



The Training Workshop: Facilitator Preparations

Location & set-up

Location is crucial when doing grief and loss work.

The room needs to be large enough for all participants to sit comfortably either at tables or in a semi-circle. They need to be able to see the presenters and each other throughout the workshop. There needs to be enough room for an overhead projector, a flip chart and two or three extra tables - one at the front for the presenters, one or two elsewhere in the room for materials, books and refreshments. Chairs need to be comfortable. Convenient storage is needed for coats.

The room needs to be well ventilated, private and quiet, preferably with no agency traffic, phone or other interruptions or fan or other heating or air conditioning noises. Washrooms need to be accessible.

Readying yourselves as facilitators

The section discusses three things: your need for a key contact from your host agency, the questions you need to ask your contact in a pre-workshop meeting and several important miscellaneous points of orientation.

1. Your host agency should designate a key contact for you. Make them responsible for:

- completing workshop assessment forms
- focusing goals for the session
- finding a location (comfortable setting with light and air, preferably off-site so workers are not disturbed by calls and messages)
- setting start and end times for the workshop
- determining who will participate and who will provide office coverage if all staff are away
- basic needs, e.g. refreshments, deciding if lunch will be brought in, etc.
- acting as a liaison to executive director (if the ED is not the key contact)
- distributing workshop preparation sheets to each staff
- providing materials and supplies
- preparing a list of resource people available locally if staff wish to access more support following the workshop

2. You will need to schedule a one-hour phone call or meeting with the contact person as far ahead of the workshop as possible in order to ask the questions on the form below.

The more information you can get, the better.

- What do you know about this group: their formation, their history, the community they are organizing in, their funding base, their client base?
- What losses to death have they experienced lately (both personally and professionally)? How have those been dealt with? What other transitions/changes are occurring in their individual and organizational lives? Anything coming up?

- Has this group participated in previous workshops on grief and loss? What was their experience of that? How does this group normally handle death, anticipatory grief or change?
- Any other types of retreats? What seems to work for this group: do they like to debate ideas? Do they regularly express emotions with one another? Do they play together?
- What doesn't work for this group?
- Have you had direct contact with the Executive Director? Ensure that you know how this workshop fits into his/her organizational vision and development strategy. Are there existing tensions within the staff group that need to be taken into account? It is sometimes not useful to go in when there are outstanding grievances before the Board or challenging personnel matters - people will not feel 'safe' expressing themselves.

3. The miscellaneous points of orientation are:

- Have the discussion about who should participate – some EDs make this a mandatory training session and others are more flexible. Knowing there are participants attending under duress will affect the process – ensure the exercises are optional and re-assure people they can 'pass' during group discussion. If there are tensions in the group, invite people to work and process in small teams/buddy groups to increase comfort in speaking.
- From the workshop assessment forms and information gathered, develop a sense of what is possible with this group and how that can complement the ED's overall vision for supporting and developing the team.
- Consider the Board of the agency. Check to see if it is possible to do a brief presentation to them on aspects of grief in ASO workers. This could support the decision of the agency to take staff time for this workshop and could also provide board members with an increased awareness of their own loss responses. If not a presentation, prepare a board package of written materials.
- Talk about your present life situations with your co-facilitator for at least a half-hour. Focus on current or recent losses, anniversary times, anxieties, concerns or worries about the workshop or the participants. Be as honest as possible with yourself and your partner, name the kinds of support that would be useful if you become emotionally triggered ('Give me a hug' or conversely, 'Please stay back. I find it easier to regain my composure if no one touches me'). Ground yourself. Have a plan to regroup if you get thrown off centre.
- Enjoy yourself and enjoy the participants – these gifts of authentic communication in a workplace are precious. Lean into the work with curiosity and humility.
- Every individual and every agency will have developed distinct strategies of resiliency to cope with ongoing loss and work-related stress. Part of the work of facilitation is to offer participants your observations of their creative and unique grief strategies – however odd some practices may appear, they have an adaptive function that helps mitigate the impact of loss.
- Your relaxed, open, non judgmental tone can help people become more curious about why they do what they do and be willing to create even more effective individual and organizational strategies.

- Take notes. As co-facilitators, it will be easy for one of you to take notes as the workshop unfolds. Notes should include who was present, their role, the words they use to describe themselves and their losses, comments about coping strategies, how an exercise progressed, particular attention to the range of information in debriefing an exercise, emotional tone and when a room goes 'flat' or feels charged or energized.

Setting up for Participants: Support for Workers

- Create pairs or small groups for the workers during the workshop provides a greater degree of safety for sharing material which may be sensitive, or about which a person may feel vulnerable. It also provides the opportunity for workers to support each other.
- Let workers know you are available at breaks, lunchtime and after the workshop engenders a feeling of safety and being cared for.
- Provide a list of local resources for follow up and reminding workers of the agency supports available to them empowers them to continue exploring the impact of loss for themselves if they choose.

Training Goal

(Developed from the broader Training Objectives in Section One)

The primary goal of this workshop is to provide workers with the necessary skill sets to enable them to take care of themselves within the challenging context of AIDS work.

Activities

Participants will:

- Acquire a basic understanding of the theory of attachment, loss, grief and bereavement as it applies to AIDS
- Practice communicating their understanding through the language of loss responses
- Reflect on their own loss experiences
- Enhance their self-awareness in terms of their learned and current loss response
- Learn theory and practice of a model of closure

Time Frame

This workshop can have any 1 of 3 time frames:

1) one 3-hour workshop or 2) two 3-hour workshops or 3) one full-day workshop (7 hours including 1 hour for lunch). Factors to consider are number of participants, time allocated for sharing, individual needs of participants, desired depth of the experience, and presenter/facilitator style.

The following outline is designed to cover the material in 3 hours. However, this represents a largely cognitive presentation which, from an adult learning perspective, is limited in terms of information retention.

Where possible, two 3-hour workshops or one full day is preferable. This allows various learning modalities to be incorporated and begins to do justice to the lived experience of participants who have experienced loss or multiple losses. This facilitates a personal integration of the learning. If presented as a full-day workshop, it is recommended that participants be encouraged to lunch together: stories will be shared in this informal setting.

Where appropriate, various sections are outlined for a 3-hour (short version) or 7-hour (long version) workshop and are indicated in the text as [S] or [L].

