

PESI - THE GRIEF SUMMIT
"SHATTERED ASSUMPTIONS: TREAT GRIEVING CLIENTS WHOSE WORLD
HAS BEEN TURNED UPSIDE DOWN"
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>> ZACH TAYLOR: Welcome back, everybody. What an incredible keynote presentation from Claire Bidwell Smith this morning. We had to disable the Zoom Q&A feature. So all you need to do to ask Dr. Samuels a question here is to open your chat function at the bottom of the Zoom, you'll see a link to a form to put your question to her, and we will get to questions at the very end of this session. Just keep an eye on that chat. If you want to ask a question, click that link.

Welcome back, everyone. My name is Zach Taylor. There were almost 20,000 of you here this morning. It's just an overwhelming response. This is an important topic, we're happy to be able to bring it to you at PESI.

If you're like me, you have had people and things in your life, even routines, and you've said to yourself, I can't imagine living without this. And then one day, that person or thing is gone. And we find, in fact, our world really doesn't make sense anymore. We have to kind of find a way to restructure our lives. How is it that we actually walk through those moments? That's why I am very honored to welcome to The Grief Summit stage a true expert in this field, Joy Samuels, to

talk about Shattered Assumptions. Joy, we'll welcome you to the stage. There you are.

>> JOY SAMUELS: Zach, that was fantastic, and I know I'm going to say it at the end, but I rest as a speaker in your competency to make everything work. So thank you for that. I will get started with my screen. So welcome. And good morning. I have the privilege of being with you in this next hour to talk about "Shattered Assumptions: Treat Grieving Clients Whose World Has Been Turned Upside Down" and grief.

Let me talk about the things behind my name. My degrees. The D.MIN is an academic degree, Doctorate of Ministry. I am licensed as a Licensed Professional Counselor in the state of Tennessee. The NCC, as you probably know, is the National Counselors Certification. The thanatology is probably why PESI has asked me to do this conference. The fellow indicates a level of the certificate, and the thanatology, if you were a Greek philosophy person, you probably remember the Greek god, Thanatos, who carried the dead across the sea. So the science of thanatology actually talks about all things death and dying.

There's a couple of slides I want to read, interest and scope of practice. I declare that I or my family do not have any financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in my presentation. Additionally, all planners involved do not have such financial relationship.

Also, I declare that I do not have any relevant nonfinancial relationships. I want to spend some time on this slide that asks us, reminds us to talk about scope of practice. With the amount of people that are in the room today, it is not possible to speak to every single person's professions, and there are probably as many disciplines as are represented here. So let me read this. Materials that are included in this course today may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are always responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your profession's standards.

This is what PESI has asked me to talk about with you today, and these are our objectives. The first one, mind the gap. We're going to be exploring the differences between expectations, in other words, our world assumptions, our core beliefs, the difference between those expectations and what we are actually experiencing. We're going to look at how to explore, how expectations are created and maintained. How to identify expectations and value language in clients. We're going to look at interventions to explore family of origin

events and all of you in the room are saying, yay! We'll look at assessments to explore values and strengths. And finally, we're going to look at creating opportunities to recreate your assume world. Shakespeare, give sorrow words. The grief that does not speak whispers and --

There are several research studies supporting these approaches, there are limitations to the existing studies such as number of subjects, lack of randomization and certainly generalizability. As with any psychotherapy there are some potential risks you should discuss with your clients, and we think these include potential increase of client distress and potential disruption to the client's mental health well-being.

Mind the gap. I'm actually not going to take the time to show you the video. When you have your handout, you can click on the hyperlink and the click is actually a video of the London's underground tube station, and you hear the loudspeaker come on and says, mind the gap. There is an actual physical gap between the platform and when you get on the train. And I think this phrase, "mind the gap," captures more than any other phrase, the distinction between we thought what were going to happen, the assumptions, and what we experience.

So on the bottoms, we have expectations, our assumptive world, core beliefs, what should happen, that core assumptive view. Sometimes it's incredibly congruent if it matches our expectations, we're a happy camper. If they don't match, if we have to mind the gap between the two, what we're going to be looking at today is how, how much does that gap actually shape and impact a person.

