or the heart center relates to physical and emotional bonding-bonding to others, ourselves and the world around us. Attachment happens in the Anahat chakra and this is where we feel love. When we have a relationship with a person or are “attached” to an object we have feelings for them, we enjoy them, we love them, and we want to be able to enjoy their presence. Through these positive experiences bonds are formed.

Sometimes these bonds can have a negative effect as they may attach ‘cords’ that bind us and don’t allow us to live freely. So when we lose someone or something we feel like we have lost part of ourselves and we struggle to understand who we are without our loved one or object. Many times we define our lives by the stories we tell and when someone or something is missing from our story, our story no longer makes sense.

It is at this heart center that we feel our “broken heart” when we are in grief. Anahat chakra is located between the shoulder blades and is expressed in the heart center of the chest. This chakra relates to the cardiac plexus of nerves which affects the breath, circulatory system, and the thymus gland. When we are “broken hearted” we may experience chest pain, difficulty breathing, shallow breathing, hunched shoulders that are trying to protect the heart area, and increased or decreased heart rate.

These physical symptoms happen because a bond has been severed with someone or something that we love and are attached to. “Because our body cannot lie, it “knows”: as our mind struggles profoundly to understand our loss.”
Tratak Practice:

--- Extend your right arm with your fist closed and your thumb pointing up, the thumbnail facing you. (on bent right knee you an rest extended right elbow)
--- Locate a distant object and align your thumbnail with the object.
--- Focus on your thumbnail.
--- Shift your focus to the distant object.
--- Shift back to your thumbnail.
--- Repeat six times. (Start with a few conscious breaths and work at your own pace. (60 second period of time for each focal period is optimal)

When working with grief we most often choose to start with the focus being on the thumbnail (as an extension of ourselves); and then we shift to the distant object of focus and return to the thumbnail to complete the practice. Focusing on one’s thumbnail represents connection with a familiar extension of “us”.

As one’s practice evolves one can choose to start with the distant object as the “or unknown undefined” future or specifically the “intentional future hopes and dreams”.

We can then choose to stop the practice on our thumbnail or return to the distant object for completion of that particular practice. We can use a picture or a familiar object to represent the future aspect.

Benefits include:

- Stimulates the optic nerves that then stimulate the functions of the Pineal Gland
- Results in increased levels of melatonin tend to regulate many biorhythms, especially the sleep/wake cycle
- Helps regulate stress by influencing the flight-fight reaction and modulates the immune system
- Increases nervous stability, removes insomnia, and relaxes the anxious mind.
- Improves the memory and helps to develop good concentration and strong will-power
- Heightens one’s spiritually as it awakens Ajna Chakra (6th)
<table>
<thead>
<tr>
<th>Name</th>
<th>Color/ Gland</th>
<th>Location</th>
<th>Attributes/ Imbalances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Root</td>
<td>Red/ Adrenals</td>
<td>Just below the coccyx</td>
<td>Survival instincts, Procreation, constipation, hemorrhoids</td>
</tr>
<tr>
<td>Sacral</td>
<td>Orange/Gonads</td>
<td>Lower back and lower abdomen</td>
<td>Will to Survive, Power, money, sexual energy, hearing issues, back problems, fear</td>
</tr>
<tr>
<td>Solar Plexus</td>
<td>Yellow/Pancreas</td>
<td>Below or level with the navel</td>
<td>Digestion, energy, expressing feelings, anger, arthritis, stubbornness</td>
</tr>
<tr>
<td>Heart</td>
<td>Green/Thymus</td>
<td>Center of the Chest, Sternum</td>
<td>Mental chatter, expression of love, lack of joy, bitterness</td>
</tr>
<tr>
<td>Throat</td>
<td>Blue/Thyroid</td>
<td>In the throat, by the larynx</td>
<td>Truth, Integrity, throat issues, self expression, asthma</td>
</tr>
<tr>
<td>Brow</td>
<td>Indigo/Pituitary</td>
<td>In the forehead, slightly above the eyebrows</td>
<td>Great effect on ears, eyes, nose and sinuses. Understanding of our purpose in life</td>
</tr>
<tr>
<td>Crown</td>
<td>White/Pineal</td>
<td>Top of the head</td>
<td>Access to high spiritual awareness, mental disorders, scalp problems</td>
</tr>
<tr>
<td>Color</td>
<td>Chakra</td>
<td>Gemstone</td>
<td>Essential Oils</td>
</tr>
<tr>
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</tr>
<tr>
<td>Violet</td>
<td>Crown</td>
<td>Clear Quartz</td>
<td>Frankincense</td>
</tr>
<tr>
<td>Indigo</td>
<td>Brow</td>
<td>Amethyst</td>
<td>Lavender</td>
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<tr>
<td>Blue</td>
<td>Throat</td>
<td>Sodalite</td>
<td>Geranium</td>
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<tr>
<td>Green</td>
<td>Heart</td>
<td>Rose Quartz</td>
<td>Ylang Ylang</td>
</tr>
<tr>
<td>Yellow</td>
<td>Solar Plexus</td>
<td>Citrine</td>
<td>Peppermint</td>
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<tr>
<td>Orange</td>
<td>Sacral</td>
<td>Carnelian</td>
<td>Jasmine</td>
</tr>
<tr>
<td>Red</td>
<td>Base</td>
<td>Hematite</td>
<td>Patchouli</td>
</tr>
</tbody>
</table>
10 Essential Oils for Degriefing®

