



Resilient grieving: easier on the
HEARTS of the bereaved

AFTER a trauma, imagining post-
traumatic growth instils hope

Guides and accompanying material

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Listen to the forest growing and not the tree falling.

- F. Hegel



Resilient grieving: easier on the HEARTS of the bereaved

SHOULD RESILIENT GRIEVING REPLACE THE STAGES OF GRIEF?

The short answer is yes. This guide is a summary of research that supports this answer and allows us to ensure that our practice reflects the state of the art. I don't have to tell you that our work is difficult. In addition to being in constant contact with people who are suffering, we are sometimes told by experts that our work could make things worse, and they usually don't have any suggestions for what we should do instead. It can be hard to change practices that we have relied on for many years.

In this case, the idea that there are stages of grief is so entrenched in popular culture that we might have forgotten that this is a theory that needs to evolve when we have new and better information.

This is why I have written this guide- to help make this information more accessible and to help you communicate it to your board of directors, your colleagues, and your clients.

I hope this guide will validate some of your intuitions. Of course, it may also disrupt some established practices, so I think it's important to explain how I (and many others) came to make these changes.

I will also present the work of George A. Bonanno, which is unequivocal. In brief, he found no scientific justification to support the stages of grief model. Furthermore, he suggests that the idea that grief has stages can prevent us from seeing the resilience in people who are able to overcome life's most difficult losses.

I will then suggest a replacement for the stages model for working with the bereaved. The term "resilient grieving" comes from the work of another researcher, Lucy Hone. I have summarized what we know about it in the acronym HEARTS (**H**ope/**E**motions/**A**gency/**R**elations/**T**ailored/**S**elf-compassion). Talking about these themes with your clients will help you to help them build on their resilience.

Primum non nocere: Do no harm

The "do no harm" rule has always been at the centre of our practice. We never want to contribute to the helplessness and despair of our clients. In addition to following the latest research, we must be aware of what we do that might be harmful. I stopped talking about the stages of grief a few years ago. I am not the only one. Many clinicians have told me that they felt uncomfortable telling clients their future would be worse than what they were dealing with in the present (even if, at the time, we believed that was true). And my clients would say things like, "*You're telling me that the worst is yet to come? I'm not going to get through it.*"

I also saw many clients who felt bad that they weren't grieving *properly*, or that they weren't working on the steps as they should. So I stopped talking about the steps of grieving because it seemed to be doing more harm than good. We don't need a replacement strategy to stop something that may be harmful. We can stop any practice when we have a reasonable doubt that it might cause harm.

Do nothing that impairs hope

The importance of hope is clearly demonstrated in research on the common factors in psychotherapy. I have also learned from my work in suicide prevention that we cannot wait to instill hope. People do not die by suicide because of their difficulties; they die by suicide because they lose hope that their lives can improve.

When I used the stages to explain to clients that the next steps might be worse than what they were going through at the time, I ran the risk of contributing to their despair. If they told me they had managed to have a good evening the day before and I suggested they might be in denial, I may have prevented them from allowing themselves to do things that made them feel better. If my clients didn't cry and I told them it was a necessary step in grieving, without meaning to, I might have contributed to their discouragement. If I told them they would have to learn to accept the loss and they told me that they could never do that, we found ourselves at a dead end.

For the bereaved, the hardest time is often when they learn that the person has died. We can recognize and validate their suffering while still suggesting that this intense pain is not permanent: *"What you are feeling right now may be impossible to put into words. Even if you might find it hard to believe, it will not always hurt as much as it does right now."*

The bereaved may feel judged (by themselves or others) if they don't follow the stages

Even though we never want to judge our clients, the idea that there are stages in grieving is so present in popular culture that the people around them may judge them or worry about them if they are not working through the stages one by one. I didn't just stop talking about the stages of grief- I began pushing back against these judgements by telling clients that their own process (whatever it was), was the right one for them. I now tell my clients, *"It's like the answer to a lot of those multiple choice questions in school. Do you remember? (E) all of the above. If you cry, it's okay. If you work too much, that's what you have to do right now. If you don't cry, that's okay too. You have good reasons for everything that you are doing."*

Some of my clients feel guilty about having good moments when they are grieving. They are worried, and

they tell me afterward, *"If I don't do this properly, it's all going to catch up to me later."* I tell them that it's okay to laugh, to distract themselves. These small moments of reprieve help them keep their head above water.

I try to eliminate some of the obligations that contribute to them feeling worse. Sometimes I say, *"It's already hard enough as it is. You don't need to make it harder with a bunch of rules."* I try to give them permission to do what is good for them, no matter what the other people in their life might think.

One of my training participants told me a story that is a good example. Her client went dancing not long after the death of her husband. A member of her community reproached her: *"Didn't your husband just die?"* The woman shot back, *"Yes, exactly. He's the one who died and I am still alive. That's why I can dance."* And she went back to dancing. Many people would have gone back home, closed the curtains, and waited in the dark for too long before they tried to do something that made them feel good again.

Empirical observations contradict the idea that there are stages

Some research validates what we are doing or gives us other strategies to have an impact with a specific client. But sometimes there is enough empirical evidence to overturn our established ideas. For example, I recently learned that CPR works best with chest compressions only. New research shows that mouth-to-mouth breathing keeps people from doing an effective intervention, and bystanders hesitate to offer CPR because they don't want to do it. This information can save lives. But people continue to do mouth-to-mouth and to teach it because we believe that more is always better. The American Heart Association even hired an advertising agency to inform people about this new research. This may seem off-topic, but it illustrates how we are not the only ones who have to stop doing things that many people take for granted.

I don't have the resources to hire an ad agency, but I hope that many of us will stop using the stages of grief, not only because they may be harmful, but because there is no evidence that they exist. It's easy to forget that theories are not reality. They are a way of understanding a phenomenon and we have to update them when newer and better information comes along.