All day long, I'll talk about a client, 75-year-old white cisgender female, upper socioeconomic status, single following her spouse's death, adult estranged stepchildren, strong religious identification, and faith community support. Her expectation, the thing she wants more than anything in life is to know herself as married. Her experience certainly now is different from that, isn't it? And without her spouse, she says, she is no longer a married self.

Our first is to explore how expectations are created and maintained. What do we do with them? Oxford dictionary says it's the feeling that good things are going to happen in the future.

Janoff-Bulman takes that expectation about good thing and says, it actually shows up in three very particular core assumptions, and the first one is the assumption that the world is benevolent. The second, the world is meaningful. And the self is worthy. I want to, for a minute, for you to imagine a big roundtable, like the table at King Arthur in Camelot, and we're going to ask Janoff-Bulman to hit here, sitting next to

Colin Parks who was the first one who coin this, the loss of the assumptive world, and we're going to be talking about what happens when we lose our assumptive world. Ferrajao suggests that survivors, may view the world as a place in which bad things happen and its people uncaring.

The world is meaningful. Belief about the distribution of outcomes, including expectations of fairness and justice, perceived control over events, and the degree to which randomness is explainable in the course of events. Ferrajao suggests that survivors may view the world as an unjust and uncontrollable place in which even events that happen by chance, that is, bad things happen to good people.

And the last one, the self is worthy. Worthiness of self involves self-perceptions of goodness, mortality, decency, the ability to engage in appropriate behaviors and decision-making, and a sense of being lucky or fortunate in one's life. Ferrajao says that survivors may develop a negative self-image, viewing themselves as bad, not the event, but viewing themselves he as bad, immoral, and subject to and perhaps deserving of ill-fortune.

The person that I want to use a working definition of assumptive world theory today, Dr. Darcy Harris, her work from 2020. Our assumptive world may be composed of how we tend to view others and their intentions, how we believe the world should work and how we tend to view ourselves. What you are already noticing, this movement from this perspective that as soon as my world has been shaken, it has also been shattered. Whether Colin Park started this, it automatically meant that everything was going to be shaken from that. What Dr. Harris is bringing us is a post-modern view that suggests the world may be composed, right, we may turn to. So I want you to be aware of that distinction as we ask Dr. Harris to set at our table as well.

This is from Harris' work in 2020. Each of us has formed a way of seeing things and interpreting events that makes sense to us. She says that this is our assumptive world. Our assumptive world helps us feel a sense of predictability, consistency, and safety. And this is, for me, the most important sentence of this slide. The assumption is that the assumptive world functions to provide safety. The way we view the world, others, and ourselves is formed when we were very young and becomes the base from where we make choices, form relationships, and establish our beliefs about how life should work.

She suggests, and others, that world assumptions, these core beliefs, are created as young as five, six, and seven.

She suggests that when we lose our assumptive road, these things might happen. Significant life changes, events can cause

us to feel deeply vulnerable and unsafe. And in that, you recognize the post-modern view that says, "it could." It is not a declarative sentence that it has to.

The second paragraph, the world that we once knew, the people that we relied upon and the beliefs and perceptions that we once held may no longer be relevant in light of what we've now experienced or, for some of us, what we are currently experiencing. The grief response is elicited in response to the loss of our assumptive world. We may lose small parts or our whole assumptive world can be shattered. I want to pay attention to the phrase, "the grief response." She and other theorists are suggesting that our responses to COVID, to this pandemic, are in and of themselves grief responses. And the final sentence, the appraisal of loss is subjective and entirely dependent upon an individual's experience and interpretation of the loss. And Colin Parks is saying, declare the sentence, it will shatter that person. And Janoff-Bulman is saying, it can shatter it in three ways. The world is meaningful, the self is worthy. Dr. Harris suggests while we get to pay attention to the event itself, that what we really get to pay attention to is this last sentence, the appraisal of loss is subjective. Are we going to pay attention to the event? Of course we are. Are we also going to pay attention to the way that a person's subjectivity nuances the activity of that loss?

Harris suggests the holistic approach, and you are familiar with this. It is important to note that the assumptive road is more than a cognitive construct, and she asks us to think about all of these aspects -- social, spiritual, emotional, and psychological components.