1. Clary Sage essential oil warming, sedative, an excellent nerve tonic, and can induce feelings of mild euphoria in some individuals. It is thought enhance one's ability to dream. Clary Sage oil is a tonic for one's overall well-being, and is ideal for use on a regular basis in baths or as a perfume.

One of the many components of Clary Sage is Sclareol, which has an estrogen-like structure. Clary Sage oil can be beneficial to the female reproductive system, with hormone balancing effects possible for some individuals. This may be useful for amenorrhea, cramps and menstrual pain. For perimenopause hot flashes, a sponge bath with a few drops of Clary Sage in cool water can help.

Massage with Clary Sage (in carrier oil) can be helpful in cases of sexual dysfunction, frigidity and impotence - partly due to it's hormone balancing effects, and partly because of its usefulness in relieving stress and fear.

Clary Sage can be beneficial for nervous disorders accompanied by weakness and debility. The oil helps restore confidence and courage, assisting in post-natal depression, and recovering from illness and injury. Clary Sage Oil is a general tonic for the stomach and digestive system, relieving tension in the area.

2. Cypress essential oil's basic subtle action, then, is to help us cope with and accept even difficult change-of both an inner and outer nature” - from Aromatherapy for Healing the Spirit.

The essential oil is produced by steam distillation from the fresh dark green needles and twigs. Native to Southern Europe, Italian Cypress (Cupressus sempervirens) has spread to North Africa and North America and is cultivated in France, Spain, and Morocco.

In terms of Oriental medicine, the principal action of Cypress oil is to enliven and regulate the flow of blood. Part of this action depends upon its restorative, toning effect on the veins, a by-product of its overall astringent quality. The ability of Cypress oil to harmonize the blood makes it important oil for menstrual difficulties. It is one of the primary essential oils for both dysmenorrhoea (menstrual pain) and menorrhagia (Excessive menstrual bleeding).

Cypress may be combined with Clary Sage, Lemon, and Geranium and applied as a salve or ointment to varicose veins.

In addition to assisting the movement of blood, Cypress helps to circulate Qi-energy. A general detoxifying, decongesting essential oil, with wide-ranging actions Cypress supports the circulatory system, the nervous system and the inner ecology. It is anti-infectious, anti-bacterial, and antimicrobial. Cypress may also be useful for lymphatic congestion, rheumatic pain, asthma, strengthening the circulatory system, reducing cellulite, improving energy, reducing nervous tension, and decreasing benign cysts. In addition, Cypress is thought to lessen scar tissue including acne scars and is a wonderful addition to skin care products.

"Cypress essential oil has one the most distinct and profound psychological actions. The sour, astringent, and woody notes of the essence convey a feeling of cohesion and stability. At the same time, its fresh, coniferous pungency, and ability to circulate the Qi and blood, relate it to both psychological and real-life change."
3. **Frankincense essential oil.** known as "Liquid pearls from the tree of life. For joyous upliftment & soothing detachment from stress and strain, wear and tear. A fragrant light to shine in the night of the soul." Its anti-depressant, euphoric qualities are used in psycho-aromatherapy to treat anxiety & nervous tension.

