

PESI

GRIEF SUMMIT: GRIEF AFTER SUICIDE

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(Music.)

>> Well, here we are. Welcome back, everyone, for our final session. I just want to make one quick enough that if you are here for that basket full of CEs and you have trudged through with us through what has been for many, some heavy content, you will be getting an email with a link to receive your CE credits for the sessions you attended life.

If you have made it this far, hopefully you know now there are known easy answers to grief and reading. But in but that if you are going through this personally or professionally, it's always good to have some wise and therapeutically savvy souls along with you for the journey period fully coming on out that none of us are really alone in this experience.

So here we have our next speaker, our closing speaker, Rita Schulte he. She is herself note stranger to grief and loss. She specializes in the treatment of grief, depression, suicidality. Her latest book coming out this fall is to be titled *Surviving Suicide Loss Making Your Way Beyond the Ruins*. It is an honor to welcome to the grief summit stage, a longtime friend of Psychotherapy Networker and long-term speaker at symposium, Rita Schulte.

>> Take you so much for having me. Let me just share. We are ready to go. Hiker I'm Rita Schulte. As Zach said. I'm a licensed counselor in the another in Virginia/DC area. I did a radio podcast for a number of years where I talked to some of the best minds in the country about cutting edge issues surrounding the hearts and lives of all around us today. I'm also a suicide loss survivor. My husband, my soul mate, took his life one fateful day in November. We had been together since I was 16. It has been a very long journey back.

Today I want to talk to you not only as a clinician, but as a suicide loss survivor. Someone who watched as my husband literally lost his mind in several short months.

So I'd like you to take a look at the disclaimer. I know everybody has been saying that today. Also draw your attention to while there are plenty of

research studies supporting many of the treatment approaches that I will be talking about today, there are limitations to these existing studies. Just so you know that.

The other thing I want to say is where we got a lot of ground to cover intimate seem to go quick, with this hour, this work is very slow work. It is told in and toe out. So I don't want you to get the impression that we are blowing through a lot of the treatment strategies or anything. You use your wisdom with your clients as to how to pace yourself depending on how they are doing.

I like to begin by playing a clip for you. I love clips because I believe they resonate with the story. This is from a movie called a secret in her eyes with Julia Roberts. Want to keep everyone safe, so he'll you have had a recent trauma a lot of some kind or are little squeamish, keep yourself safe. This is a snapshot of what it felt like when I walked into our bedroom that's fateful November day and everything went black.

>> But parts had been bleached inside and out.

>> Take notes, fellows. Give us some help.

>> What is it?

>> It's Kathlyn.

>> What?

(Screaming)

This is the face of trauma. This is what trauma survivors have to live with everyone, every day. It's a cry of despair. And it was my cry. Years later, it is still there. So today as we begin to talk about posttraumatic, it's there for a reason. Before we can move people toward growth, we must first honor the shock. Andy chattering his way to the consuming survivors with "why" questions. So today we are going to take a look at that, and the three levels of impact that go along with it. I will be showing you things that I found is a survivor and what I incorporate into my work. Theories are the areas of impact. First the traumatized brain with all the stress that goes with it. Guilt and shame, which make the trauma more complex and add layers to the

grease. And this existential shattering that can happen with something as horrific as a loss by suicide. Leading to a crisis of belief and a crisis of faith. Before we jump in, I want to talk a minute about what make this loss different. A death by suicide is inherently sudden, often unexpected, and usually violent. These factors increase the degree of shock and trauma experienced by survivors. So survivors sometimes struggle for years to make sense of what happened. It also causes fundamental beliefs to be challenged. It is not like a normal death or someone gets sick and dies. It can also be more complex if the person witnessed the death or found their level and as I did. They may suffer from flashbacks, nightmares, and posttraumatic stress symptoms. This can also happen if you didn't find your loved one, but you can't stop imagining what did happen.

Death by suicide is even more than any kind of bereavement, uncomfortable for other people. People are uncertain on how to react. I have had people screaming and jumping out of their tears when I told them my husband took his life. So it makes it more isolating for survivors because people feel uncomfortable around you.

And then there is a huge amount of stigma still associated with a loss by suicide. Rooted in centuries of history. This generates misplaced associations of weakness, blame, shame, and even sin.

Stigma can prevent people from seeking help when they need it -- help when they needed and keeps others from offering support when they want to, because they don't know what to do with the survivor. Stigma causes fear in people. Confusion about mental illness. Isolation by society, and the illness is often seen as a moral hazard of the individual's own choice. It can also be seen as a sign of cowardice. And so there's a lot of unfinished business going on for survivors. They carry a lot of guilt and shame, feeling somehow responsible for their loved one's death. So there are a lot of loose ends and all those why questions I can ask for a lifetime because there's really no closure with a death by suicide.