Dr. Harris, when she talks about overlapping losses, she posits, she thinks that in a single loss event, right, one event specifically, you actually can find these overlapping losses next to, on top of, claiming space for that person. And so to give us more clarity about what she talks about, she's giving us an example of a presenting loss for our case conceptualization, and it's a diagnosis of dementia in a loved one. So she says, it could be. These are corollary, not causal. It could be that the client experiences an ambiguous loss, loved one physically present but psychologically emotionally absent due to the disease process. One could experience nonfinite loss. Diagnosis of dementia typically ongoing, usually progressive in nature. She suggests chronic. May look like loss of one's ability to engage and participate in family life are ongoing with no foreseeable end.

A couple of more. Tangible loss. Very concrete loss. Outward signs that the loved one is compromised, that that person physically, you can see that. Incidents of not

remembering names, confusion, and inability to function is outwardly noticeable.

Intangible loss, on the other side, grief over lost relationship while the person is still alive. Changes in family dynamics, affinities, and interactions.

Last one. Disenfranchised loss speaks about if a loved one is physically present, grief is not typically acknowledged socially. However, loved ones may be acutely grieving before the death of the loved one with dementia. Compromises made by family members who provide care of loved one are often unrecognized but may have significant impact on the family system.

Shaken and not stirred. This quote from the James Bond movie speaks about the conversation that authors are having around the table. We have Colin Parks, Janoff-Bulman, and Dr. Harris, and when this happens, is it shaken, is it stirred, is it shattered? What is the actual impact?

I wanted to do a little bit of a deep dive into this research article, and in February of 2019, Drs. Poulin and Cohen Silver ask this, and when are assumptions shaken? Embedded in that question, it might not be always. What Colin Parks thought may not be true. So when? And get to the next slide. Negative life events. Over the last three decades, certainly starting with Dr. Colin Parks in the last '80s, many have suggested that negative life effects, including both negative and positive outcomes, such as depression, anxiety, PTSD, post-traumatic growth, stem in part from their unique capacity -- and this is the important piece -- to challenge and alter an individual's worldviews and Poulin says, that's fair. Let's look at that. And the three questions they ask themselves, first one, different types. Does it matter that it is a particular type of a negative life event? Do different types of negative life events predict different types of worldview change? Different types predicted change in different worldview beliefs, and they looked at two categories. Certain illnesses actually threaten the meaningfulness, beliefs, and certain events, the benevolence beliefs.

Recent violence predicted a decline in benevolence beliefs, and the thing that surprised researchers, almost as much as the change in recent relationship events.

You're going to be surprised by something, this was a surprise finding, that a change in a relationship also weighed as much as recent violence. In contrast, community disasters predicted increased benevolence beliefs.

Second question, do factors facilitating positive reappraisals moderate the effects of negative life events on worldviews? Age significantly moderated the association between

total number of recent events and levels of benevolence beliefs. And I am proud to say, it is good to be old. Sometimes.

Spirituality was not a significant moderator of the association between recent negative events and benevolence beliefs. There is a huge -- in nod rating the association between Negative Life Events and meaningful beliefs. None of them tested age, social support, and religiosity.

And the last question, do Negative Life Events predict changes in chronic stability of worldview beliefs? Was Colin Parks right? Recent events did not significantly predict instability of either belief, benevolence beliefs and meaningfulness beliefs. Worldviews changed the most in the absence of factors that may help individuals reinterpret he those events, such as older age and social support. They are sitting with Harris, do we pay attention to the event itself? Yes. And we also pay attention to an individual's subjectivity, Dr. Harris, and from Poulin and Silver, these other factors would help.

And the final consensus was, individuals who experiences more negative events had less stable, but not shattered. In general, worldview change was small, highlighting the apparent stability of these beliefs. Inherent instability is also the idea of resilience, and we cannot talk about resilience without mentioning Dr. George Bonanno. He is someone I highly recommend you follow. Go read his research and follow him on social media. His research has identified resilience as the core experience, not after the fact when people have done things. It is the core of actually how people experience trauma. By resilience is meant the ability of individuals exposed at that highly disruptive event. I'm thinking pandemic. To maintain both healthy and psychological and physical functioning and this is what he brings new to the world. And the capacity for positive emotions. He says, and I'm paraphrasing, we are too quick to focus on loss of assumptive role as sadness. Interesting course correction.

Individual characteristics and environmental stressors before and after an event appear to have more of an impact on the response to the traumatic events than the nature of the event itself. So what we're now adding Bonanno to sit next to Harris, yes, both of them, we pay attention to the event, and Dr. Harris said it's the client's subjectivity. Bonanno says it is individual characteristics and environmental stressors.