George Bonanno's research provides this new information. Bonanno is a professor of clinical psychology at Columbia University in New York. He has published enough research to shine a new light on what happens when someone suffers a major loss (death, tragedy or trauma, other major loss).

He goes as far as saying that the conventional model (stages that we go through) does not reflect what really happens when people grieve. He also states that the belief in stages prevents us from seeing the impressive resilience of the bereaved. According to his research, it may be harmful to continue to spread the stages model. Some people have told me that we cannot change our practices based on a single author, and they are right. But it is important to understand that Bonanno's work is based on the meta-analysis of hundreds of research projects with thousands of subjects. I have summarized his work here.

Bonanno found no evidence of the stages of grief in thousands of subjects

When I got to the end of Bonanno's book *The Other Side of Sadness*, I was so enthusiastic. Why? Because his observations provide hope and document the human capacity for resilience in times of adversity.

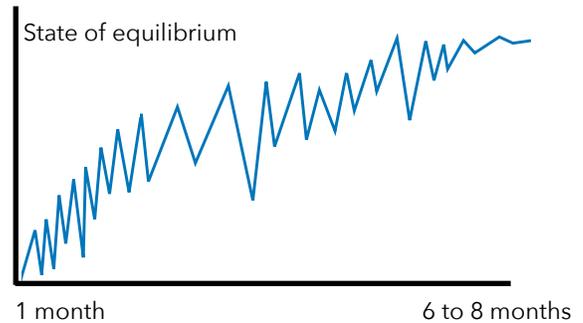
I have summarized the observations that may validate what you have seen in your clients and the people close to you. Bonanno looked at longitudinal studies of people who had experienced different types of losses. In all of his research, he never saw any evidence of the stages of grief. He looked at interviews with thousands of people from different backgrounds and concluded that our models of grief were developed by studying populations with mental illness. These samples give us a limited view of reality. Of course, these people need services, but we shouldn't draw conclusions from samples that are so biased. If he didn't see stages, what did he see instead?

Most people are resilient

Most people who experienced a tragedy (death of a loved one, terrorist attack, accident, etc.) regained a sense of balance before the end of the first year. There was nothing exceptional about this resilience. It was what happened in most cases. It was even more interesting that they didn't wait for the end of the year to start feeling a little better. They could have these

moments in the first few weeks. Instead of stages, Bonanno found a pattern of oscillations, or ups and downs:

Oscillations observed in the bereaved
(Bonanno, 2011)



People might feel great sadness one minute, and then a feeling of gratitude in the next. They might feel lost for a whole day and they feel an intense connection with loved ones that evening. These moments of reprieve allowed them to keep their heads above water, to breathe.

In his book, Bonanno quotes a song by John Lennon to describe how people get through the darkest moments: *Whatever gets you through the night, it's alright*. People do what they can to get through. And that's what matters. All their methods can be good ones. Social isolation is one of the only methods that can be harmful.

It is important to remember that this research was longitudinal. Because researchers observed people for years after the event, they could see that those who rebounded after a loss didn't have to worry about negative consequences later on (as opposed to what pop psychology tells us). In fact, he found the origin of the idea that the difficulty will catch up with us. It was in a single publication from 1944. The author had 4 clients with symptoms of depression that could not be explained by their lives at that moment. She determined (without any proof) that their symptoms were caused by unresolved grief. Yes, you read that right. This incredibly popular idea has no evidence to back it up.

Bonanno also looked at the methodology of the work of John Bowlby and Elizabeth Kubler-Ross, who gave us the stages of grief model. Kubler-Ross' theories were based on people with terminal illness and not the bereaved. We can all agree that the psychological processes behind these two phenomena are very

different. As for Bowlby, he interpreted the reaction of infants who were separated from their mothers. The observations from these very small and very specific samples have been generalized and applied to the entire population of people who were experiencing a loss.

Bonanno found 4 trajectories

The most common trajectory was a return to equilibrium in 6 to 8 months (about 70%). Of course, these people still missed the person who died. They might have had more difficulty when they received the coroner's report or when they attended the trial. They would feel worse on the anniversary of the person's death and they could have difficult moments in and around those days, but in general, they had returned to a state of equilibrium.

Bonanno was able to see that they returned to the state they were in before the loss because the studies were longitudinal. And this also allowed him to observe the second trajectory. **There was a group of subjects who were not doing well before the loss and who improved after, often after a short period of time** (about 10%). This improvement was maintained over time. Some of these people may have felt relieved after having to care for a loved one for years. Others used this loss to help them make changes in their lives that they never would have made before.

There were also cases where the person who died had hurt them. It would be normal for these people to feel better after the death. You can imagine how much they might have needed a safe and confidential space to talk about how relieved they felt, without having to worry about being judged. Our role in cases like this might be to help normalize their feeling of being free. Clients might not volunteer this information if we don't normalize this reaction.

Another group was unwell before the event (e.g, depression) and continued to have symptoms after (about 10%). When we see these people in our offices after a death, it's easy to assume (wrongly) that their symptoms are associated with the loss. The death may push them to decide to get help, but that doesn't necessarily mean it should be the target of our work (it may be merely the trigger). The services they receive should be adapted accordingly.

The fourth trajectory is the one that most people assume is the only reality: **people were okay before the event and they have trouble getting back on their feet, even after several months** (about 10%). This group exists and they need our help. But they are the minority.

By presenting this information to clients, you will be on the cutting edge of knowledge, and you will also see positive effects on their ability to feel hopeful. When they meet with us, our clients may not know what trajectory they are on. But when we explain the first two, they often feel relieved that it's possible to get back on their feet. When we explain the oscillations, the ups and downs, we give them permission to experience the ups, and we help them see that even when they are in the downs, it doesn't mean they have regressed or have fallen quite as far.