Dr. Edwin Shneidman, who was a prominent suicidologist, says this. The person who committed suicide put all his psychological skeletons in the survivor's emotional closet. He said that the survivor to deal with many negative feelings and more, to become assessed with thoughts, why questions regarding their own actual, or possible role in having caused the suicidal act or having failed to abort it.

So take a minute, close your eyes, and breathe that in. Think about the person you love most in the world and imagine if you can, that you are responsible for that person's death. Because that's what this is for suicide loss survivors.

Let's take a look at some of the "why" questions. Why is this happening to me? It's all of the neurobiological and somatic experiences of posttraumatic stress that people experience. For me it looked like why do I shake, why do I feel such terror, why my curling up in a ball all the time? Why did this happen to me. How could this person do this to me? I thought I knew this person. I thought I could trust this person. All of this leads to a sense of abandonment and betrayal, a crisis of belief. Why would he leave me? Adding more and more layers to the grief.

And perhaps the most difficult one for me, why couldn't I stop it? And the counselor, right? And a couldn't even start my own husband from taking his life. So this feeling of guilt and shame and helplessness. All of this fuels the need for answers. There is never a good enough answer. So how can we honor our client's need to asking these "why" questions while beginning to plant seeds of post-traumatic health. By sitting with them for as long as is necessary and letting the answers to these questions reveal the neurobiology, the belief systems, and the meaning that is necessary to move toward post-traumatic growth.

Where do we start? We normalize. Whatever their experiences. And I take like ticket strength-based approach, so I'm always look at what's right with this client, not what's wrong with this client. And I want to be curious about their strengths and their potential for resiliency and I want to introduce that

very early on the process. I want them to feel that sense of safety with me in a therapeutic relationship as well as for resource people in the larger community.

So let's jump into impact area number 1, the traumatized brain. We know that, impact to structure than the brain underlying emotional regulation. The emotional brain is causally hijacking the rational brain, especially in the early stages of trauma. Pre-frontal cortex goes off-line. And the limbic brain, that almond shaped structure, the amygdala is constantly firing a danger signal. The breakdown of the thalamus explains why there is no coherent narrative of trauma, with the getting, middle and end, only isolated sensory imprints, images, sounds, and physical sensations accompanied by this sense of terror and helplessness.

The hippocampus, which encodes memory shuts down. Time freezes and as if the trauma is happening over and over again in the here and now. The anterior cingulate or to help us filter out what's relevant and what's not relevant. And the only tap think that seems relevant isn't stopping the flashbacks and answering the "why" questions.

The corpus callosum shrinks after 5 or more victimizations. This is important if you work with people who have been sexually abused or molested. There are greater deficits in frontal lobe functioning and metacognitive skills. In this amygdala talk amygdala hijack it appears with the development of coping skills. So we have to help clients calm down an overactive system and wake up an underactive shutdown system. Because the limbic system triggers the autonomic nervous system to go into overdrive. So we need to help clients bring the prefrontal cortex back online.

So one of the big things are two of the big things that I experience a lot have and will talk about today in the other presentation, was dissociation and derealization. A detachment from the mind and body, I disconnect from the self. So I didn't feel real. The world didn't feel real. This couldn't possibly be happening. And these are really scary sensations of your clients are going through this.

The brain releases 8 milligrams of morphine as it relives the trauma. This is a very powerful dose, literally making your clients feel physically ill. So I would feel why my feeling like I'm going to throw up all the time? Because of this.

Core beliefs driven by some pathetic activation the activation have to do with safety. I'm not say, the world isn't safe. My body isn't safe. So very often for trauma survivors, the body becomes a terrifying thing because I don't to experience these emotions that are just happening automatically under how you have no control over.

The parasympathetic nervous system is associated with energy conservation. The shutdown system. So I submit, I freeze, I collapse. That was me curling up in a ball.

The traumatized brain isn't fighting intrusive images, nightmares, and flashbacks and these have literally become encoded in the brain as procedural memory.

So what happens is all systems in the body become conditioned to this. And the nervous system develops patterns based on what happens to us. And these patterns then become procedurally learned. So we have to work to gently break those procedures and patterns for our clients.

And so it becomes about calming the overall active brain. So what are survivors in need up when they come to us for help? They are need of a safety net. So I'm going to build that safety net. I'm going to teach them how to breathe. I'm going to teach them containment skills, I'm going to teach them how to self soothe, I'm going to connect them to outside resources and then we go to the trauma.