Materials

- Overhead projector, overheads, flip-chart and markers, masking tape, handouts and pens.

Agenda: 3-hour Workshops [S]

Total time: 2 hrs 50 mins
(10 minutes extra time for agenda flexibility)

1	Welcome & Introduction <ul style="list-style-type: none">• Personal Introduction of Facilitators• Goals of Workshop• Group Check-in• Group Guidelines	30 minutes
2	Definitions Related to Grief & Loss	10 minutes
3	Loss History Exercise (A)	20 minutes
4	Signs & Symptoms of Grief (Short Version)	15 minutes
5	Break	15 minutes
6	The Grief Journey	15 minutes
7	Tasks of Mourning & Common Avoidance Patterns	10 minutes
8	AIDS-related Multiple Loss	10 minutes
9	Coping Strategies	10 minutes
10	Closure Theory	10 minutes
11	Check-out using Closure Theory	15 minutes
12	Evaluation	10 minutes

Agenda: 7-hour Workshop [L]

Total time: 6 hrs 55 mins

MORNING
Total time
3 hrs 10 mins

1	Welcome & Introduction • <i>Personal Introduction of Facilitators</i> • <i>Goals of Workshop</i> • <i>Group Check-in</i> • <i>Group Guidelines</i>	45 minutes
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2	Definitions Related to Grief & Loss	10 minutes
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3	Loss History Exercise (B)	40 minutes
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4	Break	15 minutes
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5	Signs & Symptoms of Grief (Long Version)	30 minutes
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6	The Grief Journey	45 minutes
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7	Lunch	1 hour
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AFTERNOON
Total time
3 hrs 45 mins

8	Tasks of Mourning & Common Avoidance Patterns	25 minutes
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9	AIDS-related Multiple Loss	30 minutes
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10	Coping Strategies	20 minutes
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11	Break	15 minutes
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12	Enhancing Coping Strategies & Theory	20 minutes
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13	Closure Theory	10 minutes
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14	Check-out using Closure Theory	35 minutes
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15	Evaluation	10 minutes
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Agenda: 2-day Workshop x 3 hours [L]

Total time for both days: 5 Hours 55 Minutes

DAY ONE Total time 3 hrs	1	Welcome & Introduction <i>• Personal Introduction of Facilitators</i> <i>• Goals of Workshop</i> <i>• Group Check-in</i> <i>• Group Guidelines</i>	45 minutes
	2	Definitions Related to Grief & Loss	10 minutes
	3	Loss History Exercise (B)	35 minutes
	4	Break	15 minutes
	5	Signs & Symptoms of Grief (Long Version)	30 minutes
	6	The Grief Journey	40 minutes
	7	Brief Check-out statement: 'How are you leaving today?'	5 minutes
DAY TWO Total time 2 hrs 55 mins	8	Check-in	10 minutes
	9	Tasks of Mourning & Common Avoidance Patterns	25 minutes
	10	AIDS-related Multiple Loss	30 minutes
	11	Coping Strategies	20 minutes
	12	Break	15 minutes
	13	Enhancing Coping Strategies & Theory	20 minutes
	14	Closure Theory	10 minutes
	15	Check-out using Closure Theory	35 minutes
	16	Evaluation	10 minutes

1. Delivering the Workshop

Welcome & Introduction *The following outlines our understanding of the basic premise of the work, and provides the rationale for the interventions we introduce.*

Rationale The topic of loss can generate anxiety for workers who are carrying a lot of grief. Normalizing the anxiety that may be present and providing the opportunity to Check-in allows participants to name whatever they are carrying and be more open to learning, often resulting in a feeling of relief.

Facilitators talking about their own connection to the topic creates an inclusive environment that encourages participants to share their own experiences.

Objective To welcome participants, create a safe environment that encourages risk-taking, acknowledge the feelings that may be present in the room towards the topic of grief and loss and reassure participants this is a basic workshop and they are invited to participate at whatever level they choose.

Materials

- Flip-chart of Group Guidelines (if already established)
- Flip-chart of Workshop Objective
- Flip-chart of Check-in Questions

Time Frame

- 30 minutes [S]
- 45 minutes [L]

Starting the Workshop

Personal Introduction of Facilitators and Workshop *Facilitators introduce themselves and workshop including their connection to the topic.*

- Acknowledge the topic of grief and loss can create initial anxiety for some people, as well as provide the opportunity for relief. Take this opportunity to reassure participants that the workshop is designed to provide a basic overview of the subject.
- Acknowledge that this training can trigger memories and participants may experience strong feelings during or after the workshop, as part of the integration of their own loss experiences.
- Identify supports for participants if they need to talk to someone after this workshop (yourself/agency staff). Remind them to access their own support systems (friends/partner/family), as they need to.
- Inform participants there will be opportunities to talk and ask questions as well as some exercises.
- Present hand-outs (see Appendix) for this workshop, so participants won't need to take extensive notes; or let them know they are available at the end of the workshop.

Present Objective of Workshop **The objective of this workshop is :**

- To acquire a basic understanding of the theory of 'Grief and Loss' as it applies to yourself and HIV/AIDS work through self-reflection and discussion
- To learn theory and practice of a model of closure
- The primary goal of this training is to provide workers with the necessary skill sets to enable them to take care of themselves within the challenging context of AIDS work

Group Check-in The Check-in is an opportunity to assess the group's feelings about the workshop, which may impact the delivery of the information. It is also an opportunity to develop self-care skills through the tool of self-awareness.

Check-in Questions

- 'How are you coming in to this workshop?'
- 'What do you most want from this workshop?'
- 'Anything you don't want?'
- After 'wants' and 'don't wants' are listed on the flip-chart, the facilitator can go through the list and identify which areas will and won't be covered to help focus the group and diffuse any disappointment when something isn't addressed.
- Check-in questions may be posted on a flip chart for reference.

Group Guidelines Group Guidelines are helpful in creating a safe environment to discuss and share sensitive issues and experiences. Usually, if grief and loss is part of a series of training for workers, group norms will already be established and this would be an opportunity to review them. If Groups Guidelines have not been set:

[S]: present a list, ask if anyone has anything else to add, or if there is anything on the list that someone would like removed

[L]: generate a list that would make it as safe as possible for participants to take risks with each other

Post the list for reference.