What are your assumptions today? Have they been met? If so, fantastic. If not, hang around for a bit. Dr. Janoff-Bulman suggests our assumptions are our guides for our day-to-day thoughts and behaviors.

Let's go back to our client, talking about how expectations are created and maintained. 16 years old, drawing hearts and flowers around her boyfriend's name. She has a subscription to Bride magazine. Her entire life she wants to be married. She marries when she is 50. Her faith community will have worship, Eucharist on Sunday, but it was the family life of the faith community that rigidly maintained that expectation to be married. The engagement and wedding, pregnancy and birth and baptism and confirmation maintained for her the expectation that I should be married. And certainly, her social and professional roles did as well.

My next objective is to identify expectations and value language in clients. How do we pay attention to that? How do we hear that? What are we noticing? Dr. Spont in 2014 asked, why do or do not veterans seek counseling? He said, we need to pay attention to these four aspects. How do clients, veterans, talk about access, about knowledge, about belief, and social support? All of those were indicators of successful engagement with therapy. And of course, we know to pay attention to generalizations and globalizations.

So let's look at the language. The language that might sound like access, might sound like this. Traffic was so horrible today. Probably not something we said today. Maybe, I got lost a couple of times trying to find this place. All of that speaks of access.

Knowledge statements might sound like this. I really don't understand why she does that. You might have had couples and family members come in and phrase it that way. Or they might say, I've never heard of that before.

The belief statements might sound like, no one has been able to help me before. This is just so hard for me to do.

And social support statements might sound like this -- I have to hurry home before my partner comes. There isn't anybody to pick up my daughter from the bus stop. And I can't get any help. I can't get anyone to help with my kids.

While I do think it's important to pay attention to these particular sentences, I actually want to pull back, have a larger view to look at the stories and the narratives in and of themselves. This ancient proverb was quoted by Chinua Achebe in his 1958 book, "Things Fall Down." Until the lions have the own historians, the history of the hunt will always glorify the hunter. Is it the hunter the story is telling? And Dr. Roger Schank was one of the first researchers to talk about artificial intelligence through the lens of cognitive psychology, and his book is one I would recommend as a beginner. There are two things I think are important for us here today. The first one is, all learning, all learning is story-based. If you've

learned something, somebody told you a story. As a narrative clinician, I'm always asking my clients for a story.

The second aspect I think is important is to figure out and be curious about who are you in your story. A client, 55-year-old family, came following the death of her husband. And for a couple of months, the story that she tells is, my husband, the prince, my husband, the prince, because he brought my coffee in bed every single morning. You bring me coffee in bed every single morning, you get to be a prince. But think about who she is in this story. For the first couple of months in her grief narrative, she was the princess. She was someone someone brought coffee to. In the couple of months after that, she comes in and huffs, I am furious. I think in my mind, that's a different story. What is that about? And she says, why am I still working? He was medically discharged for ten years. We knew he was going to die. We didn't we do something different with finances? I left that story. Who is she in that story? She's an adult. Taking accountability and responsibility. It isn't about that one story that's most prominent. It's about collecting all of these stories where we get to show up in all of the ways we know ourselves to be.

Back to our client, who talks about I guess I'll have to go to the old women's Bible study. By her expectation language was, adult wants to be nonmarried. Only married people do cool things. Her confirmation bias is that single people cannot have interests outside of marriage.

The next objective is to look at interventions to explore family of origin themes. We're going to be picking up interventions towards the end. But if Harris and other researchers posit that we create these world assumptions, we create these world beliefs when we are young, I think it's important to look at family of origin events to help us be clear about the impact on our client. And I'm going to go through these four in more detail. Thin slice moments. You're probably family with Jenna Grahams. In my family we question prompts and look at holidays and celebrations. John Bowlby suggests that many of the most intense emotions arise during the formation, the maintenance, the disruption, and the renewal of attachment relationships. I want us to be curious about using this as a lens to look at the family of origin events. Is this an event that speaks of formation? Is this an event that speaks of maintenance?

This is an example of what a graduate student did for her portfolio for class, and I share this with her permission. The question prompts for her were these questions. How did the big moments shape my life? What messages did you receive from

family and friends? And what messages would you give yourself?
Gorgeous picture.