If we don't use stages, what can we do instead?

If we should no longer talk about the stages model of grief, you may be asking yourself what you will use instead. Here are some suggestions.

In addition to the work of Bonanno and Hone, I have been influenced by solution-focused brief therapy, which I have been practicing for many years. This approach offers effective tools to help people who have problems that cannot be solved. Our work with the bereaved is not about solving a problem, but about helping them to have a better life despite their loss. In this approach, we focus on our client's existing solutions to help them feel better. Other clinicians teach clients what we know now about resilience. When working on grieving, I find it helpful to combine both these approaches.

Grief is a natural phenomenon that can happen without outside help, like plants that sprout on their own in the spring. But our work might be to clear away the debris that keeps the plants from growing. This debris may be myths associated with grieving that are transmitted by the media or by well-meaning loved ones. That's why I think it's important to popularize some of this research and explain it to clients.

This work should never create another set of obligations for the client. I want to continue to focus on what works for the person in front of me. However, I have noticed that this more accurate information from other bereaved

people gives my clients permission to get better without guilt, and to share more freely what really helps them. This is why I suggest that you use this recent information to help clients build on **their own** resilience, because it's not enough to know that others were able to recover. Clients also must have hope that they have what it takes to recover as well.

I have summarized what I think are the most important ideas in an acronym: HEARTS (**H**ope/**E**motions/**A**gency/**R**elationships/**T**ailored/**S**elf-compassion). Clients can explore each of these themes with solution-focused questions that serve as a map of sorts to help them uncover their own resilience. You can give clients the text in the next section of this document or you can use it in your work with them.

In addition to the text, here are some practical suggestions you can use in your work overall:

1. One of the principles of the solution-focused approach is to believe that clients have resources that they do not see in moments of difficulty. That said, I have seen experienced clinicians who have trouble themselves feeling hopeful about clients who are experiencing a traumatic loss. When we know that resilience is the most common trajectory and that most people regain their equilibrium, even without help from professionals, it is more logical to imagine that this will happen for our clients than not. This knowledge can help us to believe that their current state is not permanent.
2. You can recognize, validate and value everything your clients have done up to now to keep themselves from falling any further (since the event). Help them to notice what has already started to change for the better, even a little. I will never forget a woman who saw me after losing her son to suicide. She told me that when she found out her son had died, on a scale of 1 to 10, she was at -1000. She was at 1 at our first appointment. I had so much to learn from her. We started by taking the time to recognize everything that time (her words) had already accomplished. When I asked her about the details of everything she had done, it was clear that it wasn't only time that had done the work.
3. You can provide information about resilience to foster hope. For example, you can tell clients that there is no evidence that there is a right way to do

things. (There's a good chance a well-intentioned friend has told them the opposite.) A big part of your work can be to translate research results into language that is clear enough to combat the effect of "fake news". For example, the media often says, "*They cannot really grieve until they have found the body or until the trial is over.*" This is not true. Grieving starts when we hear the news, sometimes even before. Some of the subjects studied by Bonanno had lost loved ones in New York on September 11, 2001. They did not have ideal conditions to grieve, but most of them recovered.

You can explain the phenomenon of oscillations and the trajectories. You can tell them that they don't have to wait until the end to have moments of reprieve and that they don't have to come to a stage of acceptance to finish grieving. These interventions will help them move on from difficult moments even if they can't move all the obstacles that are blocking their path.

4. You can focus on the objectives of your client, rather than taking it for granted that they want to work on grieving. I am not saying that your clients are lying, but they may think some of their problems are due to unresolved grief. Even if they say that this is why they have come, take the time to ask what they are hoping to get out of this work (this is their real objective).

Here are some questions that can help: *Suppose our work helps you to grieve. What changes would you see? What would be different in your life? What will you be doing that you are not doing right now? What will take more space in your life? What signs will tell you that your grieving is completed? What signs will tell you that you are moving forward?*

One client told me that when her grieving was complete, she would be more assertive. We talked about what it would look like if she were more assertive. We didn't have to wait to start this work.

5. If they want help getting through the next few months, you can take the time to find out what they have done in the past to get through other difficult events. You can help them repeat what has worked in the past: How did they get back on their feet the last time (even if it's not the same type of situation)? How

did they get through another difficult time? What was most helpful (actions, thoughts, beliefs, convictions)? Who helped them the most? If they say it was the person who has just died, we can ask what this person would want them to do right now. This person can still be a guide. By getting examples of moments where they were able to get back on their feet, we can find things that they can start to repeat now.

6. You can help them see that they can feel better and continue to have moments of sadness or loneliness. Resilience should never be another obligation.
7. You can pay particular attention to clients who do not bounce back. Their symptoms might be caused by more than just the loss. They may have been depressed before the event (3rd trajectory). We shouldn't automatically link all symptoms to grieving. For example, wanting to join the person who died is not a sign of grieving, it's a symptom of depression and a precursor for suicide. It is urgent to help these people find something worth living for right now.

Have compassion for yourself as well

I think it's important to conclude this guide with a reminder that our work with people in distress is important, and it requires a healthy dose of humility. When I was 30, I thought I knew. I even told some clients that they had no choice- they could not complete their grieving more quickly, that they should not jump over any of the stages. I would tell them, "*It will be long and painful, but I will be there to help you.*" I had the best intentions, but I may have caused harm because I didn't tell them that most people would recover from losing a love one. I didn't tell them that while they were grieving, they had the right to continue to live and to have good moments, without feeling guilty. Wanting to recognize their pain, I left little space for hope.

Unfortunately, I can't call all these clients back to apologize. But since self-compassion is good for mental health (ours too), I try to remember that I was doing the best I could with the knowledge I had at the time. You are doing that too. I don't know about you, but as a precaution, I have stopped telling clients that they have to do anything to feel better. I work with them to see what helps them. I don't present anything as a necessary step because there may be research in a few years that says

the opposite. There may already be such research that I haven't had the time to read yet.

