

Grieving a Lost Childhood:
A Somatic Approach to Healing Emotional Wounds

Sensorimotor Psychotherapy Institute
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Childhood losses go unrecognized and unsupported

- **Death of a loved one is recognized in all cultures.** Every culture has customs that support the bereaved in mourning their loss for up to a year
- **The losses of childhood are usually invisible.** At most, abuse and neglect may be reported to child protective services but never marked as a loss or bereavement
- In childhood, grief gives way to the necessity to survive. **Abused or emotionally abandoned children do not have the luxury of a safe environment in which to feel their sadness.** Often it takes many years to recognize how the losses have affected them

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Childhood Losses

Loss is central in childhood neglect and abuse:

- Loss of safety
- Loss of love, affection, closeness
- Loss of comfort
- Loss of feeling loved and lovable
- Loss of being delighted in
- Loss of being able to love as well as be loved
- Loss of support for self-actualization
- Loss of trust

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Loss = Increased sensitivity to fear

- **Relationships play an important role in decreasing fear and stress**, as demonstrated by James Coen’s research
- In his original study, 15 married women received an electric shock during a brain scan under three different conditions: while their husbands held their hands, while a researcher held their hands, and without any hand to hold.
- **Having their hands held even by a stranger decreased their stress more than having no hand to hold!** I.e., connection helps us feel safer in the world. The research showed that the better the marital relationship, the greater the decrease in stress

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Trauma and neglect = a traumatized nervous system

Stimulates energy and action-taking
*Intense emotional responses
Anger, impulsive behavior
Hypervigilance, mistrust, defensiveness
Flashbacks, nightmares*

Facilitates total submission
*Loss of energy, slowing of reaction
Passivity, helplessness, hopelessness
Numbing of emotion and sensation
Slowed cognitive functioning*

“Window of Tolerance”*
allows us to tolerate emotional intensity and numbing

Ogden and Minton (2000)
*Siegel, D. (1999)

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The many aspects of grief

- The effects of loss can be hard to recognize as ‘grief’

All of us experience an array of feelings and reactions that will be more extreme if trauma-related:

- Guilt
- Anger
- Warmth and pleasure in positive memories
- Relief
- Numbing of emotion or shut down
- Spaciness
- Inability to concentrate, attentional problems, forgetfulness

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The many aspects of grief, cont.

- **Grief is difficult to regulate. We can't feel sad when we want or choose to.** We can't hold grief back if waves of sadness come, and the emotions don't fade easily.
- **We also can't control grief in ways we think we 'should.'** Often, clients feel guilty because they feel more grief over the loss of a pet than the loss of a family member. Usually, the more warmth and love and closeness we have felt, the more we feel a 'hole in our hearts' after loss
- **Childhood losses are most often about what we did not receive, not the loss of what we had. They are the loss of what we wanted or yearned for.** Fisher, 2023

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Unrecognized heartbreaks

- **In trauma treatment, we have historically been more focused on the details of abuse and neglect and less focused on the heartbreaks of childhood**
- **But clients come to us with the emotional pain of those early losses:** *"They never loved me," "How can I feel lovable if no one ever loved me?" "How can I ever trust anyone ever if my trust was always broken?" "How can I be kind to myself if no one was kind to me?"*
- **Or they come with family situations that still re-voke the feelings of rejection and abandonment.** *"My parents constantly criticize me," "They never say they're proud," "No one ever asks how I'm doing. . ."*

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Grief as a Process:

The Five Stages of Grief [Kubler-Ross, 1969]

- **Denial:** shock and disbelief, sense of unreality, numb
- **Anger:** sense of unfairness, anger at the loved one or at the world, other family members, society
- **Bargaining:** 'what if?' questions, regrets, 'do-overs,' "if I had only been lovable enough. . ."
- **Depression:** sadness, sense of loss, emotional pain of grief
- **Acceptance:** coming to peace with the finality of loss
- David Kessler (2019) has added a sixth stage: **Finding Meaning**, making sense of the loss and seeing meaning in it

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Many individuals have resilience in the wake of loss

- **60% of recently bereaved adults demonstrated remarkable resilience** as evidenced by their ability to feel sadness in the early stages of bereavement, to miss their loved ones, and to talk about them. They might try to focus attention away from the loss to regulate the intensity, but they don't avoid reminders of the loved one
- **Their ability to grieve alternates with the ability to find pleasure in daily life activities and relationships** as well as in comforting memories (e.g., "He's still here with me," "I know she's at peace now.") **The ability to feel both pain and pleasure builds resilience**

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But how do traumatized individuals develop resilience?