You probably are familiar with the genogram, and this client looked at three or four -- no, one, two, three, four, five, five particular variables for family of origin events that she wanted to look at. One was education. One was income. Political persuasion, psychiatric problems, and occupation. All of those, she understood as having an impact on how she created her world assumptions and core beliefs.

This one, I'm not going to show you for time, but this is an example of a picture that I would put in my Pinterest folder. Pinterest for those of you who don't know, is a website that collects pictures and recipes and -- I don't know, lots of stuff, and you put them in folders so that you go and look at them. And I recommend that you create or your clients create a Pinterest folder. One of the reasons I really like this as an intervention is sometimes we think of interventions 15 and 20 minutes and maybe an hour of work. And this can be ten seconds, 30 seconds. In the time that it takes to open an app, put another picture in a folder, and close the app, maybe 30 seconds. But what it is doing is honoring that nudge, honoring that cognitive nudge, honoring that nudge to pay attention to your grief.

Holidays and celebrations. I want us to act as if we are reporters. I think this is what reporters do with the story. Who, when, where, what, and how, and we get to add the why. For the stories, for the holidays and the celebrations that have changed in light of the pandemic or COVID or the loss of the assumptive world, we get to be very detailed. Who was there, when was it happening, and go through all of those as a way of being able to create something new.

If I am fuzzy in my thinking, if I am hazy in remembering, I'm actually not going to be very successful in creating something new. The more detailed, the more concrete you can be, the easier it is going to be to create something different.

Back to our client, a thin slice moment for her was a before and after. In college, she actually majored as a math person. She wanted to be a math -- I don't know what you do as a math as a professional, but she wanted to do that, and she graduated, and she recognized that those jobs were closed to her. So she pivoted and successfully completed a PhD in education and ran state boards of educations for decades. She probably would have been a brilliant mathematician in the thin slice moment for her is this statement. I have done difficult things before. And with a little bit of a surprise. She says, oh, you know, I can actually do difficult things again.

The next objective is to look at assessments, to explore values and strengths. I've given you three different websites. I want to talk about the first one. I hope you are familiar with Martin Seligman, all things positive psychology, a University of Penn portal, and if Colin Parks and Ferrajao and Harris are saying, not a declarative, it has to, but a possibility that it can have challenged a client's assumptive world, it could have challenged how that client has values, it behooves us to have language around values clarification.

The second one is GRIT, and that is Dr. Angela Duckworth's and brief strengths survey and the next two hyperlinks have several more assessments you can look at.

I want to briefly mentioned Dr. Martin Seligman's current -- and current being the last five or ten years. When confidence psychology first started researching gaining traction, you had Martin Seligman at the University of Penn, Barbara Fredrickson at the University of North Carolina, Chapel Hill, and David Cooperrider at Case Western Reserve. What they are studying in the '80s is particular variables, they were looking at happiness or flow. Currently, what Seligman has moved to, a new theory of well-being, the holistic approach, and more encompassing approach. These assessments are specifically for grief and mourning, and I've given you some dated ones to see how the newer ones actually change.

So Core Bereavement Items in 1997 is still very popular and in use. You might recognize Janoff-Bulman, that's her world assumptions Scale, currently, Grief and Meaning Reconstruction Inventory, and the last one I do want you to become familiar with, the Persistent Complex Bereavement Inventory and as you know, the DSM-5 actually has a cutting for Persistent Complex Bereavement Disorder.

Back to our client. What do you do well? Her love of learning moved her to explore her grief process through a lens of what am I learning today?

Our next objective is to talk about creating opportunities to shape your assumptive world. Dr. Attig suggests that we learn in the world or are coming to terms with the lot of our assumptive world is primarily about learning new ways of acting and being in the world, and I love that quote, our college that I reach at, our department is held in the college of arts and science. It is the intersection of doing and being, and I think she captures that in her quote.

Stephen Porges reminds us to think about, perhaps the story that the client is sharing is a story of connectedness, perhaps a story that our clients are sharing is one of disruption.

Dr. Kosminsky and Jordan suggest they're reactive, dysregulated coming through the door, reflective, the client to be reintegrated and reregulated.