Example of some Group Guidelines

- Confidentiality
- 'I' statements
- Emotions are O.K.
- Stay in the room/let someone know if you leave
- Ask for what you need
- Anxiety is 'normal'
- Participate at own level of comfort: 'passing' is an option
- Support is available

Facilitation Notes People often 'warm-up' to this topic ahead of time and may become very emotional during Check-in. This may have the effects of:

- The participant moving into lengthy storytelling
- Other participants becoming triggered and starting to cry or holding their breath with anxiety
- The participant feeling extremely embarrassed
- Setting a 'norm' for Check-in being about telling personal loss stories at length

- Helpful Hints**
- Acknowledge the individual and his/her depth of feeling
 - Always normalize how participants respond to this topic as 'a loss response'
 - Speak to how emotional expression may create anxiety for those witnessing and remind them to breathe
 - If lengthy storytelling is occurring, name this as Task 1 in grief theory 'which we will get to later,' and gently remind participants of the posted Check-in questions
 - If time permits, you may allow those who are taking the opportunity to tell stories and release some feeling to continue. This provides the opportunity for workers to unburden, demonstrates some of the emotional challenges of AIDS work, and invariably connects the group with each other. Participants are then further motivated to pay attention to the information content of the workshop as it has direct immediate personal relevance.
 - If Check-in is very emotional, a quick round of 'How are you doing now?' and a reiteration of the structure and agenda will help participants to refocus.

2. Definitions Related to Attachment, Grief & Loss

Objective • To give participants a basic language for discussing attachment, grief and loss

Materials • Overhead/flip-chart of Definitions

Time Frame • 10 minutes

Theory Notes: Definitions of Attachment, Grief & Loss:

Attachment Attachment may be defined as a bond of affection or loyalty. Any attachment, whether tangible (e.g. to a loved one) or intangible (e.g. to a belief system) by definition entails an investment of emotional energy. Even an emotional attachment to a person who is hated and feared must be grieved when it is lost. Because attachment requires an investment of emotional energy, so too does grief over the lost attachment.

'Attaching through compassion, caring and love is perhaps the greatest gift humans can offer. To grieve is to honour the profound truth of this attachment.'

Bereavement • the state of having suffered a loss
• begins at the time the loss/death occurs

There are two categories of Loss:

1. physical/tangible

persons

possessions -- photograph

2. symbolic/intangible

identity (e.g. as a person uninfected with HIV)

shattered dreams – coming out to parents

Grief *'Grief is the process that allows us to say good-bye to what was and to get ready for that which is yet to come.'*

• process of experiencing the psychological, spiritual, emotional and physical reactions to loss. May manifest behaviourally, socially, sexually etc.

• reactions to loss are dependent on the individual's unique perceptions of the loss:

There is no right way to grieve.

Anticipatory Grief • a process stimulated by awareness of impending loss/death.
• involves recognition of associated losses in past, present and future.
• has an adaptive value as people 'rehearse the death' and attempt to adjust to the consequences of the loss. If prolonged, the adaptive value is no longer present as the waiting is exhausting and depleting:
what will this be like?
how will I manage?
• In anticipatory loss, an actual symbolic loss has already occurred: anticipating (e.g.) a death is already the loss of a perceived future together.

- Disenfranchised Grief** • occurs in response to social isolation or denial of access to social supports because your grief is not socially accepted. Disenfranchised grief creates increased anger, guilt, confusion and powerlessness.
- Mourning** • any shared expression of a person's thoughts, behaviours and emotions related to the loss – vigil, funerals, one on one sharing.
• mourning is socially and culturally influenced and guides people to undo the connection with what has been lost. Mourning then provides for the re-weaving of a present-time connection.
- Multiple Loss** • is a state where people are experiencing bereavement overload and often have no time to express their loss before another loss occurs.
• people experiencing constant and sustained loss while anticipating further losses require enhanced coping skills and additional support.
- Process** • Facilitator will introduce definitions using the overhead found in the Appendices at the back of this manual
• Participants invited to ask questions and add their own understanding of these terms

3. Loss History Exercise

Theory Notes:

Three Essential Questions in Loss

1. 'Who am I?'

(as my assumptions about the world and myself are thrown into question by the experience)

2. 'Who have I been?'

(as I search for anchors in my own past experience, and prior losses come into my awareness)

3. 'Who am I becoming?'

(as I integrate the changes this experience brings to my life)

This exercise helps participants to begin to explore the second question:

"Who Have I Been?"

The Impact of AIDS-related Loss on Workers

To be a long-term worker, paid or unpaid in the AIDS movement is to be engaged in the ongoing experience of attaching to and losing individuals in the context of community decimation. Many newer workers are currently engaged in forming attachments to individuals who are living with an uncertain future; at some level there is an anticipation of loss. This experience of working in a 'death surround' evokes individual patterns of response to loss which act as the filters through which workers and community members make meaning of the experience.

We all have responses to loss. These patterns of response are learned as children within the family system. In a culture which may be described as 'death-denying' (Kubler-Ross, '69) such learning transmitted through the structure of the family is rarely helpful in aiding an individual to develop mastery in terms of an understanding of what is required for moving through their grief.

Lessons learned as children, related to 'What is appropriate' when experiencing a loss, are rarely challenged. This occurs often in a society where being bereaved carries a stigma (Goffman '63) and results in general discomfort when the topic is brought up. Ideas about 'What to do with Grief' most commonly learned as children are: 'Keep it to yourself,' 'Be strong, don't cry,' 'Be happy, they are with the Angels,' 'Just don't think about it,' 'Focus on something else,' and 'You just have to move on and accept it.'

Other beliefs which may form as a child seeks to make meaning of the experience will be dependent on the circumstances of the loss. Often, children are not told what is going on when a family member dies, and/or are expected to display mourning behaviour for someone to whom they had no attachment (for example, a grandmother they had never met). Adults expect the response of children to mirror their own; otherwise they are 'not showing the proper respect.' What a child may interpret from these experiences are:

**What a child
may interpret**

- Everyone is unhappy and not talking to me therefore **'I must have done something bad, the death must be my fault.'**
- It's wrong to laugh at funerals therefore **'My feelings make people uncomfortable I am wrong in how I grieve.'**
- Death means I have to kiss a cold body therefore **'Death is scary.'**
- Nobody is talking real therefore **'It's not OK to talk about how I feel about death.'**

These beliefs formed early in life become internalized. The experience of loss then becomes associated with guilt, shame, a sense of wrongness, prohibitions against authentic expression, helplessness and/or fear/discomfort. Without any experiences to counter this early learning, this cognitive set of beliefs and emotional learning are carried into adulthood.