Is important to note that trauma survivors are not coming to us first and foremost to learn about post-traumatic growth. They are coming to us to help them relieve their misery. I could have cared less about post-traumatic growth. I just wanted Mike back. And you can't help them change unless we can help them do just that. Be willing to explore new possibilities.

So then to go over some exercises that use because I like to give people tools to put in their toolbox. Containment is about building a larger more stable vessel to hold difficult emotions. So I asked my client so imagine a massive container. The kind you get when you are moving after you have lived in a house for 30 years and you're going to double the garbage in there. So this container, you can imagine your mind's eye, look at the Internet, and you can imagine chains around this container and putting a big lock on it. The only time they are going to unlock this container is when the system is settled. And they are only going to pull out that which they can manage. Because I want to keep teaching them how to stay within their in window of tolerance.

They can get a shoebox and do this. They can write on three by five cards these distressing emotions. Place them in the box and put the lid on. And they only go to the box when the nervous system is settled and they have the skill set to manage those. So this can be very empowering for them because what I'm teaching them is to master the skill of juxtaposition between strength and distress.

Your body can act as a container, too. I often have client place their hand on the chest, close their eyes, and just heal their body breathing. Feel the flow. Of the breath. Nothing can come in without my permission and nothing can go out with my permission.

I also have them put a hand on their shoulder and one under their arm and now I'm giving myself a hug and my body is acting as a container. Nothing can come into interrupt the state that I am feeling right now.

For grounding work, I asked them to practice yoga. I'm always pushing yoga and I will talk about that later, but stand up, ground one foot into the earth and do a tree pose. They're going to rate the other leg, place it on the fire, and lift her arms into the sky. They're going to be a tree. When they are practicing balance, the mind is focused and grounded to the foot that is on the earth. Also tell them to stand up, pretend they have -- on their feet and generally swayed from side to side. The into the same thing in a chair.

Feeling anchored, feet firm on the floor, wiggle your toes, being aware of any sensation.

Mindfulness, imagine the negative feelings floating down or as leaves floating on a gentle stream, not denying the feelings, but noticing and labeling there. Once I can put words to a feeling, it loses some of its power. Maybe asking them, is there any other way that you might say this to yourself that can be gentler and can help you move forward.

Movement is key. So when my nervous system is activated and I have all this energy, I need to get that out. Or I might say get up and do 20 jumping jacks. Stand up. Lift your hands in the air. ACT, that's acceptance and commitment therapy. I'm doing a lot more than now, teaching clients not to fight against their emotions. To accept them. And to not labor them. The way we get second labeling emotions as distressing, bad, or good.

Grief is hard, agonizing work. But you have to go through it to get to the other side. So if I try to get rid of this language that tells me this emotion or feeling as bad, then I'm going to say stop. What if we could feel these distressing emotions and move forward anyway?

Pendulation. This idea that trauma constricts the mind and body.

Pendulation is the body's natural restorative rhythm of the contraction and expansion. You have experiences if you have ever been driving down the highway and I was got into an accident you slam on your brakes and all of a sudden, all of this adrenaline goes pulsing through your body. Your tense, you feel tight. But what happens after a few moments? You didn't hit the person in front of you, so you pull out and you go on your merry way. And 30 minutes later, you don't even remember that it happened. Why? Because your body has swung back to balance.

This is what I want to build in clients, that no matter how bad we feel, those feelings can and will eventually change because of suffering is time-limited. It's not forever. Your clients are going to believe that at first. I certainly didn't. But I want to help them until they can do that themselves.

Another great exercise I did to focus on shifting sensation is the -- it's either great or it sucks. And I want my clients to consider that we are really designed to hold the pleasant and the unpleasant and so if they come into my office or they can do it in their own space if we are doing this virtually, and I asked them to look around the room and name me three things that are pleasant picked this is mindfulness. Out of those three give me the one that is most pleasant and describe it to me. So now they are describing this pleasant object, and every time this happens, every time I do this, I noticed that a little smile comes across the face.

And I stop and I point that out hey, I just noticed a little smile on your face. It may become a bigger smile. Why? Because they are making a different association. The problem is still there. It hasn't gone away, whatever triggered them, but they were able to shift sensation just a little bit. They are not spinning cartwheels, but they are able to shift sensations which brings new perspectives and new feelings to the mind and the body. I'm teaching them to learn to focus their awareness from distress to ease and if we can do that enough with all these little exercises, then we will begin to rewire their networks.

So we have to inspire trust that things can change and hold that space for our clients even when they don't believe that they can do that.