- **This ability to feel grief and the ability to shift attention from negative to positive feelings** is easily learned in secure attachment. Safe, loving parents support both the child's distress and ability to shift attention to what isn't distressing.
- **Abusive and neglectful parents shame or punish distress and sometimes the child's positive feelings. There is no comfort.** The fear of emotional pain stems from its having been dangerous, and the inability to shift states is never learned in a world in which comfort is never available

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"Being exposed to frequent interactions with a [frightening] caregiver, infants are caught in a relational trap: their defense system motivates them to flee from the caregiver, while at the same time their attachment system motivates them, under the commanding influence of separation fear, to strive for achieving comforting proximity to her or him."

Giovanni Liotti, 2011, p. 235

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Traumatic attachment complicates grieving

- **Many childhood trauma survivors respond to the feelings of loss with intense yearning and hunger for connection** to the parents who abused or abandoned them. They 'miss' the love they never received
- **Or acknowledging their losses stirs up anger, defensiveness, or bitterness.** Grieving then is complicated by the tendency to fight sadness with anger
- **Traumatic attachment also complicates support from others** because, when others don't give the 'right' support, that also triggers feelings of loss: *"No one has ever supported me,"* the client says

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"One of the challenges of mourning is that the required learning is both intensely emotional and deeply aversive."

Shear, 2012, p. 23

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Distinguishing resilience from suppression

- The impulse to avoid the intense pain of acute grief is normal and natural. It is as natural as feelings of sadness. **We should not pathologize all the different ways that our clients try to manage or avoid the 'aversive' feelings.** Nor should we assume that it is healthy to be constantly at the mercy of the emotional pain!
- Because we associate grief with intense sadness and emotional pain and a focus on the lost loved one, **resilient individuals can often be misunderstood as avoidant,** as suppressing their grief. We forget that resilience = flexibility, being able to feel sadness **and** joy

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Grieving too much and too little

- Research shows that prolonged **avoidance has negative consequences, but so also does being unable to pull attention away from the loss** so that the pain can rest
- Some experts have even suggested that **rumination may actually be another form of avoidance!** Some clients with complicated grief ruminate on the loss while avoiding their sadness, frustrating the therapist and keeping them stuck in Anger, Bargaining, or Depression.
- **Because too much grieving and too little grieving both have negative consequences,** we have to make it **easier** for clients to grieve!

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Childhood loss often results in 'complicated grief'

- **"Complicated grief"** or "complicated grief disorder" is characterized by:
 - Persistent longing and emotional pain
 - Difficulty accepting the loss
 - Feeling that life is meaningless, no happiness is possible
 - Recurrent feelings of anger, bitterness, or unfairness
 - Preoccupying thoughts about the loved one that interfere with going on with life
 - Rumination and preoccupation AND avoidance

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Vulnerability to complicated grief

- Research studies suggest that **vulnerability to complicated grief** is related to:
 - A history of depression or trauma
 - A history of substance abuse
 - Multiple losses or traumatic loss
 - Having been a caregiver for the loved one prior to the loss
 - The nature of the loss: loss of a child or spouse is associated with higher risk of complicated grief

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How do we help clients with complicated childhood grief?

- **Psychoeducation:** explaining the grief process, reframing guilt and anger as grief, laying out a map for healing
- **Emotion regulation:** building the 'emotional muscles' needed to recover from loss, helping clients understand that more resilience does not mean being "OK" with loss
- **Maintaining a social support system,** understanding that loss is a threatening, uncomfortable topic for many
- **Being able to imagine a future life**
- **Developing a healing story** that puts the loved one in perspective and makes the loss easier to bear

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What is "healthy" grieving?

- Here is what we know about successful grieving:
- **The ability to focus back and forth** from the loss to those things we haven't lost is crucial. Trauma clients in particular may have to work on avoiding rumination
- **Social support,** complicated by the reality that others with no childhood losses cannot always understand pain.
- **Grief is not just sorrow.** Normalizing and regulating the full array of symptoms associated with grief (guilt, shame, anger, fatigue and spaciness) is crucial.
- **Grief is 'aversive,' painful, and frightening, but it is easier IF we can learn how to regulate it**

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Is it OK to regulate our emotions?