In terms of the community-based AIDS worker who has internalized these ideas from childhood, the response to the death of a client, colleague, volunteer, friend or community member will come with some mix of: 'It's my fault; I can't show a response; I must not talk about it; I should not express any feeling about this; there is something wrong with me,' etc.

This makes the work of exploring early learning essential for workers and workers to understand what is happening to them, how they are responding, and what supports they need to remain healthy. It is a truism in loss work that present losses will resurrect old losses. This exercise provides the beginning of an exploration that can lead to the healing of old wounds.

- Objective**
- Participants will develop an enhanced appreciation of the diversity of loss responses.
 - [S] Participants will identify their individual early learning about loss.
 - [L] Participants will recognize how their early learning manifests in present time.
- Materials**
- Overhead/flip-chart on the Three Questions
 - [S] Understanding Your Loss History (A)
 - [L] Understanding Your Loss History (B)
(in Participant Worksheet Section in Appendix II)
- Time Frame**
- [S] 20 minutes
 - [L] 40 minutes
- Process**
- Facilitator will distribute worksheet and ask participants to take 5 minutes to fill it out
 - Once completed, 15 minutes sharing in pairs [S] or 25 minutes in small groups [L] Ask participants to decide who is going to go first, the role of the listener is silent attentive listening
 - [L] Back in the large group, ask participants:
 - How was that to do?
 - Anything you would like to share with the large group about your *patterns of response to loss*
- Facilitation Notes**
- This exercise may invite unresolved loss issues into awareness. Circulating among the pairs/small groups provides support and can help participants stay on track with the exercise and the timeframe.
 - Inviting large group sharing of patterns of response to loss may invite more story telling of unresolved early losses. A gentle reminder of the question, 'What is your learned pattern of response to loss?', will prevent the process being derailed into sharing of stories. Again a reference to this need to tell our stories of loss as being an example of Task 1, to be addressed later will help contain the experience.

Understanding Your Loss History (A) [S]

Short Version [S]

Adapted from Grief Counselling and Grief Therapy by J.S. Worden, 1982.

Our cultural, ethnic, religious and philosophical upbringing shapes our attitudes towards death, dying and loss. Our early experiences with loss leave us with messages, feelings and beliefs we will carry throughout life. To prevent our being controlled by our unconscious and conscious reactions to our past, it is important to recognize and acknowledge explicitly how these loss experiences have influenced us. This awareness can also help us identify and reinforce useful coping strategies. Take a few minutes to complete the following questions. Put down whatever first comes into your mind. Through this exercise, you will investigate your early learned response to losses, including death. You may begin to identify a pattern of response.

1 An early, significant loss *not* due to death was:

2 What others around me said or did that was helpful or not was

3 How I felt was:

4 The first death I can remember was the death of:

5 I was age:

6 What I remember from that time:

Understanding Your Loss History (B) [L]

Long Version [L]

Adapted from Grief Counselling and Grief Therapy by J.S. Worden, 1982.

Our cultural, ethnic, religious and philosophical upbringing shapes our attitudes towards death, dying and loss. Our early experiences with loss leave us with messages, feelings and beliefs we will carry throughout life. To prevent our being controlled by our unconscious and conscious reactions to our past, it is important to recognize and acknowledge explicitly how these loss experiences have influenced us. This awareness can also help us identify and reinforce useful coping strategies. Take a few minutes to complete the following questions. Put down whatever first comes into your mind. Through this exercise, you will investigate your early learned response to losses, including death. You may begin to identify a pattern of response that is present for you now.

1 An early, significant loss *not* due to death was:

2 What others around me said or did that was helpful or not was

3 How I felt was:

4 The first death I can remember was the death of:

5 What I remember from that time was:

6 The first memorial or funeral I attended was for:

7 What I most remember about that experience was:

8 How I learned to cope with loss was:

9 The way that learned behaviour manifests now is:

4A. Signs & Symptoms of Grief [S]

- Objective**
- To visually demonstrate various expressions of grief that people may not associate with a loss response.
 - To use a holistic health model to include all aspects of the person, not simply 'emotional' manifestations of grief.
- Materials**
- 4 signs indicating different quadrants (aspects of self): emotional/physical/mental/spiritual
- Time Frame**
- 30 minutes
- Process**
- Facilitators will post 4 signs indicating different quadrants (emotional/physical/mental/spiritual) and act out or read out dramatically the various expressions of grief in each quadrant
 - Once completed, 5 minutes facilitated discussion
- Facilitation Notes**
- Performing this skit may trigger a response for facilitators -- debriefing after the exercise may be valuable.
 - While these signs may be symptoms of grief, sometimes they are not.

Signs & Symptoms of Grief

1. Physical

- I'm exhausted
- I have spasms in my back/my neck is seized up
- My head aches all the time
- I can't shake this flu
- My ulcers are acting up
- My jaws are so sore – I must be grinding my teeth at night
- I have such a tightness in my chest/difficulty breathing
- Sometimes I don't care about sex, then I have the urge to have sex a lot
- My stomach feels like its in knots half the time

2. Emotional

- I'm always on the verge of tears
- Those kitten commercials make me weep
- I'm so irritable I've been biting people's heads off lately
- I'm just pissed off at everything and everybody
- I can't feel anything – I'm numb – I'm not really connected
- I'm having nightmares
- I don't want to feel
- I am anxious all the time these days

3. Mental/Attitudinal

- I just can't seem to concentrate/my mind is not here
- I walk into a room and forget why I'm there
- I completely forgot about that meeting yesterday
- I can't slow down/I can't stop my mind from racing
- I can't get to sleep even though I'm exhausted
- I just want to be distracted