So how do we open people up to new possibilities? As a clinician and especially as a survivor, I think the most important question that we want to answer is what meaning did the client attach to the suicide? That's where I want to go because that's where they are living their life now. Because everything they felt they had figured out, before the suicide, these belief systems, I want to know what they are believing now about self-doubt. Because all those explanatory styles that I thought they had figured out about life, they are not going to work after the suicide. Because the balance is gone out of their life and everything they believed has come into question. So they are going to be struggling with their belief systems. But if they

need? They need to experience a different reality. Apart from the hell they are living.

How do we help make that happen? By encouraging them to risk. Your clients need more than an intellectual knowing that life can be different or life can be better. They need an experiential form of that. Because what we know about new experiences, they rewire neural networks. They create new thought patterns. They bring in perspectives. They foster post-traumatic growth.

The reality your clients are living in right now is only small way of looking at reality. They don't see that yet. But they are capable of experiencing a different reality. It just takes time. And it will look different in each person's life. For me, in the first months, it was just seeing my little grandbabies' faces.

How do we change clients' filtering systems? I want to draw your attention to the 3 Ts the first is talk to clients need space to tell their story. I had people listening to me for days, meat weeks, months, years, and they are still listening to me about that bad day. As I tried to make sense of this tragedy. And I needed safe people to do that with. And so do your clients. The second is time. The clients are capable of post from attic growth in the face of suffering. Just takes time before transition can occur. So again there is this juxtaposition that we are always assessing our them and balancing between strength and distress. It's not an either/or, it's an and both. Clients can be moving toward poster medic growth while still being in the struggle.

And when this work is complete, we are going to see transformation.

This work is so important because we get to be the conduit of hope and healing for the broken hearted. We get the awesome privilege to walk alongside those whose hearts are literally hemorrhaging. And God bless each and every one of your there that do this work, because it's not easy. And I would be sitting here talking to you today if it weren't for dedicated folks like you who walk alongside.

So thank you.

Which brings me to what I believe is the greatest key to healing. How would practically help people get better? We walk alongside. Your clients need people to be present emotionally available, patient and not judged, all the while planting seeds of poster medic growth. And I want to give you a snapshot of what that looked like in my life because in my opinion is the most robust key to healing. A friend of mine who is also therapist actually met with me and my family and friends and showed them some key things to do to help me when I got into these states of dissociation, the realization, when I was in the throes of poster medic stress episode, and one of the things she had me do is make eye contact with me especially when I was in what I was dissociative states. My daughter would just get close to my face, mom, look at me and I would look right into her eyes and I would break it. Oftentimes when I curled up into a ball, pick me up, make me walk around the house and I was doing that spirit lifting my hands up, snapping them, bringing my prefrontal cortex online and rubbing my hands back and forth together.

If you can do this with resource people in your client's' sphere of influence, it will be valuable to them.

This is just some research alongside, some things that show that when people are emotionally connected to others, to other attachment figures, that the chance that they are going to move through a traumatic experience or grief is much different. So you can look at that research.

I want to transition to a few exercises I like to use. This is the ball of grief you can get this on the Internet and give it to your clients. I like to show it to folks and I asked them which words on the ball that they connect with. And then we talk about them. It's a way to put words to feelings and process to grief.

What words you connect with on the ball? What color my they be? You can see a couple have been colored in to represent emotions that feel very triggering. Sometimes I ask them to make a collage using words on the ball.

And in this way we are processing.

Another one that has been really meaningful to me is the jar of grief exercise. This was good because a year after my husband's death, two years, everybody thought I was fine. But I was dying inside still. Granted, I wasn't curled up in a ball, but I was with Mike since I was 16. So this was no joke.

This exercise helps conceptualize the conceptualize grief and hundred and point seeds for poster medic growth. So on the far side, the little chart represents my world. The jars represent my client's world. As you can see, the bulk grief is so big in that jar, that there is no space off move around. It just barely fits. I can't breathe. I can't think of anything else. I can't do anything else but be consumed by this. Then after a while I'm ready to expand my world a little. Now, I'm in the middle jar. It's not the grief that shrunk, it's my world that begins to expand. So as I venture out and meet new people and get involved in grief groups, I need new friends, buy a new home, maybe getting a job. There is more space now to move around my grief. It is still there. If the same size, but my world has gotten bigger and as I continue to grow my world, the grief stays the same, but it gets easier to move around. So in the final jar here, I can work around it and I can give it the place that it deserves and still have a life beyond my grief.

And this honors my loved one and honors my pain.