It can be stressful if we think about it too much. That's one of the reasons I decided to write about this research and to summarize the results for you in the following document that is short and ready to share with your clients. I hope you will share this information with enthusiasm while remembering that you have done the best you could at all times with the information that you had, and that is what you continue to do every day. I also believe that the kindness and compassion we show our clients can make up for gaps in our scientific knowledge.

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Material for the bereaved

NOTE: It is important to provide the entire article



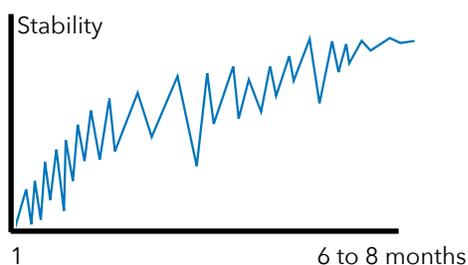
Resilient grieving: easier on the HEARTS of the bereaved

If you are reading this document, it must be because you have just lost a loved one. The pain you feel may be impossible to describe. I want to start off by offering you some kind words. I could offer you my sympathies, but for some people, this seems like a tired cliché. Instead, I hope I can offer you words that will help you to breathe when it feels like it's hard to come up for air.

You didn't decide to lose someone. This makes it even more important for you to choose what is right for you now, whether that's getting through the next few weeks or the next few hours. I hope this text will help you to do that. It is inspired by people who have recovered from the worst things that could have happened to them.

As a psychologist, I have often seen resilience in my clients. But this ability to bounce back, to get back on our feet after we have lost someone, is always surprising. Why? Because a lot of our information about grieving comes from media, and they only tell us the most dramatic stories. Usually, we only hear about the people who have had the most difficulty bouncing back.

You have probably heard that there are stages you have to go through to get better. This is no longer true. It's like saying that you need to find a pay phone to call someone. Public telephones are a thing of the past, like the stages of grief. George Bonanno's research (on thousands of people) has shown that resilience is the most common reaction when people are grieving. He didn't find any evidence of stages. Instead, he saw that the majority of people managed to get better (with ups and downs, of course). As time went on, the highs were higher, and the lows were not as low, as you see in this graph:



These people didn't have to wait for their grieving to be finished to have some moments of relief. Another researcher, Lucy Hone, discovered the secrets of resilience. She was able to use these strategies when she lost her 12 year-old daughter in a car accident. She is the one who came up with the term "resilient grieving". The ideas that I am going to share with you here don't come from people who have had an easy or sheltered life. This makes what they say all the more credible.

It is normal to ask all kinds of questions when a something tragic happens. Some questions will cause even more pain, and others can help us take meaningful action. I would like to propose some questions from the second category. You are unique, and so is what you are going through. So nothing that I am suggesting should be taken as an obligation or a prescription. However, I would like to invite you to reflect on some themes that may help. I have grouped the most important under the acronym **HEARTS** (**H**ope, **E**motions, **A**gency, **R**elationships, **T**ailored, **S**elf-compassion).

We cannot take away all the pain of grieving, but there are ways to get through it that are easier on the hearts of the bereaved. I have to tell you that I was hesitant to use this acronym. I was concerned that some people might find it trite. I decided to keep it because many of my clients have told me that the pain they felt was as big as the love they had for the person they had lost. Others told me that it was love that helped them to keep going- love for the people in their lives who were still there and love for those they had lost.

I would also like to tell you that I lost several members of my family before the age of 9. This experience helped me develop a profound belief that it is possible to lose people we love and have many happy years afterwards. Of course, I wish they had stayed in my life. But I learned from a very young age that just because their hearts stopped beating, it didn't mean mine had to stop loving or being moved by life.

So I want to share these examples of themes that have allowed other people like you to take care of their **HEARTS**. I hope these ideas remind you of what might be good for yours.

Hope

Optimistic people are not naive. They see things the way they really are, but they choose to shift their gaze and devote all of their attention and effort to things they can control. They are also aware that happiness, like suffering, doesn't last forever. This helps them cope with the pain, because they know it has an end. It also helps them to have hope, to imagine a time when they won't hurt as much.

When they don't have much energy, they spend it on the people who are still alive and the things they can still do. If that's difficult for you right now, set aside a time to just think about what is still important to you. Identify what might be in the future. Who? What? Slowly start devoting part of your day to these things. What made this relationship meaningful was the time you devoted to it. The time you spend with other people and other dreams will make them more valuable to you.

Emotions

You may have heard that sadness and anger are the most appropriate reactions when you are grieving. It's not true. What's more, this idea makes people feel guilty when they have more pleasant emotions. These more pleasant emotions are also normal and

appropriate reactions. It's as if this loss highlights other people and other moments that are important to you.

If you have lost a loved one before, you know that it's possible to feel even more love for others, or gratitude for those who are helping you. You may have felt proud of being able to take care of your children or to honour the person who died at the funeral. You may have found yourself talking about the good times with family and laughing. You may have been inspired by something you read, or experienced a moment of wonder in nature, or even felt relief if the past few years have been difficult.

Give yourself permission to feel and to express all your emotions. You don't have to wait for the sadness to go away to make space for emotions that make you feel better. They too are real, they are just as appropriate, and they will help you to get through this.

Agency, direction

The loss you have suffered probably doesn't make sense, and you should not waste time looking for meaning in the past. But many people need to find some meaning, some sense of direction in the future. It's as though this cannot have happened for nothing.

You are in a situation where you had no choice. And after a loss like this, many people need to get behind the wheel, to choose the

direction they want to go in, to take control of what happens from now on. As an example, I once worked with a young man with a drinking problem whose best friend died in a car crash, while intoxicated. He said to me, *"That could have been me in the coffin. I didn't want my friend to die, but it was a wake-up call. I was about to hit the wall and that was the moment I decided to take control of my life."* What direction do you want to take now?