4. Spiritual

- What am I doing here? There's no point in doing this work
 - These deaths are relentless/the suffering is so enormous
 - Why is this happening to me? to us?
 - This is not how life is supposed to be
 - No use in making attachments which won't last
 - I so desperately want some joy in my life/want peace of mind
 - I'm not creative anymore
 - I wonder if I've been abandoned by God
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4B. Signs & Symptoms of Grief [L]

- Objective**
- To use a holistic health model to include all aspects of the person, not simply 'emotional' manifestations of grief.
 - To vary learning modalities with an active exercise.
 - To draw on the wisdom of the participants in naming grief manifestations.
 - To facilitate workers working together collaboratively.
- Materials**
- 4 signs indicating different quadrants (aspects of self): emotional/physical/mental/spiritual
- Time Frame**
- 30 minutes
- Process**
- Post 4 signs indicating different quadrants in different corners of the room next to a marker
 - Count-off participants into four groups
 - Invite participants to spend 5 minutes writing down as many manifestations as they can think of under the appropriate heading
 - After 5 minutes ask the groups to move one position clockwise and to continue where the previous group left off
 - Once completed, 5 minutes facilitated discussion
- Facilitation Notes**
- Performing this skit may trigger a response for facilitators – debriefing after the exercise may be valuable.
 - Reflect back to the group that they already know a great deal about how grief manifests.
 - If it hasn't been named in the discussion, reflect back to the group that individuals will name the same symptoms under different quadrants (e.g. 'no sex drive' may be physical for some, emotional for others – another indication of the individuality and unique perspectives present in making meaning of a loss response).

5. The Grief Journey

- Objective**
- To review common myths about grief
 - To present some basic 'truisms' about grief and bereavement
 - To illustrate the different aspects of grief as a journey
- Materials**
- Overhead/flip-chart of Myths about Grief
 - Overhead/flip-chart of Truisms about Grief
 - Overhead/flip-chart of the Grief Journey
- Time Frame**
- 15 minutes [S]
 - 45 minutes [L]
- Process**
- Facilitator will review myths and truisms about grief
 - Facilitator will describe the Grief Journey
 - [L] Facilitator will invite comments, points of connection from participants as the presentation continues
 - Once completed, 5 minutes facilitated discussion
- Common Myths About Grief**
- all losses result in the same type of grieving
 - bereaved individuals only need express their feelings in order to resolve grief
 - to be healthy after the death of a loved one, just put that person out of your mind
 - the intensity of mourning is a testimony to your love for the deceased
 - grief should be over in a year
 - grief declines in a steadily decreasing fashion over time
 - sudden, unexpected death is the same as losing someone to an anticipated death
 - time alone heals all wounds
- Some Truisms About Grief and Bereavement**
- Bereavement is a normal, natural experience - although traumatic and disruptive
 - Response to loss is not a uniform phenomenon-variability must be recognized. Some show intense distress and others don't
 - Grief has no timetable. A major loss tends to resurrect old issues and conflicts for the mourner
 - Grief is not a linear process, but more of a spiral as mourners revisit aspects of grief again and again
 - Grief is experienced within a social context. Society's view of death and expectations of 'appropriate grieving' influence expression of loss
 - The goal of grief work is to grieve 'well' not to grieve 'right'
 - Support is about stimulating the mourner's own coping skills
 - While grief and loss are an inevitable part of life, most people ***lack a language and an understanding of grief*** that would help them identify and cope with normal, natural responses to loss.

1. Who am I?

Detach: Initially, there is a general **avoidance** of the reality of the loss, accompanied by protest, denial, confusion, shock, numbness. It is not unusual for the individual to feel confused, dazed, bewildered, and unable to comprehend what has happened. People acknowledge the death but put aside emotions and try to carry out their roles. Denial is natural and therapeutic at this juncture. It functions as a buffer, allowing the mourner to absorb the reality of the loss gradually over time, disbelief and a need to know 'why' may be manifest at this phase. Protective coping denial allows people to function but shields them from the full impact of the loss.

2. Who have I been?

Acknowledge and Integrate Losses: As the numbness wears off, there is a **confrontation** with the pain of the loss. People react to the separation and experience the pain intensely. As they gradually comprehend that the dead person will not return, there are pangs of searching, yearning and pining. Each time the mourner is frustrated in his/her desire to be with the deceased, s/he 'learns' again that the loved one is dead. Anger, sadness, guilt and fear are present as the mourner copes with an extremely difficult period of 'disorganization'.

As time passes and the mourner lives into the truth of this loss, s/he begins to identify and grieve secondary losses (status, roles, hopes and dreams). The relationship with the deceased can now be examined realistically for ambivalent and negative feelings. The griever can systematically review the binding ties. Now the relationship shifts from 'one of presence to one of memory.' It doesn't mean the deceased is forgotten, it means the ties are altered to reflect the changes in the relationship between the living one and the dead one.