The Frankincense tree, or Olibanum. It appears as a giant shrub, with many knurled branches topped with abundant slender leaves and occasionally, small white flowers. A native to northern Africa, it looks like it belongs in the desert, growing in some of the world’s harshest conditions. But it is not the tree itself, but rather its sap that has such profound lore surrounding it. When the tree’s bark is pierced with a knife (known traditionally as a ‘Mingaf’), a milky-white oleoresin is exuded - though the tree is not harmed. The resin forms droplets known as ‘tears’ or ‘pearls’, which harden into the orange-brown gum known itself as Frankincense. The English name of this natural incense is derived from the medieval French ‘franc’, meaning ‘pure’ or ‘free’, and from the Latin ‘incensium’, meaning ‘to smoke’.

The spirit of the sacred and of meditation has surrounded Frankincense essential oil for ages; its special mindset is “vertical”, like smoke rise to the heavens. Resins and their oils have always been associated with fumigation and purification. Frankincense oil has the power to uplift human awareness to that “other” level by freeing the nerves from excessive tension, allowing us to focus on the underlying transcendental unity of our inner Self.

Frankincense oil is linked to the psyche, which in Greek also means “breathing”. It deepens and revitalizes the breath and adds to these effects its excellent immunostimulant properties. In skin care, frankincense oil reveals its balsamic nature through its miraculous wound healing properties. Astringent and anti-inflammatory, it is traditionally used to treat scar tissue and skin ulcers, and nourishes dry and prematurely aging skin.

4. **Ginger essential oil.** The scent is gently stimulating, bringing physical energy and courage. Ginger oil is traditionally used to alleviate motion sickness, and can be used as a general digestive tonic for upset stomachs. In the British Herbal Pharmacopoeia, is specifically indicated for flatulent intestinal colic.

Ginger is also noted as a sexual tonic - Women in Senegal weave ginger root in the belts of their mates to increase sexual potency. Ginger essential oil has also been indicated for improvement of circulation in the joints and muscles, possibly helping arthritis, rheumatism and general aches and pains.

5. **Lavender-mother of all essential oils:** has a fresh, floral, soft and sweet aroma - it is almost clear and quite fluid. Lavender is indigenous to mountainous regions of the Mediterranean, growing best in the poor, well-drained soils found there. Lavender is found wild, and is also cultivated extensively in France, Bulgaria, Croatia and Russia, with several species being grown. This angustifolia variety is also known as ‘True’ or ‘English’ Lavender, which is considered the most important medicinally.

The aroma is thought to be cooling, dispersing heat and inflammation, working in a similar manner to German Chamomile - relieving an overheated liver, pain, spasms, and general unrest.

Lavender essential oil is highly regarded for it’s relaxing effect on the nervous system, with an overall balancing effect on the mind and the emotions. Besides being versatile, its lightly floral and soothing scent is one that most people find appealing, and is often used as a perfume. It’s also one of the few essential oils that can be safely applied neat in all situations (i.e. without being diluted in a carrier oil - another notable exception being
Roman Chamomile). Applying Lavender essential oil directly to the feet can have a wonderful calming effect on many individuals. Adding to a footbath can have a marked effect on relieving fatigue.

Lavender Essential Oil is one of the few oils still listed in the British Pharmacopoeia; it is highly regarded for its ability to promote tissue regeneration and speed wound healing in some cases. Lavender Oil truly began the modern essential oil revolution - It was in the middle of the last century that the term ‘Aromatherapy’ was coined by French cosmetic chemist Rene-Maurice Gattefosse - Dr. Gattefosse discovered the healing properties of Lavender oil when, after burning his hands in a laboratory accident, he submersed them in the flower’s essential oil. His amazingly speedy recovery prompted him to write his book ‘Aromatherapy’ in 1937.

6. **Lemongrass essential oil** has been used to support digestion, purification and regeneration of tissues. Research presented in ‘Phytotherapy Research’ discussed the powerful anti-fungal effects of Lemongrass oil when topically applied. Lemongrass oil may help improve circulation, relieve tight muscles, digestion, and eyesight, while combating headaches, infections and fluid retention. Spiritually, the aroma of Lemongrass Oil is thought to promote psychic awareness and purification.