Relationships

Chances are, the people around you feel a little helpless. They may be awkward. Don't confuse their helping skills with their love for you.

I hear you say that you don't want to bother them. This makes it even more important to be specific in your requests and to give them the right job. They can't read your mind. Some people are good at making you laugh, others help you get out of the house, others are good at listening. If your loved ones knew how to help you, they would. What would each person want to do if they knew you needed it? Tell them.

If this is too difficult, remember that these people are not just in your life to help. They are there because you love them, because they love you. Don't isolate yourself. Staying connected with the people you love is another way to get through the toughest times, perhaps by holding on a little bit tighter.

Tailored

There are too many rules about grieving. I would like you feel you can ignore them all (including mine if they don't work for you). There is no one-size-fits all; grieving is tailored to you.

If you ask yourself *"What should I do?"* or *"What do I feel like doing?"*, you may feel overwhelmed, and you may feel that you don't want to do anything at all right now. I hope you will ask yourself an easier question instead: *"If I ____, is there a good chance it will make me feel better, or could it make me feel worse?"* I hope

this last question brings you back to what you know is right for **you**.

You might also think about these questions: In the past, what has helped you get through other difficulties? How did you stay hopeful? How did you manage to get up in the morning? This might be the first time that you are grieving, but it's not the first time that you have faced adversity. Be inspired... by yourself.

Self-compassion

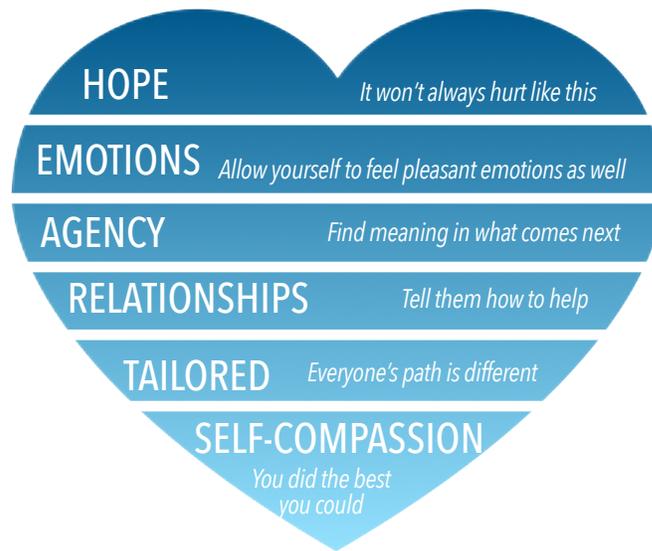
I invite you to start by speaking to yourself with compassion, to surround yourself with people who recognize that you have done the best you could under the circumstances. These people can help you speak to yourself with more kindness. It's hard enough to have lost someone. Don't overdo it by blaming yourself. It would be like kicking somebody who is already down.

There may be circumstances surrounding the loss that make you feel guilty. You cannot judge your past actions with the information that you have now. Of course, if you had known, you could have done things differently. But you didn't have a crystal ball. You did the best you could with the information you had. You didn't decide to lose a loved one, but you can choose how you talk to yourself now. Compassion is like the blankets handed out by the Red Cross after a disaster. Everyone gets one, regardless of their circumstances.

I hope the following questions and ideas help you reflect on each of these themes. You may not have the energy to answer all of these questions. I invite you to choose the theme that most appeals to you and the questions that will help you to choose what's right for you now.

- Brigitte Lavoie

Resilient grieving: easier on the HEARTS of the bereaved



What helps you to feel hopeful that you can get through the next few weeks?

You may feel angry or sad. You also have the right to feel relieved, grateful, and proud. You can have moments of laughter and love. What is surprising about your reactions so far?

What is still meaningful for you? How can you spend some time on this in the next few days?

What exactly do you need from _____? How could you let them know exactly how to help you?

Take time to identify what is most helpful for **you** right now, what helps **you** to keep going, what **you** are doing that keeps things from getting worse:

What compassionate and kind messages can you repeat to yourself over the next few days?

Hope

What helped you remain hopeful during other difficult times in your life?

What has kept you hopeful since ___?

Notice the moments which are not as bad, which are a little bit easier.

What helps you to believe that it's not always going to hurt like this?

What do you know about yourself that tells you that you are going to get through this?

Emotions

You can give yourself permission to experience sadness, anger, fear AND you can give yourself permission to experience more pleasant emotions. These pleasant emotions may sound like whispers, while the others are louder. If you pay attention to these whispers, it will help you keep your head above water and give you the strength you need to face the most difficult moments.

Give yourself permission to do activities that help you feel these emotions (gratitude, love, interest, amusement, inspiration, pride, hope, serenity, wonder, joy).

Notice and savour the moments when any of these emotions happen naturally without effort on your part.

Remember the times each of them took up more space in your day.

Do something that would allow a more pleasant emotion to settle in for the next hour.

Emotions are like visitors: just because sadness is there, it doesn't mean that others can't drop by. You can even invite them to stay.

Agency, direction

Some people think, "This can't have happened for nothing." If this is the case for you, you may feel the need to make sense of what happens next. It's normal for some hopes to come back into focus. You can let them take up space, little by little.

What is still meaningful to you? Can you devote some time to it in the next few days?

When you can imagine a project that would be meaningful to you, what is it? Who could you trust to talk about this dream with?

If you feel there are things that need to be different from now on, you don't have to take action right away. But it may do you some good to imagine these possibilities. Don't be surprised if you feel compelled to act. This is also a normal reaction.

Relationships

The people around us can have different roles. Make sure you give them a job they can do. Don't confuse their ability to listen to you or to know what you need with their love for you.