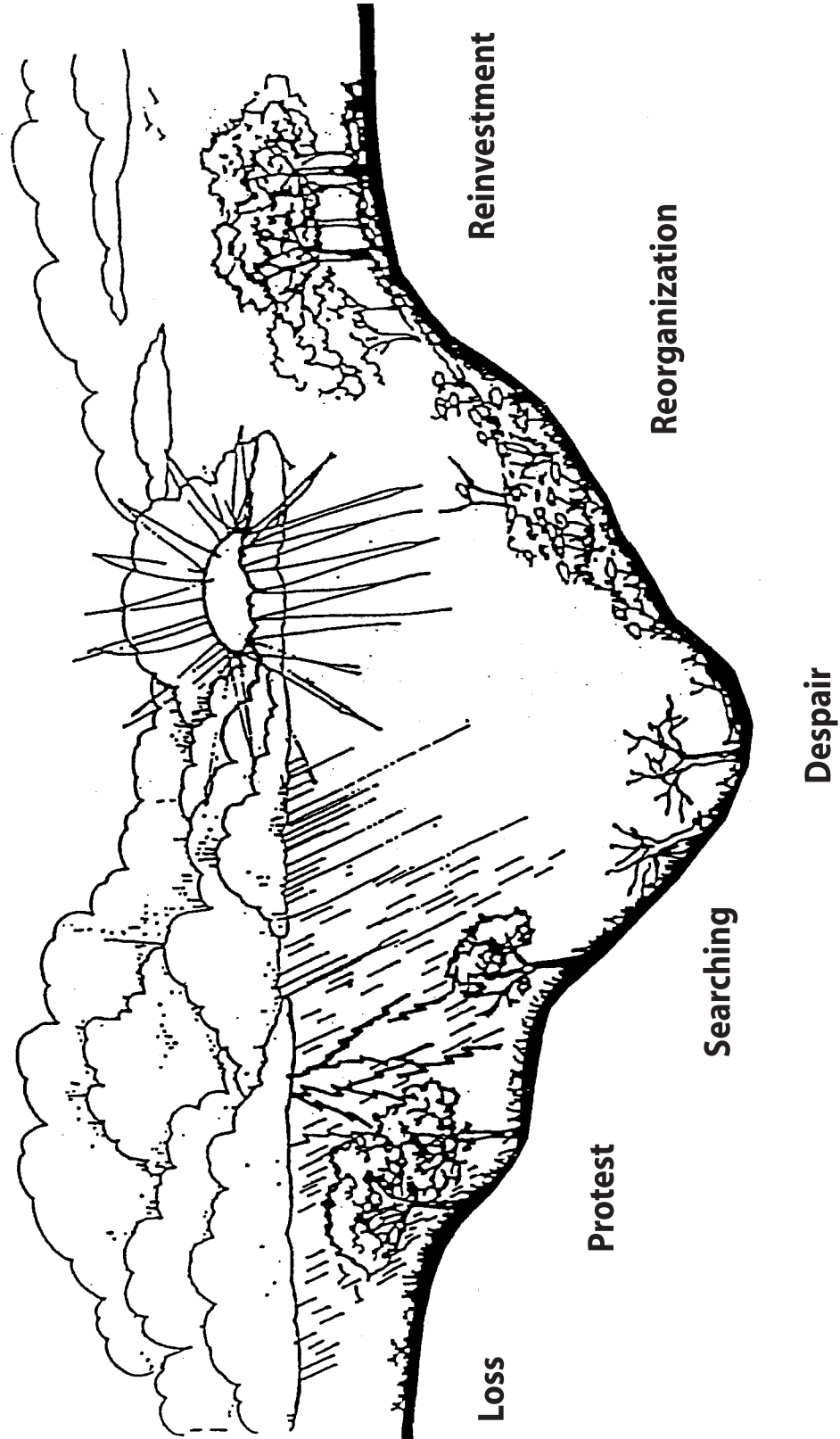
As people let go of the old attachments to their lost one, they are called on to read just their assumptions of the 'way the world should have been' ("The young don't die; my child will see me get old and help me die.") This 'letting go' can be difficult. As the bottom drops out of their world and people confront the loss of expectations and assumptions, they may plummet into a period(s) of depression. This is a normal response to loss; a recognition that 'dead' is forever. This is a milestone in the process of 'healing'.

3. Who am I becoming?

Form a New Identity: Mourners must now begin to find ways to **accommodate** the reality of life without the deceased and to reinvest in the world – without forgetting what came before. People begin to plan a future and renew their capacities for hope and trust. They are increasingly able to return love and maintain an interest in the social environment. There is a recognition that things have been gained through this difficult journey, that they are, in fact, no longer the deceased's mother, lover or

The Journey of Grief

devised by Bess Will



Theory Notes: The Grief Journey and the Three Questions

The following theoretical framework provides texture to the descriptive words found on the Grief Journey. Specific explanations of the 'spots' on the Grief Journey follow on next page.

friend, but that a new identity is being developed which may even be satisfying and rewarding! For many there is a determination that some social good must come from their personal suffering; these are often a large component of the volunteer base of ASOs (AIDS service organizations), as well as the staff.

The journey of grief commonly includes periods of 'grief attacks' or 'sudden temporary upsurges of grief' (STUGS). If people are prepared for these times, it will be easier for them to acknowledge the difficult moments without the fear that they are 'going backwards.' 'Grief attacks' are normal and to be expected. This is not a sign of pathology, but reflective of fresh memories and hopes that are periodically resurrected through reminders such as:

- anniversaries: holidays, seasonal rituals
- life-cycle milestones: when child would have graduated, transitions such as moving, a new job, a wedding
- reminders: smells, revisiting a vacation spot, music, hearing about the person
- other losses or reunions

Grief Journey Description

Loss Assumptions about the world are shattered. The initial responses to a loss are:
• shock, numbness, confusion, disbelief
also present may be:
• anger, some physical symptoms

Protest Wanting the loss not to be real, protesting the acceptance of the fact, the protest response can run the gamut from petulance and irritability to full-blown rage; often not consciously associated with the loss. Protest energy may include anger at:
• Caregivers
• God/the universe
• Life
• The 'unfairness of everything'
• The deceased – If unaddressed, anger at self/the deceased can
• The self – turn in on itself and become shame/guilt.

Searching The felt experience of the missing. Often accompanied by a sense of 'going crazy' as the deceased is seen, or the voice heard while at the same time knowing they are dead. The momentary irrational sense of having 'forgotten' they were dead brings a sharp stab of emotional pain as the truth returns.

Despair The 'Pit.' An experience of hopelessness, of being adrift in the world and characterized by:
• Agony
• Anguish
• Depression
• Slowed thinking and actions

In **anticipatory loss** the above four parts of the journey are repeatedly revisited. There is no sense yet of reorganization, as the loss has not occurred. The above responses do not feel like a journey. They are experienced as discrete states and, when in a 'hit' of protest, searching or despair, it is not helpful to be told this is a 'journey.' Only after the corner of the 'Pit' has been turned, can a person sense they are moving forward in their grief.

Reorganization Often described as a 'slippery slope'; shifting out of despair this phase of grief work is extremely frustrating as, with no apparent consistency, some days it feels like "It's done, I can get on with my life"; then later a person finds themselves right back in the 'Pit.' This phase is characterized by:

- bursts of energy
- intermittent interest
- fatigue
- detachment
- apathy
- indifference

Reinvestment Having worked through the profoundly challenging journey of grief, this phase is about returning to a more outward focus – an ability to recognize and consolidate gains from the period of active grieving. This phase is characterized by:

- recognition of a shift in the relationship with the deceased
- new, sustainable interests
- the ability to engage more fully with others
- the ability to talk about the loss without experiencing the pain and anguish
- the experience of meaningfulness, purpose and hope for the future

Facilitation Notes

- Also note that the journey is not linear, it is more accurately represented as a spiral and people can revisit aspects of the grief journey. The most relevant concept is that of progress through phases. We caution against rigidly applying theories and pigeonholing mourners by inappropriately using models to explain people's reality.
- To help participants better understand anticipatory loss, the analogy of becoming excited when planning a vacation is another example of an emotional response to an event that has not yet happened.