Lemongrass has been employed in traditional Indian medicine for infectious illness and fever. Modern research carried out in India shows that it relieves muscle strain and tightness and may also act as a sedative on the central nervous system. This essential oil is distilled from lemongrass leaves is a yellow liquid with a fresh, grassy-lemon citrus aroma with an earthy undertone.

7. **Neroli essential oil** has been reported to successfully treat nervous depression and shock; it is relaxing to the body and spirit, and may bring relief in seemingly hopeless situations; bringing an air of tranquility and relaxation.

is a very precious oil produced from blossoms of the Bitter Orange tree. These blossoms are small, white and very fragrant. Our Neroli Oil is steam distilled, not solvent extracted. The high cost is a result of requiring 1 ton of orange blossoms to produce 1 quart of oil.

The essential oil is both a sedative and overall tonic to the nervous system, and can be beneficial for most disorders of an emotional origin. The oil has been said to treat heart palpitations, relieve insomnia and reduce nervousness. Neroli’s calming effect can be tried by deeply inhaling the aroma, and rubbing a few drops on the solar plexus.

Neroli Essential Oil can be tried as a tonic for the female reproductive system, for relief of menstrual cramps - add to a bath or dilute to 10% in Apricot Kernel Oil and massage into the abdomen.

The anti-bacterial, anti-parasitic and anti-spasmodic properties of Neroli oil make it possibly supportive for intestinal disorders. Again, use in a bath or dilute and massage into the abdomen. The oil has also been reported to support skin regeneration; it can be particularly beneficial for mature and sensitive skin.

8. **Roman Chamomile essential Oil** The herb has had a medicinal reputation in the Mediterranean region for over 2000 years, and is still in widespread use. It is current in the British Herbal Pharmacopoeia for the treatment of dyspepsia, nausea, anorexia, vomiting in pregnancy, dysmenorrhoea and specifically flatulent dyspepsia
associated with mental stress. Even in very small concentrations, whether alone or in combination with other oils, Roman Chamomile essential oil has a soothing, calming effect and promotes deep sleep and calming of the central nervous system. It helps relieves cramps, spasms, and can assist in mild shock.

Roman Chamomile Oil can effectively minimize irritability and nervousness in some children. It has been used for centuries to calm crying children, soothe stomachaches and relieve teething pain. Chamomile Oil can also help combat depression, insomnia and stress.

9. **Rosemary essential oil** is steam distilled from Rosemary herb, which derives its name from the Latin 'ros marinus', or 'dew of the sea'. Our wild grown Rosemary has a wonderful depth of aroma, not sharp or medicinal, but bright, uplifting and almost sweet.

Rosemary's long history includes use by grave-robbing bandits during the plague of the 1400's - the thieves doused themselves in 'Four Thieves Vinegar' (a mixture including Rosemary leaf, Clove, Lemon and Cinnamon) to protect themselves from infection while going about their 'business'. Folklore tells us the flowers of Rosemary were once white, and turned red forever when the Virgin Mary placed her cloak over the bush.

The aroma of Rosemary is warm and stimulating, being used to strengthen mental awareness. Its warming qualities may help some with arthritic joints and rheumatism, being used in compresses or baths. It has a long reputation for helping memory, not only by stimulating the mind by increasing blood flow. For centuries Rosemary oil has been used for troubled skin and for improving hair growth, perhaps due to its possible skin regenerative properties. It can also be an excellent antiseptic and anti-microbial agent.

10. **Spikenard essential oil** is highly regarded as a calming, sedative, stabilizing oil. The rhizome of the tender aromatic herb, which are covered by a tuft of soft light-brown 'rootlets', yields the plant's essential oil. Native to the Hymalayan mountains, the plant grows wild in Nepal, Bhutan, and Sikkim, at elevations between 11,000 and 17,000 feet.

Spikenard was very precious in ancient times, used only by kings, priests and high initiates in Egyptian, Hebrew, and Hindu civilizations. One of Spikenard's biblical references is that of Mary Magdalene anointing the feet of Jesus with the oil before the last supper: "Then took Mary a pound of ointment of Spikenard, very costly, and anointed the feet of Jesus, and wiped his feet with her hair; and the house was filled with the odour of the ointment."