I want to remind us of what Dr. Harris said at the beginning, our assumptive world may be composed of how we tend to view others and their intentions, how we believe the world should work, and how we tend to view ourselves. In order to. Assumptions serve. The functions that they have is to create safety. The function that they have is that I don't have to be worried about the chaos. I can actually focus on what is important.

I hope sometime today or tomorrow, you're going to go more in depth about our newest grief theory. This is Stroebe & Schut in the Netherlands, when I say now, 1999 and 2000. There hasn't been a newer theory around grief. What they are doing is making this user-friendly in different ways. How can we apply it to groups. How can we apply it to other entities. So I want to talk about two things that are fundamentally different in this presentation. Visually, you see it is not linear. It is not a stage theory. And we don't do stage theory when we talk about grief because embedded in stage theory in universality, and we it's a myth, and Stroebe & Schut say what we're doing is moving in and out of. So there's three components, the loss orientation on the left side is squiggly lined. The oscillation is as much important as the restoration side on the other.

We will be doing this moving in and out of for the rest of our lives. Dr. Harris has said in this pandemic, this is what we're doing with this model. I think she's brilliant in this. I haven't seen anyone else use their model to talk about what's happening currently, so let me talk about these. She says in our loss orientation, we are looking at shattered assumptions. We certainly have reminders of loss. Everybody on the Zoom session today is a reminder that we can't actually be in person. Chronic sorrow and awareness of impermanence, along with restoration orientation. Perhaps this is a distraction from grief. Perhaps it encourages new perspectives, accommodation and rebuilding and perhaps an awareness of possibility.

Beder, I think, in this quote summarizes what Harris and Bonanno and Poulin and Silver are all saying. It is the meaning of the traumatic event, for the survivor, that determines which assumptions and how it is understood. We can't talk about meaning without Dr. Neimeyer and if you like meaning-making, you're going to love Dr. Robert Neimeyer. He says that grieving is a process of reconstructing a world of meaning that has been challenged by loss, specifically, redefining the self and redefining how one engages with the world.

The next couple of minutes we're going to be using interventions. There are ten and you're welcome to use them.

The first, disentangling multiple losses. Often, if not always, grief is layered. The 43-year-old client who comes in following the loss of their husband is also thinking about can her son continue graduate school. She's also thinking about, her husband had just started a medical practice. I don't know how to do a medical practice. She's thinking about, is she going to have to sell the house. Grief is layered. And it can help clients to look at, what story do you want to tell of your husband today, what story do you want to tell of your finances, what story do you want to tell of your son?

The second one, the grief river. This is one of my favorite cool ones, overarching exploration of a narrative. For people who do things on and in the quartz, what are headwaters? Headwaters is where the spring starts, in the crevice in the rocks or the mossy grass, that is where it starts. Where do you want to start your grief story today?

Rapids. What are rapids? They're dangerous, chaotic, and I know some of you are saying, rapids are fun! No, they're not. Rapids are dangerous, they're scary and chaotic. The question prompt is, when in your grief did you think you weren't going to make it? What has been scary in your grief?

The next is runs. Runs are predictable, runs are pattern, runs are so smooth that you can actually see a turtle sunning itself over on the rock. Runs are habits. What have you started doing in your grief? What do you do every Tuesday?

And delta can be a transition from one body of water to another. For us, it's a place of rest.

In a couple of minutes -- 15, to be exact -- you'll be doing something else. Getting a cup of coffee or doing emails. What story do you want to rest in? What story do you want wrapped around you as you continue to do the things you do?

Three is the question, who am I? It isn't about writing. It is about the magic of four. If I ask you the question, who you are before this event happened, we all have an elevator speech. I was...

What were you? Who are you? Who were you? It is a layering, a peeling back of those layers.

Loving kindness meditation by Jack Kornfield is one example of a loving kindness meditation. He didn't write them all. At some point in your relationship with your clients I encourage either you or your client to read this. It could be perhaps the first time they are hearing words of affirmation in the midst of this change, in the midst of this loss. May I be free from inner and outer harm and danger. May I be safe and protected. May I be free of mental suffering or distress. May I be happy.

May I be free of physical pain and suffering. May I be healthy and strong. May I be able to live in this world happily, peacefully, joyfully, and with ease.