Common Questions About the Grief Journey

Q How does this apply to multiple loss?

A This journey is based on a single loss model. Multiple loss seems to evoke a loss response, which has more to do with a core loss usually from childhood, and usually of a part of self – sense of safety/ belongingness/being lovable etc.

Q Does this model apply only to death?

A Any loss will follow the same process; from loss of your keys to loss of a person.

Q Do I have to go through all the phases? Is it possible to skip from protest to reorganization?

A Although there are many creative ways to avoid the 'Pit' (see Common Avoidance Patterns – next section), in order to truly move to reinvestment it is necessary to experience the pain.

Q I don't see this as a linear progression.

A Although there are many creative ways to avoid the 'Pit' (see Common Avoidance Patterns – next section), in order to truly move to reinvestment it is necessary to experience the pain.

Q How long is this supposed to take?

A Each person's grief is as unique as that person is. After a significant loss, the first year is about getting through all the markers and anniversaries. The second year brings a sense of familiarity in the process. After that, it may become easier.

Q Is it possible to still be grieving something that happened a long time ago?

A Unattended grief will sit in your being until the healing can occur and the energy freed up for reinvestment. This can occur at any time – often triggered by a current loss.

6. Grief Work: Tasks of Mourning & Common Avoidance Patterns

- Objective**
- To describe the Tasks of Mourning and Common Avoidance Patterns.
 - [L] To invite participants to make connections to their own experience.
- Materials**
- Overhead/flip-chart of Tasks of Mourning
 - Overhead/flip-chart of Common Avoidance Patterns
- Time Frame**
- 10 minutes [S]
 - 25 minutes [L]
- Process**
- Facilitator will describe the Common Avoidance Patterns
 - Facilitator will describe the Tasks of Mourning
 - [L] Participants are invited to identify which is their primary avoidance pattern
 - [L] Participants are invited to comment on each task as it is presented
- Theory Notes:**
- Tasks of Mourning**
- **The challenge in Task 1** is about knowing with one's whole being that the *deceased is dead and never coming back*. This is a process that occurs over time – simply attending the funeral or seeing the body does not necessarily complete this task. Talking about the loss and circumstances helps the reality to sink in; 'The fact I am talking to you about the floral arrangements must mean that Joe is really dead.'
 - **The challenge in Task 2** is to fully experience the pain. Typically, a person will want to avoid the 'pit of despair.' This is possible (see Common Avoidance Patterns) but at some point *it is necessary to drop into the despair in order to move through it*. The way to work with the pain is to allow the experience, good supports can be very helpful in witnessing this process.
 - **The challenge in Task 3** is to mobilize energy to begin to reorganize in the world. Difficult as it is to experience the pain of the loss, over time this becomes a familiar emotional reality and may bring with it a sense of comfort. The pain is familiar, depression or low energy is a companion, the pain serves as a link to the deceased.
 - **Mobilizing energy takes enormous effort** and is the beginning of saying goodbye to the relationship. The shift here is from being a helpless victim of the loss, to an active agent in re-entering the world.
 - **The challenge in Task 4** is to feel OK about reinvesting. The mourner may feel guilty, 'How can I laugh when Joe is dead?' and may be worried that they will forget the deceased; or that to reinvest fully in their own life may mean that they didn't really love the deceased.
- To complete the tasks it is necessary to:
- **Vent feelings, talk about the relationship and feelings of loss**
 - **Validate all aspects of the relationship, including normal ambiguities**
 - **Resolve any guilt that arises**
 - **Internalize the memory while reinvesting feelings**

Theory Notes: Here are the five most common ways people avoid; remember that these are not done consciously and have evolved over time as a primary coping strategy. When grief avoidance becomes chronic, serious physical and psychological health consequences can result.

Common Avoidance Patterns

• **Postponing**

Seeks to avoid the pain by deciding to look at the loss at a later date:
"I'll deal with it later -- it hurts too much right now."

• **Displacing**

Refuses to believe that grief is an issue:
"My anger at you (and myself) has nothing to do with grief!"

• **Replacing**

Reinvests prematurely (new relationship, overwork):
"Having John come into my life so soon after losing Gary is a gift! People say it's too soon; but what am I supposed to do? Turn him down?"

• **Minimizing**

Cognitively dilutes feelings through rationalization:
"You've got to just put it behind you and keep going, there is no good crying over spilt milk, and anyway, we can't change the past; what's done is done and that's just an end to it. No point wallowing forever in self-pity. Always look on the bright side, that's what I say."

• **Somaticizing**

Unexpressed feelings manifest as physical symptoms; chronic fatigue, muscle strain, gastrointestinal difficulties, migraines etc.

Facilitation Notes

- Because of the challenges associated with these tasks, questions are often framed around a desire to avoid the work. Normalizing the difficulty and courage involved in undertaking each task supports the mourner to continue on their journey.
- Presenting Common Avoidance Patterns normalizes the desire to avoid the difficulty of grief work. Bringing into conscious awareness how a person avoids the work invites the realization that there is work to be done.
- These tasks are the work of grief. Each task presents challenges and it is helpful to normalize them.