Who thinks you have what it takes to bounce back? What gives them this conviction about you?

Who can you do activities with that make you feel good (going out, playing sports, taking your mind off things)? Even if you don't feel like it, can you continue with some of these activities?

Who do you like, even if they aren't very good at helping in difficult times? Can you keep them close despite their limitations by telling them that you won't talk about what happened, but that it would do you good to see them?

For whom is it worth continuing? What are you still doing for them despite what you are going through? Some people will tell you that you need to think about yourself and to stop doing so much for others. But for some people, helping others is what gets them through the most difficult times. If this feels right for you, you have the right to explain this to your loved ones.

Tailored

It may be the first time that you have experienced a loss like this, but it isn't the first time that you have faced challenges. In past difficulties, what helped you get through the first few days?

What helped you keep going in the most difficult times?

What personal values or beliefs have been most helpful?

Imagine a less difficult day despite the current situation. What does it look like? Can you give yourself the conditions to have this more often?

What gives you the strength to put one foot in front of the other?

Self-compassion

What are the most helpful, caring phrases you have heard since the event? Can you repeat them, or post them somewhere where you will see them?

What would you say to someone you love who was going through the same situation as you? When things are difficult, can you ask a loved one to repeat these words to you?

If you had a good relationship with the person who died, what would they want you to tell yourself right now? If it helps, you can imagine it in their voice.

If the relationship was not very good, can you choose another voice to speak kindly to you and tell you that you did the best you could, under the circumstances, given the nature of the relationship?

There are clichés and well-worn messages that might bother you right now. You may even be irritated when you hear them. But there may also be some messages (from songs, movies, books) that are really helpful. If so, I invite you to listen to that song, or watch that movie, or reread that author who makes you feel good.

Appreciation for life

Faith or existential awareness

Toughness

Expectations, new possibilities

Relationships

AFTER a trauma, imagining post-traumatic growth instils hope

An introduction to post-traumatic growth

Tedeschi and Calhoun's research¹ on post-traumatic growth (PTG) has taught us that most people who have experienced trauma have also experienced positive and lasting change afterwards. These unintended consequences have been underestimated in previous research. Knowing about PTG can give clients hope as they go through their most difficult moments. It can also help us to be optimistic about their recovery and give us a way to convey hope when they need it the most.

This growth phenomenon occurs naturally. It is as if we need to make changes after a difficult event that is beyond our control, and we need to make sense of what happens afterwards. Clinicians often hear messages like, "I wouldn't wish this on my worst enemy, but I feel like I'm a better person because this happened to me."

Most of the subjects in research on PTG reported at least one of five broad categories of change. I have summarized them in an acronym, **AFTER**, and illustrated each one with quotes from clients. You can present these reactions to clients as paths they have already embarked on (without realizing it) or as possibilities they can explore as they decide what to do next. If we know that these reactions exist and are common after a trauma, we can notice and point them out when we observe them in our clients.

Appreciation for life: *I realize how lucky I am and I appreciate the little things. I take time to feel the warmth*

of the sun on my skin, to feel the wind on my face. I notice all the little details I used to take for granted.

Faith or existential awareness: This may be a religious belief, but it may also be a sense of mission. *I've never really thought much about the meaning of my life. But now I am convinced that I'm part of something bigger than me. I want to contribute, to help others, even though I haven't figured out how to do it yet.*

Toughness: *If you had asked me before whether I could get through a year like this, I would have said no. But now that the worst is over, I think I could get through anything. I didn't think I had it in me, but I do.*

Expectations, new possibilities: *You know, I've always been afraid of what others would think of me. It has often prevented me from doing what I wanted to do. But I almost died. There has to be a reason. I know that some people will judge me, but this time I'm not going to let it stop me. This is my life and I'm going to live it the way I want to.*

Relationships that are more authentic, altruistic: *I've never felt so close to my brother. I feel like I have a chance to get to know him in a whole new way. Maybe I feel less selfish. I am more focused on what I can do to help others. I don't have kids, but I have decided to be more involved in my nephew's life.*

¹ References on p. 3

Talking about post-traumatic growth with clients

These events are tragic, and we have to continue to work to prevent them. But when traumatic events do happen, we can help our clients move toward post-traumatic growth. We can help them focus their attention on what they can control now, and on what happens afterwards. Often, people who have experienced trauma are victims. They have been hurt by an event beyond their control, so it's even more important to help them to take back that control and to decide what they want to do next.

Sometimes, the psychological pain is so great that clients feel like they cannot breathe. When they feel suffocated by adversity, **hope is an oxygen mask that helps keep them alive**. This is why we cannot wait to instill hope. If all we do is reflect their suffering, we may inadvertently confirm that this is all there is, both in the present and in the future.

You may be reluctant to tell clients that it will not always hurt like this. You may be worried about being insensitive to their pain. I had the same concerns. This is what drove me to search for an analogy to help my clients, and I found the *Papaver Californicum*. This flower only grows when there has been a forest fire. The heat of the blaze cracks open the hard coating on the seed, allowing it to grow. The seed may have been dormant for years. It waits for these extreme conditions to break through the ground, and it helps the new forest to grow.

This image helps translate research results into a language that is accessible to clients: **humans underestimate their ability to cope with adversity. When they are tested, they find resources that they did not know they had**, resources that help them make changes for the better.

I tell this story in the first or second session with clients. They know that I am not minimizing their suffering or the impact of the event, because I take time to talk about the fire. But they may be curious about what might happen in the future, what might make it easier to bear what they are going through in the present. And they can start to notice right away what is starting to change or to grow, all on its own.