- Often, children are taught to restrain or manage their emotions in socially acceptable ways, but **the idea that emotions need to be regulated** is a relatively new idea
- Emotions are a valuable source of information. They help us to feel alive and connected to ourselves. They add color and texture to our thoughts and actions.
- **BUT emotions also drive action, so** when they are not regulated, **feelings can get expressed in ways that make the situation worse.**
- Unfortunately, we rarely distinguish between **FEELING** an emotion and **EXPRESSING** it. . .

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The value of regulating emotion

- **Grief is difficult to regulate.** Feelings of sorrow often ‘come out of nowhere’ like a tidal wave that overwhelms our capacity to tolerate or regulate them
- **Expressing emotions does not regulate or discharge them!** Sometimes expressing them stimulates more intense emotion. To resolve and soothe painful emotions, we need to be in the Window of Tolerance so that we can have a relationship the feelings, not just discharge them.
- **When we can be in a friendly relationship** to feelings of sorrow, **they are less overwhelmingly intense. When we tense against them, the intensity is worse** Fisher, 2022

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Avoiding rumination

- **Rumination is not grieving.** Rumination is obsessing, and it is usually painful but also very cognitive
- Bereaved individuals with complicated grief tend to ruminate on their **thoughts** about the loss while avoiding reminders of their loved one. Childhood loss often involves painful rumination about being unloved, about why ‘this’ happened, about the yearning to be loved
- When clients are consumed with yearning or anger (and **when their thoughts predominate over feelings**), that is a sign that we might want to talk about the risks of rumination . . . We can empathize with the grief yet also encourage clients to ‘let go’ of their ruminations

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Avoiding avoidance

- **Always keep in mind that avoidance is a sign of fear!**
- **Trying to get the avoidant to focus on the loss exacerbates the fear** rather than facilitating grieving
- Two kinds of avoidance have been identified:
 - **Behavioral avoidance:** avoiding contact with places, people, photos that are reminders of the loss
 - **Depressive avoidance:** social isolation, rumination
- With those who are avoidant, **offer support for their fear rather than trying to evoke their emotions!**
- **Be curious:** “Does it just feel too big to talk about?” “Let’s separate the feelings from the thoughts. . .”

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Sensorimotor Psychotherapy

Sensorimotor Psychotherapy is a body-oriented talking therapy developed in the 1980s by Pat Ogden, Ph.D. and enriched by contributions from the work of Alan Schore, Bessel van der Kolk, Daniel Siegel, and Steve Porges. **Sensorimotor work combines traditional talking therapy techniques with body-centered interventions that directly address the neurobiological effects of trauma.** By using the narrative specifically to evoke trauma-related bodily experience and making it the primary entry point in therapy, **we attend first to how the body has “remembered” the trauma and then to cognitive and emotional meaning-making**

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“Small gestures and changes in breathing are at times more significant than the family tree”

(Christine Caldwell, 1997)

- Sensorimotor Psychotherapy is less focused on the narrative of *what happened then*
- Instead, the narrative is used to evoke the **implicit memories** connected to the events: autonomic responses, movements, postural changes, emotions, beliefs, etc.
- **The therapist looks for patterns, for habits of response:** too much or too little affect, movement or stillness, negative cognitions, patterns of gesture or movement
- **We observe the client “right here, right now:”** how is the client organizing internally in response to the narrative? **How is the memory being expressed somatically?**

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A mindful relationship to sorrow is necessary to transform it, to let it do its work and subside

“Where [mindful] attention goes, neural firing goes. And where neurons fire, new connections can be made.”

Siegel, 2006

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Mindfulness Skills

- “Notice . . .”
- “Where does that wave of sadness start?”
- “Let’s just notice that reaction inside as we talk about your mother. . .”
- “What might have been the trigger? Let’s be curious—oh, it was seeing her name. . .”
- “Notice the sequence: you were home alone, there was a feeling of emptiness in your chest. Then what thoughts came up? And then what happened next. . .?”