Number 5. This is Eugene Gendlin, Carl Rogers, and Gendlin seems to notice there was something that moved someone's from good, successful therapy to fantastic therapy. And he said that variable was focusing. What I like about him here, actually this last bullet point sensing a stopping page. If you are doing guided therapy with your clients, fantastic. If you're not, start. But how do you end? How do you end? Sometimes people might say, when you're ready to come back to the room, you can open your eyes. Or you may have an app on your phone that is a bell or a chime. All of those are external prompts. And Gendlin says, that's messed up. And he asks us to ask the client, all along the meditation, is this a good place to stop? And the client checks in. Maybe, maybe not. It's preference, privileging, to find agency around that decision around when they actually want to stop. I think he's brilliant in this.

I was watching on the slides before we started, you have an image of David Kessler saying grief is as unique as your thumbprint. And I agree with that. So here's an exercise to do something with that construct. Get an ink pad, put your thumb or your finger in your ink pad, put your inked thumb in a piece of paper, put it in a printer and increase it to 400% or however much of need to have your thumbprint be the space of the entire 8 1/2 by 10 paper. Now when you write your grief narrative, you're writing it on the lines of your thumbprint.

Letters to self. Whether you do this as a conversation, the content is important. What do you want to tell your child so you're prepared for life? And my 75-year-old client says, what I really would have wanted someone to tell me is this phrase. Hang on. He's coming. She married when she was 50, and she talks about spending decades being by the phone Friday and Saturday nights. She would have loved to have heard, hang on, he's coming. What does your child want you to hold on to that could get lost in adolescence? What are you hoping to change for the future?

For Neimeyer, he wants the clinician to identify narrative disruptions, disorganization, dominant themes and other obstacles that actually, for him, serve as a way of a disorganized narrative. For me, I think it's important to collect all of these different stories so that the client can show up in all of the ways they know themselves to be.

Mapping the influence of the loss. What I suggest you do is think in terms of -- do you remember the wagon wheel, a covered wagon, and it's a big, wooden wheel, and it has a spoke in the middle, spokes in the middle? It had something in the middle

that holds the spokes, that's right, that holds the spokes. For the middle, what she wrote in the middle of the wheel was the death of her husband, and all the spokes represented different things that had been affected by the loss. I think this phrase, the influence of the loss is a unique phrase. And it isn't about the influence in a negative way. It isn't about the influence in a positive way. But it is saying, these experiences hold weight. Let's talk about them.

And bridgework. This is an intervention I created a couple of decades ago, and I'm happy to share it with you.

So let me read what is on the bottom. This intervention starts with the memory of a painful event. Rather than staying in the memory, identify which value is being challenged. That is, the memory of a spouse being unfaithful, the value or belief that it is being challenged is faithfulness. The arrow points to a current event or behavior that I'm engaging in that is reflective of the value belief in faithfulness. That is, I am choosing to limit the conversations at work to the professional topics versus relationships concerns. The phrase that I have is behaviors are values dressed up. Behaviors are values dressed up. Years ago I went to a conference, Cape Cod Summer Institutes and for a year we were thinking about and reading about interventions for clients with sexual abuse assaults. And I'm thinking about the weight that these memories hold, because it's not current, right? That would be a different discussion. But all of these memories or events, the things that have happened five, 10, 20, a lifetime ago, how is it that these memories are so powerful? And I thought about, it could be that the memories are powerful, they hold weight, because it's a time that the expectation and value that I had didn't actually get to be played out.

Let me give you an example. The 52-year-old gentleman whose wife died in home hospice, the last -- the day before she died the hospice nurse is telling him, her body, his wife's body, is letting them know that she is getting ready to die. So he's sitting in the living room. They brought the hospice bed in the living room, and I've been a hospital chaplain and hospice chaplain and I know we talk to people about a death rattle. It's hard to listen to. It's a sound that the body makes as you are expressing that air. And his wife starts to have this death rattle and he says in his words, he freaks out. He actually climbs up on the hospice bed. He tries to revive her. And it is three minutes later until he recognizes that she is already dead. And that memory is actually now a nightmare. A couple of months in, I'm talking to him about this memory. This seems to hold a lot of weight for you. What do you think that's about? You have a lot of memories. This one you keep -- you come back

to. What might that be about? And he says, I didn't do what I was supposed to do. What were you supposed to do? I was supposed to save her. I'm not going to argue with him. She had metastatic breast cancer. He was not going to save her. But it speaks of a value. In fact, the value was to protect. And he says, in his vow, he vowed to protect her. And the weight that that memory has is because the behaviors and the values didn't match. The present tense. We want to hold on protecting. You like being protective, right? Protective is important to you. Yes. Yes.