This conversation should never mean adding additional pressure for clients. Instead, it's about imagining possibilities for the future. Here are three suggestions for starting this conversation:

1. If you usually talk about the symptoms of post-traumatic stress disorder, you can also **give information about resilience and PTG**. For example: *"Unfortunately, some people have difficulty (name a few symptoms). This is what people hear about the most. These reactions are normal, and you shouldn't worry about them too much unless they continue for a long time. I think it's also important to tell you that most people are surprised by other types of reactions (give examples of post-traumatic growth). You might have both these reactions. This event is painful, and I really wish it had never happened to you, but your story doesn't end here."*

When I started to present information this way, many clients were relieved. They told me they were already experiencing these kinds of PTG reactions. Some thought (wrongly) that if they were feeling so grateful to be alive, they must be disconnected from reality. They felt they couldn't talk about this because other people would judge them. Other clients told me that it felt good to hear some good news, because everything they were hearing from others gave them the impression that the worst was yet to come.

2. **Notice signs of PTG in your clients and take the time to reflect it back to them:** *"You say you felt you couldn't wait any longer to make this decision. Could this be a result of what happened to you? It would make sense. When things like this happen, we sometimes experience a feeling of urgency, like we can't wait, like we can no longer tolerate things we put up with before. Could that be what is pushing you forward now?"* If I draw their attention to indications of PTG, they may start to notice the signs themselves. We can say, *"You may feel sad in the coming days. But you may also notice that some moments are more meaningful because of what happened to you. This event might help you to shine a light on what is most important to you."*

This doesn't mean falling back on old clichés. I never try to help them look on the bright side or see what happened to them in a different way. Instead, I try to help them notice what is still there despite what happened to them. I try to help them see that they are bigger than their trauma.

3. Some people don't want to talk about the traumatic event. This doesn't mean we can't help them. They may need a safe and confidential space to talk about spirituality, about what gives meaning to their lives, about what needs to change now (because of the event). We can give them this. **We can validate and normalize their need to talk about the future. We can help them to imagine it:** "Suppose you allow yourself to imagine that you've found meaning in your life, or rediscovered meaning that was there before. What signs would tell you that you had turned the page? Suppose you decided to write the next episode. What would you start with? What do you imagine doing? What will you give a bigger place in your life? What will you dare to do, or to say?"

Imagining a meaningful future can instill hope and help people to keep going when things are difficult. When people find themselves at the bottom of a pit, helping them imagine a better future is like giving them a ladder.

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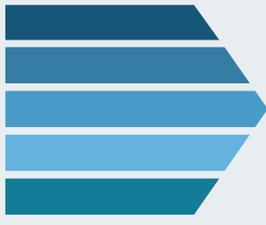
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AFTER a trauma, imagining post-traumatic growth instils hope

AFTER, a clinical tool

The following clinical tool is designed to help your clients reflect on their own post-traumatic growth. I summarized the main categories of PTG in the acronym **AFTER** (**A**ppreciation of life, **F**aith or existential awareness, **T**oughness, **E**xpectations or new possibilities, **R**elationships). **It is important to give the whole text to clients.** The introduction is important; without it, the questions may seem too abrupt.

I have also created some questions that you can use to encourage discussions with individual clients and with groups. These questions are drawn from Solution-focused Brief Therapy (SFBT). This approach is particularly useful in helping people with problems that cannot be solved. We can't change what happened to our clients in the past, and talking about it over and over again can make them feel even more helpless. With solution-focused questions, we can help clients take control over what happens next.

It's not enough to tell clients that other people have experienced PTG. And this tool isn't about using our knowledge of PTG to give advice or to put pressure on clients to learn how to do things that other people have done. It's important for the client to recognize what they are already doing in their own way, what is already changing for the better without conscious efforts on their part. This can help clients feel hopeful about their own ability to experience PTG, even if they are not yet sure how they will do it.

The solution-focused approach also offers tools to help clients imagine a future after the traumatic event. Our role can be to help them choose a path that makes sense for them after an event that may have cut them off from who they really are and what is still important to them.

Appreciation for life

What moments are even more important to you now that this has happened to you?

What activities do you appreciate even more since this happened?

What moments would you like to give more importance in your life?

What are the little details about every-day life that you notice now (things that you didn't really pay attention to before)?

Tell me about a moment that you would have overlooked before that was particularly touching for you this week.

Faith or existential awareness

What is still meaningful in your life?

In the time since you heard this news, what philosophy or idea about life has helped you?

What beliefs (spiritual or cultural) help you to get up in the morning?

In your culture, what are the rituals, stories, or metaphors that give you strength right now?

You didn't choose for this to happen to you. How would you like to make sense of it going forward?

Toughness

Who has seen your strength since this happened to you?

What are the qualities you have discovered in yourself that you didn't even know you had?

What surprises you in what you have been able to do up to now?

What are you most proud of being able to do since ___?

There may be things you have accomplished that you never imagined you would be able to do in a situation like this. What are some examples?

Expectations, new possibilities

What do you hope to do when you have more energy?

You might have a little voice inside you that says, "It's now or never." What does that voice want you to do?

What's one thing you want to do now that you never would have had the courage to do before? One thing that is "now or never"?

What is becoming a priority that wasn't one before?

What value is coming into focus for you? Suppose you give this more attention. What possibilities would that open up?

Relationships

Who needs you? Who makes it worth it to keep on going, even if it's difficult?

Who have you become closer to, maybe even in spite of yourself?

Who have you felt you needed to be in contact with since ____? What difference did that make for you?

What relationships are better now?

What relationships are more important to you now?

Material for people who have experienced a traumatic event*

*NOTE: It is important to give clients the following article in its
entirety and not just the questions*

* Event that threatens a person's life or safety. This text can also be used for clients who have experienced other events that are accompanied by sudden and significant changes in their reality.