I also like using phototherapy. I just did this with the client. I asked them to bring pictures of their loved one and we explore the pictures, put them into safekeeping, the memories of what we had and what we've lost. So clients are connecting with the photos. Talking about their loved one, how their loved one conducted their life. Also teaches a willingness to not avoid grief my big mantra to my clients I keep saying it over and over is to teach them to learn to be comfortable being uncomfortable. So as we view the photos I'm searching for visual messages, beliefs and feelings that the client has that may or may not be adaptive. If not just how the clients are viewing the photos, it's how they are connecting to them. So I am asking questions like,

how do these images reconnected you to the details of your life? What do you discover about yourself with these photos? What you discover about your loved one and who you're with that person? And who do you want to be moving forward? What if anything remains unresolved? The forgiveness issues. Do I need to forgive myself, my loved one? Are there any patterns or themes that you notice that we want to talk about?

So all this being very informal, this is another exercise that I love the shattered vase exercise. When I walked into that afternoon of November 12 did this to me and my kids. Everything was decimated. And so I show my clients this image. I use this because of the cover of my first book. You can use anything that is exploding or broken or shattered. And I asked them to come up with a sentence or two that resonates with the shattered image. That will describe their pain. And these statements then become a segue for us to dig deeper. And these are some of the things that people have said, some of the things I said in response to looking at this shattered vase.

Because a survivors, we want to take all the broken pieces of the vase and put them back together the way they were before the suicide.

But that's not possible. In order to help people heal, we have to move into a place of acceptance while still holding the pain. And so my hope for my clients is to help them honor the broken pieces of their life and to take those pieces and help them create something new, something that can still be meaningful in their life.

Impact area number 2. Guilt, shame, complex trauma. As I said earlier, the big question for me is what meaning did the client attached to the suicide? Because we know guilt and shame can make trauma more complex.

For me, I go over beliefs with my client and cognitive distortions. Because those are usually important in this space. I was personalizing Mike's suicide. I had set its own beliefs. I'm responsible. My fault. I caused this. I should've come back with him on the airplane that day, I should have done this. I should have done that. And I was drowning in this.

And these become the stories we tell ourselves. And these toxic beliefs add more layers to the trauma and create a feedback loop.

So I challenge my client with this. I might say can you give me some evidence that this was all your fault? And if your clients are holding these kinds of beliefs, this is what you're going to see. Despair. Fear. Terror. Isolation. Hopelessness. Anger and self blame. And so these molded parts need a voice. Please do not do your clients the disservice of trying to settle them pierce it with them for as long as it's necessary to make meaning from the trauma.

And if they feel guilt or shame, identify it. I might say, I know there is a part of you that feels responsible. Let's talk about that. I'm curious about it. I want to present it as a survival strategy.

So I could ask them what is the guilt protecting you from? Maybe it's protecting you from others judging you so you're going to judge yourself first. So I want to be asking them those questions. I want to be curious because third curiosity isn't threatening. It's inviting. So I am consulate putting things out there for them to consider.

I don't know how many of you do parts work, but this a great place for us to help clients processing the part that holy damaging relations. So after we have spent time processing this and talking about the guilt, I introduced the concept of possibility. Is it possible that it wasn't your fault? I asked him to sit with that. What comes up in the body? That's where I start. And if they can consider it, I might ask them what would it mean if you could embrace the idea that there was nothing you could have done to stop it? I could actually begin to live. I can actually do some healthy grieving.

And that's where I introduce the remembered resource person. I may invite them to think about as alone as they felt, was there anyone who walked alongside and offered support? That could be this remembered resource person. This is another great exercise and it was profoundly powerful in my life. This is a safe person. A person who knows the client intimately. Could be a parent, a friend, a spouse, it could be God, it could be their deceased

loved one. And that's who I use. And I did this in the context of an EMDR session and I asked Mike about my guilt. So here the client is going to have A's conversation with this remembered resource person and asked this person about what it is that is tearing at their sole. So I asked Mike about the guilt. And I got this beautiful image. I'm sitting and he was over me and holding his hands on my face. And he was laser gazing into my eyes. He said Rita, it's not your fault. Major turnaround.

So remember that this person is going to be speaking truth into your client's life. And it can be so freeing. The cool thing about it is that this remembered resource person is always there. Maybe physically but maybe in their heart. So use that.

So we have established when there is a suicide survivors often feel guilt and shame. How do they differ? Guilt as I did something bad, shame is I am bad. So I want to see how shame is connected to the client's experience. I want to know how it's experienced anybody. What part of the same? So I draw attention to that. Always draw attention back to the body. What happens to you when you feel shame? Will I can't speak, I shrink I curl up into a ball. I disconnect from others. I want to die.