Spikenard essential oil's use in modern aromatherapy is often one of regulating the actions of the nervous system and the heart. The psychological effects pertain mainly to the heart-center and ethereal soul. With it's warm and earthy aroma, Spikenard helps soothe the deepest forms of anxiety, and like Myrrh, can instill a profound sense of peace. Spikenard oil is indicated for the individual who, searching for spiritual certainty, struggles in vain to find the stable ground of faith. It is then that the 'release' into spiritual openness may be of great assistance.

External application of Spikenard invokes its sedative effect - try rubbing gently over the heart and solar plexus. Spikenard Oil may also be supportive in cases of allergic skin reactions, and can soothe, nourish, and regenerate the skin for some people. Spikenard oil has been noted to be one of the few essential oils to assist with dandruff.
Many Meditations Involve a Focus on the Breath

The purpose of this practice is to balance awareness with the physical embodiment of movement, even if that movement is very minimal. Join us for Kim’s teachings on meditative breathing aimed at opening ourselves up to spiritual awakening.

If there’s a lot of noise in your outer layers – in your mind, in your emotions – meditative breathing allows you to just let it be. So maybe you won’t feel the stillness at that moment but as you let it be, allow things to be as they are, stillness reveals itself; there’s a space that opens up.

You are that space, and that space is vast. Yet a lot arises. So let’s begin. If you’d like you can sit up so you don’t go to sleep. You could even sit at the edge of your chair if you like.

Close your eyes, simply breathe, and notice your breathing.

Notice quality of your breathing. Just allow your breathing to be as it is. You’re not changing; just noticing and letting it be. Where’s the inhale going in your body? Now see what happens on the exhale.

If thoughts arise return attention to your body. Scan your body head to toe, noticing sensations in your body, places you’re tight, holding tension. Just feel the sensations, because that’s all it really is: sensation. Call it tightness, pain, anxiety – the name doesn’t really matter. To just transmute anything, you’ve got to let go of judging and analyzing and simply allow it to be.

With your awareness we are unconditionally loving this moment.

As you bring attention to your body and your breath, your breath deepens and your body relaxes. Feel the breath as you breathe deeper into your body. There is no time like the present. Notice there’s almost a running towards the future or the past, just notice that shift from running towards something to just being here. Free. Present.

In this space that we call a room, notice the sounds, keeping your attention on stillness.

Notice whatever arises within you.

Where is that formless dimension that is found within? Tap into it. Connect to it. Stay in that space.

If you have some story or emotion going on inside you just notice where it is in your body. Bring attention to it, asking where in the body it lives. All the thoughts seem to happen in the head, but for every thought we hold, believe to be true, is held somewhere in your body. So next time you have a stream of thinking, go in your body: where do you feel it? Where is your attention going in the body? Stay with that sensation. Be with it completely, allowing it to be and move out of you, dissolve, transform.

This is the practice of returning home to yourself, realizing that every single form is not who you are. Who you really are is pure consciousness; the vastness that holds this universe.

Is there any time? No, only the present moment. In every moment, it’s your choice. Be still and know that I am.
According to Psychologists, Coloring Is The Best Alternative to Meditation

At the time of this publication, six of the top 20 selling books on Amazon are adult coloring books. Coloring is a hobby that we typically think only little toddlers and kindergartners would enjoy, but it turns out that even adults can benefit from it.

Coloring is a low-stress activity that allows an individual to unlock their creative potential. More importantly, it helps relieve tension and pent-up anxiety because it unlocks memories of childhood and simpler times.

As psychologist Antoni Martínez explains to The Huffington Post, “I recommend it as a relaxation technique. We can use it to enter a more creative, freer state. I recommend it in a quiet environment, even with chill music. Let the color and the lines flow.”

Ben Michaelis, psychologist and author of one of the bestselling adult coloring books, Outside the Lines, says, “There is a long history of people coloring for mental health reasons. Carl Jung [founder of psychology] used to try to get his patients to color in mandalas at the turn of the last century, as a way of getting people to focus and allow the subconscious to let go. Now we know it has a lot of other stress-busting qualities as well.”