AFTER a trauma, imagining post-traumatic growth instils hope

Can you remember a movie where the main character had a better life after going through a traumatic event? No? That's because there are almost no movies like that. Even if this is what happens most often, Netflix is not very interested in telling this story. In the most popular shows, what we see is a good person who goes through a hellish experience after a traumatic event. There are a few variations, with drug addiction, violence, and criminal activity, but there is rarely a happy ending. Or there is the opposite story- the superhero who gets their power (and a costume) after a family tragedy, and who gets off work each day and spends the rest of the night saving humanity.

Why this introduction? Because if you have been through a traumatic event, you might find it impossible to believe that you can get better. You had no choice in what happened to you, and all these stories can make you feel more hopeless and increase your anxiety. When you are more anxious, you might find yourself imagining the worst-case scenario, like the authors of movies and TV shows. That's why I want to start with other possible endings to the story that might help you get through the next few days, or the next few hours. When we watch TV, we don't usually want to hear the spoilers. But in real life, hoping for a better ending can make what's happening now a bit easier to bear. That's why I would like to explain to you what happens for the most people AFTER an event that has shaken their lives.

Most people bounce back and regain a sense of balance. The authors of hit movies and TV shows aren't very interested in those stories, but that's really what happens the most. They don't write about how **most people experience post-traumatic growth**. What is post-traumatic growth? It's an unexpected turnaround. It's like the tragic event creates a perfect storm where positive changes can happen. Sometimes this growth happens without effort, like a natural consequence of the event. The event can also act as an accelerator to help people adjust their priorities and make decisions that will change what happens next.

There are 5 categories of change that happen in post-traumatic growth. I have grouped them in an acronym: **AFTER** (**A**ppreciation for life, **F**aith or existential awareness, **T**oughness, **E**xpectations or new possibilities, and **R**elationships). I have explained each category with examples from real people who have experienced a trauma, people whose stories will never be made into a movie, but who might be closer to your reality. They are not superheroes. They are just people, like you. These abilities are part of our DNA and they have allowed us to survive and to evolve.

Appreciation for life

I will never forget an intervention I did in a factory after an explosion. There were a dozen workers. One of their friends had died and two more were rushed away in an ambulance in critical condition. The leader of the group said, *"They don't know it yet, but the kids are going to get some big hugs tonight. And my girlfriend too."* The others, their heads bowed, agreed. *"Yeah... yeah."* Some were sniffing. Others were laughing nervously. They were realizing what researchers have found with most people. When a tragedy shows us that life is fragile, we appreciate the everyday things even more.

Faith, existential awareness

A few years ago, I gave a conference to people who had been victims of crime. I talked to them about how this event could be a fork in the road. At the end, a participant came up to me and said, *"For me, it was only after the fork that I found my road. That's what you should tell people in your conferences."* He told me that he had found his mission. He knew why he had survived.

Searching for meaning is a normal reaction after a tragic event. This man didn't look for meaning in the crime itself, and he didn't ask why it had to happen to him. He wouldn't have found any answers anyway, and he would have been wasting his time. I chose this example to show how faith and searching for meaning can take the form of a

religious practice, but it can also mean thinking about the kind of person you want to be AFTER.

Toughness

You might be surprised to see the word toughness. You have probably heard that people who have been through a trauma are fragile, and that we have to help them accept this fragility. But it's a mistake to say that these people are broken. This idea can make you feel even more discouraged (on top of being wrong most of the time). I would like to propose another way of looking at it, one that is closer to reality.

It's as if your brain deploys resources it was keeping in reserve for moments like this. Or like a video game where you unlock abilities and resources that help you get to the next level. Once the level is complete, these resources have been unlocked for the rest of the game. So many people have said to me, *"If you had asked me if I would be able to get through this year, I would have said no. It was the worst thing I could have imagined. But now that I have gotten through it, I think I can survive anything."*

Expectations, new possibilities

We often hear about Paralympians who would never have considered themselves athletes before their accident. There are also women who decide to leave a violent partner after an attack that puts them in the hospital. These examples are dramatic, but they show how some terrible events can become motors for change.

Accidents and violence are always negative, and I would never say that we have to see them positively. But it's inspiring that in moments like

these, some people can decide to take control of what happens next. You might find yourself making decisions that are better for you, not because you have no choice, but because you can't wait any longer.

There may be some hopes that won't come true, but this may be a moment where you let other hopes grow- *tiny hopes* that just need to exist. These plans don't have to have any connection to what happened to you. A woman I know always wanted to play music. She said, *"You know, I was always worried about what other people would think about me. It stopped me from doing what I wanted to do. I know that people are going to judge me, but that's not going to stop me. This is my life."*

Relationships

Even if this trauma pushes you to cut off some relationships, other relationships are likely to be stronger, and more authentic. People tend to cut through the superficial and get to what is real. They don't wait as long to tell someone they love them. You might feel gratitude for the friends who were there for you. If you are more independent by nature, you might find yourself letting your guard down, letting people in. Whatever the cause, these changes in the quality of your relationships can be lasting.

It is also possible that this event transforms how you see others. I was touched by a client who told me that in this better version of herself (her words), she would be less judgmental of people who were depressed. She felt more empathy for others, and she wanted to give back. That may be the most realistic part of superhero movies - the way a tragedy can make us want to help others.

I hope these examples will help you choose the direction you want to go in AFTER this event. You can already make changes in the direction of post-traumatic growth. But if you don't have the energy to do that now (and that would be perfectly normal), I would like to invite you to notice what has already started to change even a little bit, and without any effort on your part. By paying attention to these little changes, you might find it easier to hope that the difficult times won't last forever. And you might find it easier to write your own AFTER.

- Brigitte Lavoie



AFTER a trauma, imagining post-traumatic growth instils hope

Appreciation for life

Faith or existential awareness

Toughness

Expectations, new possibilities

Relationships

What small things have you started to appreciate more?

What are the beliefs or convictions (religious or other) that have helped you so far?

Up to now, what are you most impressed with in your reaction?

What would you like to do now that you have always put off?

What has started to change for the better in your relationships?