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Breaking down the aspects of grief

•When we experience the array of feelings and reactions that compose ‘grief,’ each comes from a different place:

- Guilt is a thought, not a feeling
- Anger is a body experience to which we put words. Each exacerbates the other.
- Warmth and pleasure in positive memories are a somatic and emotional experience
- Relief is usually primarily somatic
- Numbing of emotion or shut down: somatic
- Self-doubt and self-blame: thoughts
- Hopelessness is usually a thought

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Mindful noticing

•We have to help clients with childhood loss notice the components of grief one at a time as a thought, a feeling or a body reaction. We need to help them take a tidal wave of grief and break it down into its component parts, each more manageable than the whole

•Noticing “I’ll never be happy” as ‘just’ a thought. Noticing tears as just tears, constriction in the throat as just sensation, noticing the ground swell as a wave of grief comes up and noticing the physical sensations of it without adding beliefs about the sensations. “It’s too much” or “I can’t stand it” as just thoughts—ones that intensify grief

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Noticing 'without attachment or aversion'

•A Buddhist perspective advises us to notice thoughts, feelings and body experience 'without attachment or aversion.' 'Attaching' to a belief or feeling is accepting it or even prioritizing it. 'Aversion' is trying to avoid or reject the feeling, the memory, or the thought.

•Every grieving person has attachments and aversions. "I can get through this" might be a thought to which the client is attached, or it might be an aversive thought. Encouraging the bereaved to notice with interest but not 'draw conclusions' is an important part of mindful grieving.

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Noticing 'without attachment or aversion,' cont.

•Sensations and emotions are 'just sensations' from a Buddhist perspective, and pain is a conclusion, not a fact. When we notice painful emotions or sensations as neither comfortable nor uncomfortable, they are more bearable. Naming the sensations can help clients to add words that are not conclusive. Sharp, aching, burning, tight, dull are all descriptor words that do not intensify pain

•It takes practice to simply observe sensations, emotions, and thoughts. Yet it is one that can help grieving individuals develop resilience and gain relief. Childhood grief is old grief from a time of vulnerability

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A somatic approach to grief

•Explain to clients that if grief gets 'stuck' and has nowhere to go, it gets more overwhelming. But if it's treated like an ocean wave and allowed to rise, crest, and subside, they will feel relief instead.

•First, get the client's permission to work on riding the wave of grief rather than being pulled under by it.

•Next, ask the client to pause as feelings of grief arise and just notice rather than react to these feelings or thoughts

•Ask the client to notice just the physical sensations of grief and to let go of the thoughts and feelings. . .

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A somatic approach to grief, cont.

- Next**, ask clients to name whatever they are noticing: What is the sensation that goes with the sadness? Where do you feel the sensation in your body?”
- As the client names the sensation, mirror the words back to the client: **“It’s a feeling in your throat, huh?” “Stay with that feeling and notice what happens next. . .”**
- “The wave is coming up from just below the stomach and it feels more overwhelming as it comes up. . .” **“Just stay with the wave, and let it come up and go by. . . Notice just the sensation of the wave . . . It’s coming up, it will crest, and then it will settle. . .”**

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A somatic approach to grief, p. 3

- Ask the client to notice the details of sensation:** “Is it a whoosh or is it slow?” “As it arises, what else do you notice? Tears? Tightness? Aching?”
- Keep reminding clients to relax the body and ‘let the feelings flow through. . .’** Relaxing the body should reduce the feeling of overwhelm. If it doesn’t, ask them to notice the overwhelm as just a sensation and ‘let it flow through’
- Keep asking them to stay focused on just the sensations and their movement** until the feelings settle. . . “Keep letting it flow through. . .” The therapist is the grief cheerleader, helping the client finish the hard task

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A somatic approach to grief, p. 4

- If thoughts arise, ask the individual to notice them as ‘just thoughts’** and to put them aside to go back to watching the wave rise and fall. **“Just put the thought aside and stay with the sensations—notice where you feel them in your body—just let the sensations come up and then let them flow through. . .”**
- Relaxing the body reduces the intrusion of thoughts, but if clients can’t put thoughts aside, then ask them to notice, **“What happens to the sensations when you have that thought? Do they get less intense or more intense?”** Help them notice that the thoughts often intensify the pain

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A somatic approach to grief,' p. 5

- Because we are so used to listening to our thoughts first before our feelings, it can be challenging for clients to stay focused on the sensations without going into thought. **The therapist can help by keeping the focus on the somatic:** “Is it more in your throat or more in your chest?” “What kind of sensation are you noticing? Is it more emotional or more physical?”
- It may seem like an empathic failure to keep the focus on sensations instead of the words, but keep in mind that the words stimulate **more** emotion. **If the client can tolerate it, that’s wonderful, but most grieving people cannot.**

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Ride the waves to where?