Basically, if you are having a rough day at work or just a bad day in general, then feel free to take out some crayons or colored pencils and start coloring. As a parent with children, I’m sure that you will have some coloring books lying around the house. Pick one up and relax!

Please SHARE this helpful tip.........Everyone can benefit from coloring!
(By Jenny Brown (*.13.’15)
Dr. Lyn Prashant, PT. IGC. IGT
Somatic Thanatology

415-437-2272
lyn@degniefing.com
Endings produce loss: Therefore endings produce grief.
- Of each session
- Of the term of agreement
  - Caregivers must take responsibility for their own wellbeing.
  - Quite often the bereavement support volunteers struggle to close with clients.
  - Why is finishing with the client so difficult
  - It could be viewed as an accomplishment, a celebration.
  - It "could" be considered moving forward for both client and counselor

Since self-awareness is paramount in providing support to others:
- Let’s explore why we struggle to end with a client
  - Is the need our own or the clients?
  - What are the feelings we experience when facing “completion”?

CAREGIVER’S QUEST FOR HEALING: SOME TOOLS TO PREVENT COMPATHY
- Talk about the Year of Firsts!
- Work with the 4 Tasks of Mourning
- Review Worden’s Four Tasks of Mourning …where are they now?
- Review premises
- Make a Memory Box
- Full body Drawing/ﬁll it in
- Feeling Faces
- Somatic Colloquialisms—what feels different in the body?
- Timeline review...what feelings have shifted?


- What do you want to include in your life?
- What don’t you want to include in your life?
- What do you have in your life that you want to eliminate?
- What do you have in your life that you want to keep?

------------------------------------------------------------------------------------------------------

Many Blessings & thank you so very much for your participation.

With Gratitude, Lyn

415-457-2272
lyn@degriefing.com
Appendix: Definitions of Addiction and IMPACT ON MODERN LIFE

The Meadows: Thomas Hedlund

New breakthroughs in the neuroscience of affect regulation and attachment theory have proven that addiction is a brain disease rooted in early emotional development. Dramatic scientific images of the brain demonstrate the changes between addicted and normal brains. Current neuroscience weaves together a compelling argument for addiction as a destructive attempt at self soothing to restore a person to emotional balance or equilibrium.

The process of addiction must be differentiated from the symptoms of recreational use or abuse to assist the clinician in identifying the specific signs of addiction and implementing appropriate motivational methods to guide the client towards treatment.

These recent breakthroughs in attachment and affective neuroscience help explain how early life survival and adaptive mechanisms become barriers to flexibility and change in adult life. Fundamentally, failed attachment to the caretaker creates attachment to survival mechanisms and defenses which eventually become attachments to chemicals and other compulsive behaviors in a vain attempt to find safety, protection, comfort and security.


Abstract

This group study features a loss-grief inventory in the treatment of ninety-eight substance abusers in a public outpatient treatment facility. The inventory serves as both assessment and treatment tools.

That is, the inventory helps the counselor and the client to identify unresolved loss-grief issues which may contribute to the addiction; it also serves as a treatment tool to assist the client through the grieving process.

In identifying losses, the client has three time categories from which to choose:

- pre-addiction losses;
- losses associated with the addiction; and
- losses associated with entering treatment.
Bereavement and Substance Use Disorder

By Laura Masferrer and Beatriz Caparrós

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Abstract

In the present chapter, we focused on the relationship between bereavement and addiction, specifically among those patients who have a diagnosis of substance use disorder. Although bereavement research has advanced greatly in recent years, there are few studies on bereavement among the drug-dependent population. The substance use disorder population often report life stories marked by painful experiences and loss. Different studies have remarked on the relationship between bereavement and substance use. Highlighting the possible relationship between the loss of a significant person and a substance use disorder could help to build a theoretical background as well as to improve the dishabitation treatment in addiction centers.

KEYWORDS: bereavement, grief, substance abuse disorder, alcohol, cocaine, heroin dependence

In this review, we focused on the association between bereavement and those people who have a diagnosis of substance use disorder (SUD). Carrying out an accurate review of what other previous studies had found on this subject is necessary to establish the basis for doing research on this topic. The current state of knowledge with respect to bereavement and having a diagnosis of SUD was the objective of this chapter. Bearing in mind the possible association between the loss of a significant person and SUD could be useful to describe a theoretical background, which enhances the addiction framework on which the dishabitation treatments rely on.