And again, I want to curious about that. I want to present it as a survival strategy. How did it help you? Does it help you still? How does all this help you to survive? And see if it's still an adaptive strategy for them.

So back to parts work, I'm going to ask them what part of you believes you're a shameful, terrible person? In bad wife, a failure? How does it help you to believe that? Does it help you to believe that?

Many times these beliefs are defensive functions and I want to know and be curious if they still do. There is this internal conflict between parts. The traumatized part of the personality is going to fight or freeze or collapse.

And I want to teach clients to bring their wisdom, their truth, and their faith to this wounded part to help instill hope. So when clients can access this wise part, their emotions are not so intense. And if they can notice this part that

holds the guilt and the shame and the self-loathing, they can also notice the part that governs them. Maybe it's self compassion.

And these memory systems in the brain, these two memory systems we have, the declarative system and the procedural memory that memory up here in the client, and we want to work with procedural learning systems. If we want to help people change thinking patterns, they've got to notice what happens. So I'm going to call attention to it. It's just mindfulness. So to intervene and to disrupt these patterns that are procedurally learned, with unconscious actions brought into consciousness, declarative memory might be able to modify the procedural learning.

So for me, as I told you earlier, I curled up into a ball all the time. It was instinctive. I just do it. So I might mention that my client. I'm noticing a pattern here. Whenever you get triggered or what you are telling me mixer curl up into a ball, I want to offer up something to disrupt that pattern. That was my kids, my friends, getting me up off the sofa and making me walk around there and slapping my hands together. To myself outside and it was November and December, it was freezing, and we would go for a 20 minute walk. And when I came back I was calm. My prefrontal cortex had I come back online.

Another thing I want to do is assess client's self-talk. This negative self-talk is what they are constantly telling themselves and we are missing the connection between how that's making them feel, leading to their demise. I do a little beliefs exercise with them. I take three beliefs that they hold. It was my fault, I horrible person, I cause despair and follow one solid minute I want them to speak those words out loud to me. And at the end of that time, I'm going to practice on going to say how does that feel? How's it feel in your body to sale that? It feels awful. Right. That's what you're doing to yourself every moment of every day. So how might you reframe that using an softer, less judgmental tone? Is there a kinder way that doesn't evoke such guilt and shame in you? Something that would help you move forward.

And that's what I asked them. Sometimes there self-talk is someone else's voice. So I will ask them, is that someone else's voice? Sometimes it can be a monologue from the past. It was real, maybe when they were little that they were told they were bad, but it's not relevant now. So I'm curious if the messages that you received could have been wrong. Can we create a new roadmap, a healing story, but you want to tell yourself now?

And echoes right along with some of these myths that you bought into how to handle grief and loss. I was just listening to that with the speaker this afternoon. We all bought into myths from our childhood about handling grief and loss. Don't talk about it. Replace the loss. Don't be sad. Don't show weakness. Don't cry. All of these things that we were told from significant attachment figures. Do these myths foster resiliency? Or do they keep me stuck?

Because they are impacting the way you do relationships. They are impacting the way you are connecting to other people. Because grief and loss and trauma are going to force you to reassess your values and your belief systems. And that may include letting go of some of these things and embracing new ways of being, ways of being that are helping you move on. That's why I love narrative therapy. Because they've got some really great constructs that I really resonate with peer and one of them is this idea that all people are going to grieve the same way. Which is not true. No two people are going to grieve the same way, even if it's a suicide. Everybody is different peer so no two people are going to have the same response to the same loss.

And I love it because we also get we can see as it did as an event that can profoundly perturbed once taken for granted constructions about life, sometimes dramatically checking the very foundations of one's assumptive world. So we've got to help clients look at their own assumptions about life and the that are channeled by the suicide and help them on the way to new sustainable frameworks of meaning.

Another thing I love about this approach is if the shift away from the presumption that successful grieving requires letting go of the person who has died.

And I was told that by therapists at the beginning of my grief journey. No, we don't have to let go of the person who has died. Because that person is always going to be with us, always going to be in our heart. We just need to find a place to put it. Obviously, we don't want people 10 years from now still giving a shine to their loved ones.

But there is no letting go of someone that you have been with for 45 years. You just need to find a place to put your grief.

So some of the interventions I love with narrative therapy are listed here, but the one I'm going to talk about is this metaphoric images. So narrative therapy helps to externalize the person from the problem through storytelling. And I love storytelling, as I said. It gives an externalize concept, an image that the client can talk about. So the value of metaphor lies in the transfer of meaning. The capacity to bridge concepts to extend imagination into recognizing new possibilities.