How are you protecting or who are you protecting today? And he says, you know, my wife was a school librarian and she must have gotten a book for our home for every book she ordered for the school. There are books all over the place, the grandkids are all over them, being important apart. I build a one shelf bookcase that started in the kitchen, went to the living room, ended up in the dining room. I said, look at what you doing what is important for you to do. Behaviors are values dressed up. I'm happy to offer that to you.

The case conceptualization, what is important. We talked about two slides and we'll end and I'll be ready for your questions. We talked about this idea, what is important. And earlier on when I'm asking her, what would have been helpful for you to know, and she said, hang on, I'm coming. And I ask her, is that still important? And she says, yes, but I want to change it. In her faith community, there's an expectation that they'll see each other again and she says, hang on. I'm coming. There's a poignant moment when she could give him something that she really would have wanted for herself.

Final thoughts. This is from Carl Rogers, 1961 book "On Becoming a Person" very rarely do we permit ourselves to understand precisely what the mean of the client's statement is to the client. I believe this is because understanding is risky. It is risk that if I let myself really understand another person, I might be changed by that understanding. My goodness. I hope we are changed, and I hope that you fall in love with who you are becoming as a clinician who sits across from the clients, talking about loss of an assumptive world.

Zach, that is what I have. What questions do you have for me?

>> ZACH TAYLOR: Joy, what a wonderful laying out of a map of understanding. And so many times we want to jump to the interventions, and you had a ton of interventions in there, but the maps, the assessment, understanding that dual process model of grief, just can really open up your clinical eyes to really coming up with new and creative interventions based on those

theories and models. So thank you for sharing that high-level research and models and assessment.

A couple of questions that came in, we just have a few questions here. Number one, the pandemic has created a loss of ritual around grieving. Can you speak to -- you can go a lot of directions with that. Can you speak to this moment of, you know, Zoom funerals, not being able to see a loved one before they pass or travel to see them? The various ways in which we've lost that ritual and how we can maybe try to get those back, if we, you know, in this moment.

>> JOY SAMUELS: It's an interesting question, because the assumption in that question is that we can get it back. And it's been interesting to watch. Sometimes when change happens, what we tend to think is, okay, I can't do that again. I'll do something else. That hasn't happened with grief rituals. We seem to have held on to, no, we really want this ritual. I really want sitting in the pew, hearing the songs. It's been fascinating to watch. I wonder if we could have created new rituals, without having experiences, would that be different. I do think what we do was to go back to create what we thought was important. I think we still get to be curious about changing that. It could be that we actually discover a different ritual, a new and improved, right, that we discover something that actually could have more meaning and that you are absolutely right. All of the things that we know to be important. My mother died last October. Could not have the rituals around that. All of the things that we wanted to do, we weren't able to do. So understanding just how layered our grief responses are to this now.

>> ZACH TAYLOR: Yeah, great. Let's see. The -- one of the big questions that came in was about the different types of losses, the presenting loss, the ambiguous loss, the nonfinite loss, chronic loss, intangible loss, with you saying all of these happen in some grief and loss or these -- sometimes they're just combinations of a few of them?

>> JOY SAMUELS: That's an interesting question. Causal would say, you have this loss. You have to have all these various types of losses. Harris is saying it's correlational. She's saying, it could happen. So if it can happen, I want to assess with that. My assessment isn't saying, I'm going to find it. My assessment is saying, I'm going to be curious about the possibility that that could be present. Yeah.

>> ZACH TAYLOR: It's so good to know that it's not always be steps and stages, but phenomenon, experience that might arise in your client, and identifying them so we can focus in on the specific experiences they're having.

Joy, thank you so much for being here as part of The Grief Summit. Everyone, we're going to take a little bit of a lunch break. It may not be lunch where you're at, but we'll call it a lunch break. If it's not lunch for you, you can take another kind of break.

The next session will be launched from the schedule, and we hope to see you again in about 45 minutes or so as we continue along this journey. It's been wonderful. Thank you so much, joy. See you, everyone, very soon. Bye-bye.

(End of session at 11:49 a.m.)