The mental illness of SUD is a biopsychosocial phenomenon [1]. Addiction involves problems at different levels, such as traumatic experiences during childhood [2], economic instability, unemployment [3], marital problems, accidents, court proceedings [4, 5], social exclusion [6, 7], physical complications as well as medical complications, and high psychiatric comorbidity [8, 9]. Therefore, the SUD population is highly vulnerable than the general population and often presents life stories marked by suffering and loss.

Bereavement is a life-event that everybody experiences during their lives, but for some individuals, it is often associated with a period of intense suffering with an increased risk of developing mental and physical health problems [10]. Hence, when it happens to vulnerable people with psychiatric comorbidity, the result may be complications in the grief process. In this regard, different studies have reported a link between losing a significant person and drug consumption among substance users [11, 12, 13].

Both conditions (having an SUD diagnosis and having experienced a loss of a significant person) have implications in known brain mechanisms. Scientific evidence has suggested that not only does the use of substances cause changes in brain structure and functioning but it is also relevant to understand the influence of bereavement on a biological level. According to Luecken [14], parental death is a powerful early life experience with the potential to alter the development of biochemical, hormonal, emotional, or behavioral responses to the environment and later life stressors. Following the paragraph from Luecken [14]: “Maternally separated rodents and primates show neurobiological alterations that indicate permanently altered sensitivity to drugs of abuse and consume significantly more alcohol than mother-reared animals both before and after
stress exposure” [15, 16], suggesting that disrupted care during development may form a neurobiological basis for vulnerability to substance abuse later in life. Cortisol dysregulations are also associated with the increased risk of substance abuse, externalizing and internalizing disorders, and behavioral precursors to illness [17, 18].

In this chapter, a review of the main quantitative studies related to these two complex topics, the diagnosis of SUD (especially alcohol, cocaine or heroin) and bereavement, has been carried out.

2. Relationship analysis between bereavement and addiction

Several authors have noted the possible relationship between the loss of a significant person, complications in grief, and substance abuse [11, 13]. This section showed the results of the review of quantitative scientific literature about the relationship between the diagnosis of an SUD (especially alcohol, cocaine, or heroin) and bereavement.

Table 1 described the quantitative studies, which have analyzed the relation between bereavement and SUD. The columns specify: the authors and the date of publication, the type (where “B” means bereavement and “SLE” stressful life events where bereavement was included as a specific SLE), the objective of the study, the sample characteristics or participants, the instruments used, and the main results indicating if there is an evidence of the relationship between bereavement and addiction.

3. Topics explored in this Study

- Examine the prevalence of parental death
- Assess the different ways in which loss effected patterns of alcohol consumption
- Examine the patterns of establishment of alcohol dependence in widows
- Ascertain the relationship among intravenous drug users between high levels of HIV risk-taking and both a) death of significant others experienced before age 15 and b) unresolved mourning
- Determine the incidence of bereavement, that is, loss of a parent by death, in a psychiatric population
- Examine the self-reported losses experienced throughout life in individuals currently receiving treatment for SUDs
- Examine the relationship between early parental loss and subsequent development of alcohol dependence among Japanese men
- Examine whether the incidence of alcohol and substance abuse is higher in parentally bereaved youth and, if so, what might explain this increased incidence
- Determine the prevalence of parental loss by death in childhood among schizophrenic and alcoholic patients compared with a nonpatient community sample

415-457-2272
lyn@degriefing.com
- Examine the potential differences in the presence of psychiatric symptoms between parentally bereaved children, children who experienced the death of another relative and nonbereaved children.

- Examine the impact of parental loss due to death and separation on risk for major depression (MD) and alcohol dependence (AD).

- Explore the loss of a significant person.

- Determine the presence of CG symptoms among an SUD sample.

- Analyze if loss has a role in those alcohol dependent people who died by suicide.

- Analyze the relationship between bereavement and alcohol consumption accounting for time and gender differences on a national representative sample.

- Describe family characteristics of drug-related deaths.

- Assess the life events (loss and traumatic) before and after the dependence age of onset (DAO) and their responses to these events.