- The more skilled and comfortable the client becomes with simply ‘riding the waves’ of grief, the less frightening and aversive the sorrow feels. The less frightening it feels, the easier it is for clients to feel moved instead of overwhelmed
- Whatever “acceptance” means to each individual mourner, its goal is to feel at some level of peace with the loss.
Getting to shore after a wave of grief brings some peace
- And with peace after loss**, it becomes easier to go on with life and easier to focus on whatever brings a sense of new possibilities. **“I let you be, and I let me be,”** writes Alla Marie Bozarth, in her book, *Life is Goodbye and Life is Hello: Grieving Well through All Kinds of Losses.*

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*“Truth be told, the past is stable. What happened, happened. . . . **How it is remembered, how it is reported, how it is felt or interpreted, how we regard it, and different viewpoints [towards it] can all change, but the facts of the past are permanent. . . . The good news is, though, we can change the effect the past continues to have on ourselves and our clients now and in the future. That is really the aim of trauma recovery . . .”***

Rothschild, 2017

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Letting go is hard to do

- **Letting go means fighting our instinctual tendencies to hold on AND our beliefs about what it means to let go**
- **Letting go does NOT mean letting abusive, abandoning parents off the hook. It doesn't mean that it was OK.** The erroneous belief that letting go makes the loss 'OK' challenges many individual's ability to let go and go on with creating a life after trauma.
- ***"If I don't feel the pain, if I'm happy despite him, then my father gets off scot-free,"*** said Jessica. She sobbed through every therapy session, every stressful situation in her daily life, burning out the friends who were trying to support her

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Anger versus acceptance

- **Anger is a fight response. No wonder it is so often a part of grief!**
- **There are many things to be angry about in the wake of a loss:** anger at the universe or at God, anger at the parents who failed to protect or actively harmed, anger at other family members for not intervening
- At first, anger makes us feel stronger, less vulnerable, but when there is no action to take, anger eats away at us
- Anger and resentment on a long-term basis sap energy, intensify mistrust, and make us bitter and wary. We can support our clients' anger but try to help them let it go

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Anger versus acceptance, cont.

- **What to do with anger when there is nothing to fight? Angry beliefs make it even harder to accept loss:** "This would never have happened if I/they/you hadn't..."
- **Anger prevents acceptance.** Angry beliefs stimulate the feelings, creating a vicious cycle of more and more anger.
- **When understandable anger has become burning resentment and is no longer adaptive,** it is time to help clients accept the loss and create new meaning. *"If they could have done better, they would have. . ."* *"They didn't have the capacity to love and care. . ."* *"You were the right child born into the wrong family. . ."*

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“Making Meaning”

- **Human beings are meaning-making creatures.** Before we have words, the brain and body make meaning of our experience. With language, we begin to attach words to our experience of making meaning
- **All human beings make meaning of their losses, and the meanings we attach can help or hinder healthy grieving**
- **Negative meaning-making can include:** blaming ourselves, blaming the loved one, negative predictions of the future, beliefs with ‘never’ or ‘always’ in them, attributions of guilt. These meanings interfere with finding peace

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“Making Meaning,” cont.

- **We forget that beliefs are hypotheses or theories. Even though we state them in words, it doesn’t mean they are true!** Most therapists accept the meanings clients attach to their experience for fear of empathic failure, especially when it comes to such an emotionally painful experience as loss
- **But we do our clients a disservice if we don’t help them arrive at new meanings that allow them to go on with life**
- The question to ask is: **“How does the belief that you cannot be loved help you to accept this loss?”** Don’t be afraid to suggest that many different meanings could be made of their childhood losses

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“Making Meaning,” p. 3

- **“What belief would you rather have?”**
- *“What if you believed that it wasn’t your fault?” “What if you believed that the ability to love and feel comfort were yours? That no one could take that away?” “What if you believed that it was possible to be loyal to your parents and be loyal to yourself?” “What if you believed that you are a miracle?”*
- **Take the time to let different meanings ‘sit’ and ask clients to notice the responses they have to different meanings. Often, they will say, “That one feels better, but it’s not true!” Ask them to ‘try out’ even the beliefs they don’t believe are true**

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New meanings for befriending grief

- “My parents missed out on an amazing child. . .”
- “**I would have loved having a child like me.**”
- “Because they rejected me, I never became like them. . . I’m proud to say **I am a totally different kind of person.**”
- “**It was a senseless tragedy. . .**”
- “Now I can enjoy my life without having to worry about their criticism and rejection”
- “**I deserved better. . .**”
- “I was one smart cookie. . .”

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