So I asked the client to give the problem a name. So externalize it as a concept. And I did this a lot with eating disorder clients.

So we give the problem in name, and its guilt. So I say guilt is this huge brick wall that is sitting in front of us. Where are you in relation to that wall? And what would it take to just take one brick out of that wall? So I'm personalizing our objective find the problem and I'm depicting it as if I'm outside of the client. Talking about it as if it had its own separate identity and creating a metaphor of the problem.

And so now we can dialogue about that. Some of the other things on here are great. I encourage you to look them up. We don't have time to go through all of that, but they are all good.

So let me talk for a minute about self compassion. This is reserved by Kristin Neff. If the idea of developing a larger piece of the pie for self compassion. This was huge for me. I wasn't able to do this for a long time.

But with this we are changing the way we speak ourselves and talk to ourselves and think about ourselves. So we are practicing self kindness, gentleness and patience with the self. The big thing that I finally came away with, with this was the recognition of common amenity peer where all struggling, but being human is subject to limitations. And that's what I was finally able to grant myself. I couldn't have been with Mike every minute of every day. I tried, but I couldn't. So I did come back with him on the airplane that day, I could have been with him in the treatment center, and I will carry that for the rest of my life. But I have been able to show myself some mercy and compassion. Because mindfulness helps us turn toward our suffering and pause to realize that I did the best I could with a chaotic, crazy situation. So let's talk about resilience for a few moments. This is something I was really curious when I wrote my first book, and I didn't really understand how it was different from post-traumatic growth. Resilience is the -- post-traumatic growth are the changes that result from the adversity. So most of us think of resiliency as something we were born with or we don't have. But really that's not true. His resilience is something that can be learned and it can be something that can be nurtured. So everyone has the potential for resilience.

I'm building this into my clients from the beginning. I said a while back, I start this very early on in the process. Because I want my clients to own this for themselves.

So some of the strength I go along with resilience our hope, offer that up for them. Gratitude, bravery, these are all factors that are robust predictors of resilience. So I'm going to talk to my clients about things I see in them. I did this with a gal four days ago. You persevere. Do you see that about yourself? Well, maybe. I want you to write about perseverance. This week. How do you see perseverance showing up in your life? How do you see yourself as who perseveres? Because they are going to on that for themselves. It's not just me telling them they are resilience, it is billing all

these qualities of resilience. I have a whole list of them that help them really begin to on it for themselves.

And this whole, gravity, sets, determination, social connectedness, and connections between people in a committee or society.

How do we help our clients build resilience, providing that sense of safety, talking calmly, reassuring them of these capabilities like I just said. Being present for them. And listening and acknowledging their pain.

Therefore talked of resilience. This is Chris Johnstone's work. The first is bouncing back, that's what resilience is. Bouncing back from the adversity. Recovery. Getting back on our feet. So we are always tracking these for folks. Properly when he talks about is bouncing with and this is kind of bouncing on the ocean the way Cork moves in the flow of the water. Adapts. So I'm tracking this with my client. Are they steady? How are they doing? This one bouncing forward about transformative resilience. I love this one. I think of a butterfly in a cocoon. It steps back from the world. Hibernates. It internally reorganizes itself.

And while it's doing that, it is agonizing it's fighting and it's breaking down. And this process goes a long way to putting yourself back together. To emerge transformed. When this happens after you traumatic event, we are broken down. But through the journey to post-traumatic growth, we find new strength.

And as others witness resilience, it's an inspiration to them. So they can spread the resilience. So I love that idea of putting that forward.

So this is what I'm asking my clients about. What would a story of resilience look like? Here I am, here's what happened, and here's me facing this. And I accept it. And now what am I going to do, what helps, here's what's going to happen next. At this is what I want to ask my clients. How do I build capacity? What will help increase my capacity?

Things like good self-care. Good sleeping habits. Feeling well resourced. What depletes my capacity? Just the opposite. Stress, toxins, grief, hard work, I want to give my client some tools in the toolbox, bring them out,

having them notice it, use their wise mind and always having them be directed. Always having them understand who they can turn to for support. And that is going to be profoundly important. Throughout the journey. Not just the first three or six months or a year. Who can they turn to for support? And so I want them to understand what makes them vulnerable on the front end. To be less resilient. I would be more likely to respond well if I was arrested, eating well, exercising, and just taking good care of myself and had resource people at my disposal.

I would be less vulnerable if I was exhausted, stressed, poor sleep, lack of exercise, on and on.