- Examine association between parental death during childhood and adult psychopathology.

- Examine if both narcotic users and alcoholics are more likely to have experienced the death of a parent or prolonged separation from one or both parents in childhood than a control group of nonaddicts.

- Examine the risk of suicide, psychiatric hospitalization, and violent criminal convictions among offspring of parents who died from suicide, accidents, and other causes.
If you’re suffering from climate grief, you’re not alone
By Eric Holthaus, Oct 15, 2018 from Grist (exerpts)

Last week’s U.N. climate report gave a terrifyingly clear picture of a world on the brink of locking in catastrophe. It told us what was needed and the horrors that awaited if we failed to mobilize. As a scientific report, it was dazzling. But it didn’t tell us how to process, cope, and adapt our lives to the grief of that overwhelming knowledge.

In 1969, after interviewing hundreds of terminally ill patients, psychiatrist Elisabeth Kübler-Ross wrote On Death and Dying, a milestone text on how humans process permanent loss. Kübler-Ross’ description of those reactions — denial, anger, bargaining, depression, acceptance — are now famous, but they were never meant to be an orderly progression of “stages.” There is no “correct,” linear way to grieve. Our reactions are complicated because people are complicated.

There’s no one-size-fits-all approach for taking in something like the looming existential threat of climate change. I’ve been listening to a lot of ‘90s country music. One of my colleagues has substantially upped her sleep, while one of our Grist editors “stress bakes.” What we feel is what we feel, and it determines our reality — and importantly, our response, to the news. And that response is more important than ever.

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Climate change is creating a new kind of grief, and we’re completely unprepared By Jeremy Deaton June 15, 2018 (exerpts)

The young man believed he only had five years to live. “Not because he was sick,” said Kate Schapira, “not because anything was wrong with him, but because he believed that life on Earth would be impossible for humans.”

The sign on On that muggy June day, she had set up shop in Kennedy Plaza in downtown Providence, Rhode Island. Schapira’s booth read: CLIMATE ANXIETY COUNSELING 5¢ THE DOCTOR IS IN. Time to earn her pennies.

Schapira is not a trained therapist—a fact she makes clear to visitors—but she is happy to chat with anyone suffering from anxiety about climate change. “A lot of what I do is listen and ask questions,” she said. Climate change promises to take a massive toll, not just on nature or human society, but on our minds. Schapira’s conversation with that distraught young man offers as terrifying a glimpse of our future as any hurricane, heat wave or flood. In the years to come, the carbon crisis will work its way into our brains, sewing the seeds of fatalism, pessimism and despair.
First Step To 'Eco-Grieving' Over Climate Change? Admit There's A Problem

LISTEN·3:
April 22, 2017 8:14 AM ET

Just thinking about the impacts of a shifting climate is making some people feel anxious and overwhelmed. A support group in Utah is helping people cope, and the idea has drawn interest in other states.

In a split level outside Salt Lake City, eight people gather for a weekly meeting. The group, called Good Grief, has members ranging from millennials to grandparents.

As they sit in a circle in the living room, Dick Meyer talks about why the problem of climate change made him emotional. Just thinking about the impacts of a shifting climate is making some, like Meyer, feel anxious and overwhelmed. This support group, which began meeting last year, is helping people cope.

HIDDEN BRAIN
Why Our Brains Weren't Made To Deal With Climate Change
"And I think I came to the conclusion that it was the loss of the future — the future that I had lived knowing was going to be there — all of a sudden is gone," he says. "And that is really disorienting."

Meyer spends his winters in Utah but has run a landscaping business in Nebraska for decades. That's where he's seen a few common tree species dying out — something scientists trace to heat and drought.

"At some point, you come to a conclusion if you're paying attention, I think, where you just say, 'Whoa, this is serious,' " he says. "And then you suffer for a while, you grieve."

Humboldt State University in California also recognizes so-called "eco-grief." Sarah Jaquette Ray, head of the environmental studies program, says her students find their study of climate change so depressing that she's added lessons to help them cope with their emotions.

"They need the emotional skills and the emotional tools" to actually address the climate problem, she says. Judy Fahys is a reporter with NPR member station KUER. You can follow her @judyfutah.
The saddest part about being human is not paying attention. Presence is the gift of life.

Stephen Levine

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