

# Helping Clients Adjust to a New World, Don't Forget about Grief



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“You must get it out. Grief must be witnessed to be healed. Grief shared is grief abated. Tell your tale because it reinforces your grief mattered. In sharing our story, we dissipate the pain little by little, giving a small drip to those we meet to dispense it along the way.”—Elisabeth Kübler-Ross

At the individual or community level, in the last year and a half, communities across the world have been impacted by grief. Grief has become part of our mainstream. The colossal losses that have been experienced due to the COVID-19 pandemic have led to more conversations about grief and loss. Individually, we as people have lost loved ones, employment, access to health care, connection to others, among other things. As a community, we lost life as we knew it and have been connected in a global shared experience.

U.S.-related COVID-19 information estimated that for every COVID-19 related death, there are about nine surviving Americans. In other words, approximately 5 million people are grieving.

As the primary providers of mental health services in the United States, social workers have the unique opportunity to create space to raise awareness about grief, help clients and communities address grief, and move people toward healing. Factors like mental health stigma, barriers to accessing services, and cultural responses to grief may keep people from seeking professional support to process grief or openly discussing grief in therapy. These factors must be considered when providing services.

Although we use the terms grief and loss to refer to both the loss of loved ones and the loss experienced when something important to us is no longer present, and everyone who



experiences any kind of loss can experience a grief response characterized by stages of grief, it is key that social workers distinguish that the pain associated with someone's passing can be experienced differently, perhaps more painfully, than other losses.

A death causes a permanent physical absence of an individual, while other losses such as job, network, or relationships can be temporary. The loss of an individual involves a process of understanding, permanent changes, reconciliation, and healing—the bereaved must imagine a life without their loved.

Dr. William Worden calls the four tasks of mourning: (1) accept the reality of the loss, (2) experience the pain of grief, (3) adjust to a reality of the deceased missing, and (4) find an enduring connection with the deceased while embarking on a few life (Worden, 2018). This doesn't

happen overnight, in a few weeks, or even in months. This is a process that has been documented as long term, sometimes lifelong. Further, grief can be experienced as anticipatory (before a loss has occurred) and complicated (such as an inability to say goodbye to the deceased, when a loss occurs suddenly or unexpectedly, or when there have been attachment challenges or complications in a relationship). All types of grief require attention.

When I lost my father last year, I realized how much I didn't know about grief and the grief response. My own pain and grief reminded me of the importance of creating a safe space for our clients. As mental health therapists, we not only serve as witnesses to our client's pain, but we also have the right tools and understanding about grief to support the emotional, psychological, and physiological responses of the bereaved.

My own pain brought me closer to a front-row seat of reality I already knew about: how as a society we are not comfortable discussing pain, dealing with pain, or responding to pain. Good intentions lead us to want others to feel better, and so we share what we perceive as encouraging words that can have a negative impact on the bereaved, such as “don’t be sad,” “he is in a better place,” and the classic validations followed with “at least” or “but,” which end up invalidating someone’s experience. With a better understanding of grief, social workers can be the safe responders and witnesses to the grief of our clients as we validate, normalize, reflect, psycho-educate, and teach coping skills, but most importantly, we can be the witnesses of grief that bereaved individuals need.

As more people get vaccinated, and we move toward what I hope is the new world we want to create and not an “old normal,” here are some recommendations for social workers to continue moving community members toward processing and addressing grief from a place of competence.

### **1. Bring attention to your own emotional response.**

As social workers, we have experienced shared trauma and collective trauma. The term shared trauma refers to when clients and providers and/or helpers are exposed to the same traumatic event (Holmes et al., 2021). According to Hirschberger (2018), collective trauma occurs when an entire society feels an intense or overwhelming amount of stress that exceeds one’s ability to cope. As members of a helping profession, we are not immune to pain and must continuously work on our own healing to prevent compassion fatigue, vicarious trauma, and burnout. As best practice, social workers are recommended to have their own supportive outlets, from peer support to individual therapy, and engage in ongoing self-care. Tending to our own emotional needs is part of our *NASW Code of Ethics*.

### **2. Pay attention to the following clinical issues.**

As established earlier, during the COVID-19 pandemic, social workers experienced the very same crisis their clients were experiencing at the very same time. This can lead to issues of countertransference, a desire to self-disclose to connect with clients when it may not serve a clinical purpose, becoming triggered when learning that someone else’s story is like ours, merging with clients, among others. Make it a practice to create space between sessions to process each session, identify issues important to pay attention to and work on, and turn to your own outlets, such as supervision or clinical consultation, to process these issues.

### **3. Increase your level of competence around grief.**

That one grief course we may have taken in graduate school, that one training, or our own grief experience is not enough to support community members experiencing deep pain due to their losses. As our *NASW Code of Ethics* calls us to do, we must operate from a place of competence. Seek ongoing training and read the grief literature from grief and bereavement experts such as psychiatrist Elisabeth Kübler-Ross, who pioneered the stages of grief; psychologist J. William Worden, who created the four tasks of mourning; and psychotherapist David Kessler, who worked alongside Dr. Kübler-Ross released his latest book, *Finding Meaning, The Last Stage of Grief*, with the backing of the Kübler-Ross Foundation. Psychotherapist Alissa Descher, LPC, FT, GC-C, MA, created an online grief counseling certificate program. Training Institute Pesi.com convened leading experts in the field, many of them social workers, for their first grief summit.

### **4. Create support groups.**

The demand for therapy services has led to long waiting lists. Groups help reduce waiting lists and help people facing a common issue to connect and learn from one another as they receive therapeutic support in the forms of psychoeducation, peer support, and processing.

Psychologist Linda Lehman has created grief support group curricula to work with several populations, including children, teens, and adults.

### **5. Support your team and engage in policy changes.**

When my father passed, as a business owner of a private practice I realized what a privilege it was to be able to close shop for a few weeks until I was ready to go back to work. Some employers give employees about three days of bereavement leave or may allow employees to take vacation or sick days. The three-day bereavement leave is a suggestion by the U.S. Bureau of Labor for close family members of a deceased, but it is not a mandate. Not all the leave is paid—that is up to an employer. No federal laws require employers to provide paid or nonpaid bereavement leave. Only one state (Oregon) requires employers to provide bereavement leave (Mallick, 2020). Imagine if a loved one passes or think back to a time when you learned a loved one had passed. For many, depending on factors such as the relationship with the deceased or the nature of the death, three days may not even allow enough time to deal with the initial shock. And what if you must travel to another state or another country to say goodbye? As the world and the United States confronts grief, we have an opportunity to create policies within our places of work that are more aligned with the emotional realities of the bereaved and find opportunities to advocate at the federal level and/or locally in our communities for policies like Oregon’s.

One thing I have learned this past year from my own grief, as I have witnessed other people’s stories as well as from the literature and trainings, is that to grieve is to love. When we engage in grief work, we are not just engaging with pain, we are engaging in love work.

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