So I want to have my client know how they are going to be vulnerable on the front end. So I use this little DVT chain analysis so I asked him to take a look at this vulnerability on the front of the chain. And so they are going to be more vulnerable if they are hungry, accurate, lonely tired depressed, sad, those things. For me, when I don't feel well, I'm way more vulnerable. And what happens when I'm more vulnerable is I'm more susceptible to a prompting event. That prompting event could look like someone says something to hurt my feelings, I get triggered by seeing a picture of me and Mike, I hear a song that reminds me of him. And so then the links in the chain begin to unwrap. I get sad, get depressed. I feel down, and sooner or later down the drain ago.

So now I'm maybe going to do a problem behavior. Emotionally withdraw, shut myself out, maybe am going to take a bottle of wine. Maybe I'm going to do whatever I do, and that's not going to be really good for me.

So I give this to my clients and we want to use this to move forward and teach more adaptive skills.

I just wanted to mention yoga. Because yoga is a great tool, as I said earlier. It really helps clients learn to be comfortable being uncomfortable. It helps them become more attuned to their bodies. Get into their bodies and feel safer so I really want to see if they are willing to try doing yoga.

Because I did it for the first year after Mike died, and it was really powerful

for me. There is a lot of research if you are interested in this. After quickly, impact area number 3, a crisis of belief. Crisis of faith. Existential shattering, nothing is safe, life is unpredictable, and God is untrustworthy. That includes spirituality for our clients and if they are people of faith, I want to go there. How does the suicide impacted concept of God? So we are going to talk about that and I'm going to use myself to recommend -- and if they are people of faith, want them to be cares about these things and am going to introduce into spiritual disciplines of solitude, prayer, meditation, and contemplation.

Research on spirituality, these are a few things you can look up. You can work with clients that are people of faith. That's going to be really important. So how do we know when our clients have reached post-traumatic growth? When they cannot hold onto the idea that there was nothing they could have done to stop the suicide. When they can see that the most important thing in their story is not what happened to them, but what is happening in at through them as a result of this journey. They can be curious about how to use their story in the lives of others. They are going to feel empowered, a survivor, they're going to be feel connected to family and friends and community and gratitude for the time that remains.

This is just a PT, post-traumatic growth inventory I have included for you. You can look these up. With these questionnaires. They can be really helpful. And what I want to leave you with today and what I want to leave my clients with and build into them from the beginning, is that our losses are at the end of the story. There only the beginning. The story our clients are telling now is still unfolding. The real story is yet to come. And our clients let us come from behind the shadow of loss and do something amazing with the time that remains. God bless you guys.

>> What a beautiful way to close this out. From the bottom of my heart, thank you, Rita by the way, for so many people, this was their favorite session. Someone said this was the icing on the cake. So I just wanted you to know that they are so thankful for your courage, your sharing. There were

a lot of questions, and so many takeaways. This is a personal question, could you share, some people asked what meaning you made from your loss. How you made meaning out of it.

>> I think the first thing that I would say to my friends and family is I want to redeem this loss. And so God is giving me an opportunity to platform by writing this new book and by speaking. So if I might help one person who was like Mike, my husband wasn't a person who was depressed for years. He was a person who was sick. This happened in a few short months. My heart, my passion is to kind of reach back and strengthen my brothers along the way her neck gives me meaning and purpose.

I don't have all the answers, and none of us that have experienced a suicide loss are going to pay her we got to sit with some loose ends. That really is somebody else said earlier today, the answers that the right answers are never enough. You got to make meaning moving forward. What that's going to be in your life, and if you can help one person, if you cannot walk alongside one person and show them care, love, and support your going to bring healing to that person. And like I said, I would be sitting here today if it wasn't for wonderful people like you guys out there that walked alongside of me and helped me make it through.

>> I loved your jar of grief picture because I think if there's anything for me, and everybody's going to walk away from the grief summit was something different, but for me, seeing that jar and knowing the grief never really goes away. We always grieve. But we grow around it. And I hope that the grief summit, the last two days, however much of it you to participate in, has helped expand your sense of self and meaning around your own losses in the great amazing clinical work that you do if you're in the helping profession.

On behalf of everybody here at PESI, I want to thank you for joining us, taking the time. I know your time is stunningly valuable. So thank you, thank you to all of our speakers and Rita and our incredible team that has been supporting this on the back end.

You should be seeing her evaluations in your email right now. There are a lot of people heading there, so you can take some time. You don't have to go there right now, just know that it is there in your email and you can fill it out when you are ready. Thank you again, everyone. Signing off from the grief summit. Take care. Goodbye.

>> Take care. God bless. Goodbye.