7. AIDS-related Multiple Loss

- Objective**
- To describe and normalize AIDS-related multiple loss and its impact.
 - [L] To invite participants to make connections to their own experience.
- Materials**
- Overhead/flip-chart of Multiple Loss
 - Overhead/flip-chart of Grief Overload
 - Overhead/flip-chart of Core Loss
- Time Frame**
- 10 minutes [S]
 - 30 minutes [L]
- Process**
- Facilitator will describe Multiple Loss
 - [L] Facilitator will describe Multiple Loss at greater length (including Learned Helplessness and Core Loss) and invite connections to the material and stories from participants
 - Once completed, 5 minutes facilitated discussion
- Theory Notes:** For a more comprehensive discussion of multiple AIDS-related loss, refer to the Multiple Loss article in Appendix III of this manual.
- Issues in Multiple Loss**
- Complicating factors in AIDS Bereavement include:**
- Disenfranchised Grief – not recognized/supported in society
 - Homophobia & Heterosexism
 - Stigma: Secrecy & Isolation
 - Survivor Guilt
 - Illness-Related Complications
 - Multiple Loss:
 - grief overload*
 - individual burnout*
 - workplace burnout*
 - responses similar to traumatic stress syndrome*
- AIDS Bereavement affects:**
- partner/spouse
 - family of origin
 - friends/chosen family
 - HIV+ individuals
 - caregivers
 - community of meaning
- Issues for Multiple Loss Survivors**
- 1. Grief**
- unresolved and anticipatory grief
 - can't bounce back
 - each grieving process compounded by the one before
 - people focus on one big loss
 - symptoms associated with complicated mourning
 - increased rage or guilt
 - increased physical symptoms
 - denial/delayed reactions
 - self-destructive behaviours

2. Survivor Guilt

- Sympathetic 'dis-ease' as the survivor may experience 'symptoms' which mimic the infected (chronic fatigue etc.)

3. Burnout: Individual

- numbness-isolation
- inability to emote/cold-not emotionally present
- pessimism-fatalism
- insecurity-despair

4. Burnout: Workplace

- decrease in productivity and morale
- increase in conflict, absenteeism and turnover
- difficulty setting limits
- decrease in positive feedback and informal supports
- more complicated when workers feel 'unsafe and unsupported' when an agency is in transition

5. Response similar to trauma syndrome

- wild swings between numbing and flooding
- tensions between people who are at different places on the continuum:
- loss of feelings of safety and belonging in community 'over-involved vs. jaded and passionless'

Grief Overload

1. Living with the Death Imprint:

- indelible, intrusive, distressing images
- re-experiencing 'trauma'

2. Range of Responses:

- uncontrollable emotional states
- disassociative mental states
- survivor guilt: a defence against despair and helplessness
- projection: dread hearing the horror so attempt to interrupt or distract people from accounts of pain

3. Psychic Numbing:

- loss of normal affect & emotional responsiveness
- loss of interest & involvement in work and interpersonal relationships
- disconnection

4. Not Believing People Genuinely Care About You

- view the world as hostile
- loss of sense of safety in community

5. Struggle for Meaning:

- impulse to 'bear witness,' to speak of the experience
- difficult to find language to convey fully and persuasively what one has seen

Multiple Loss & Learned Helplessness

The lived experience of unrelenting death after death means that part of a multiple loss survivor's reality is that s/he has learned s/he is:

- Helpless to prevent the death of loved ones
- Helpless to eliminate the pain and demise of PHAs
- Helpless to prevent collective, community-wide losses
- Helpless to escape a world saturated with AIDS

The complete lack of control, incompetence and defenselessness arising from these tangible areas promotes a perception of helplessness which may show up as:

- Chronic reactive depression
- Helplessness to maintain emotional balance
- Helplessness to respond capably to ongoing loss
- Helplessness to find motivation to develop and implement a future vision

Survivor's often voice that they "don't know where to start" the grief process. There is often, however, one overshadowing death (lover/best friend) that indicates a starting point in grief work. Particularly if the relationship was conflicted or ambivalent, the need to grieve may present itself more forcefully.

What Helps in Multiple Loss?: Normalizing

"The times are crazy, you are not" recognizes that extreme responses are required for extreme circumstances. Recognizing how out of the ordinary is the experience of multiple loss can help a survivor:

- Stop feeling guilty about feeling guilty
- Stop feeling anxious about feeling anxious
- Liberate more creativity and spontaneity for the healing process
- Shift from a pathological identity to an empowered one
- Shift from being oppressed to being challenged
- Shift from victim to survivor

Rather than processing each successive death as a single loss, the magnitude of repeated losses and its impact on identity will often evoke a loss response that surrounds a core part of self, an intangible loss usually occurring in childhood.

For example: if a person's sense self-worth is lost in childhood, then s/he will seek validation, a sense of being worthy, in the connections s/he makes to other people. When these other people are dead, what remains is a lack of intrinsic self-worth. This is the core loss which can be worked through.

Facilitation Notes:

- Because many service users and long-term workers are living with the experience of multiple loss and community devastation, it is crucial that newer workers have an understanding of this issue.
- Living with multiple loss is alienating. It becomes easy to self-pathologize when encountering others who do not know this experience ("there must be something wrong with me...").
- Including this section provides those workers struggling to make meaning from community devastation with a framework that begins to articulate some of their experiences, and reminds them an AIDS service organization is a place where their lived experience is respected and valued. Inviting comments on the material may help newer workers to gain an appreciation of the work of seasoned workers, and honours the history of AIDS workers.

CORE LOSS



Where do I source my:

- Self-Worth?
- Sense of Purpose?
- Knowing I am Loved?
- Sense of Belongingness?
- Safety in the World?

} Core Loss Issues

8a. Coping Strategies [S]

- Objective**
- To help people identify support and tools when working with Grief & Bereavement.
 - **[L]** To help people identify their own coping strategies, and show a range of possible activities which they can choose to adopt.
- Materials**
- Overhead/flip-chart of Coping Strategies
 - Overhead/flip-chart with Holistic Health Framework
- Time Frame**
- 10 minutes **[S]**
 - 20 minutes **[L]**
- Process**
- Facilitator will describe the Coping Strategies.
 - **[L]** Using the quadrants of the Holistic Health model, facilitator will invite participants to share what works for them, asking them in which quadrant they would place the strategy they are naming. Facilitator to write-up their responses on flip-chart.
 - Once completed, 5 minutes facilitated discussion.
- Facilitation Notes**
- Participants may be feeling somewhat overwhelmed at this point; it is helpful to remind them they already have coping skills.
 - The list of strategies is designed for participants to consider broader possibilities for self-care and nurturing. Remind participants that this is not intended to be a list of 'shoulds' to create more burdens.
 - **[L]** Ask participants to name what their real coping strategies are. A bottle of wine and joint may be more effective for some than a bubble bath. Inviting participant's truth in this exercise helps them to bring their humanness into the room – and reinforces the message that there is space here for all.

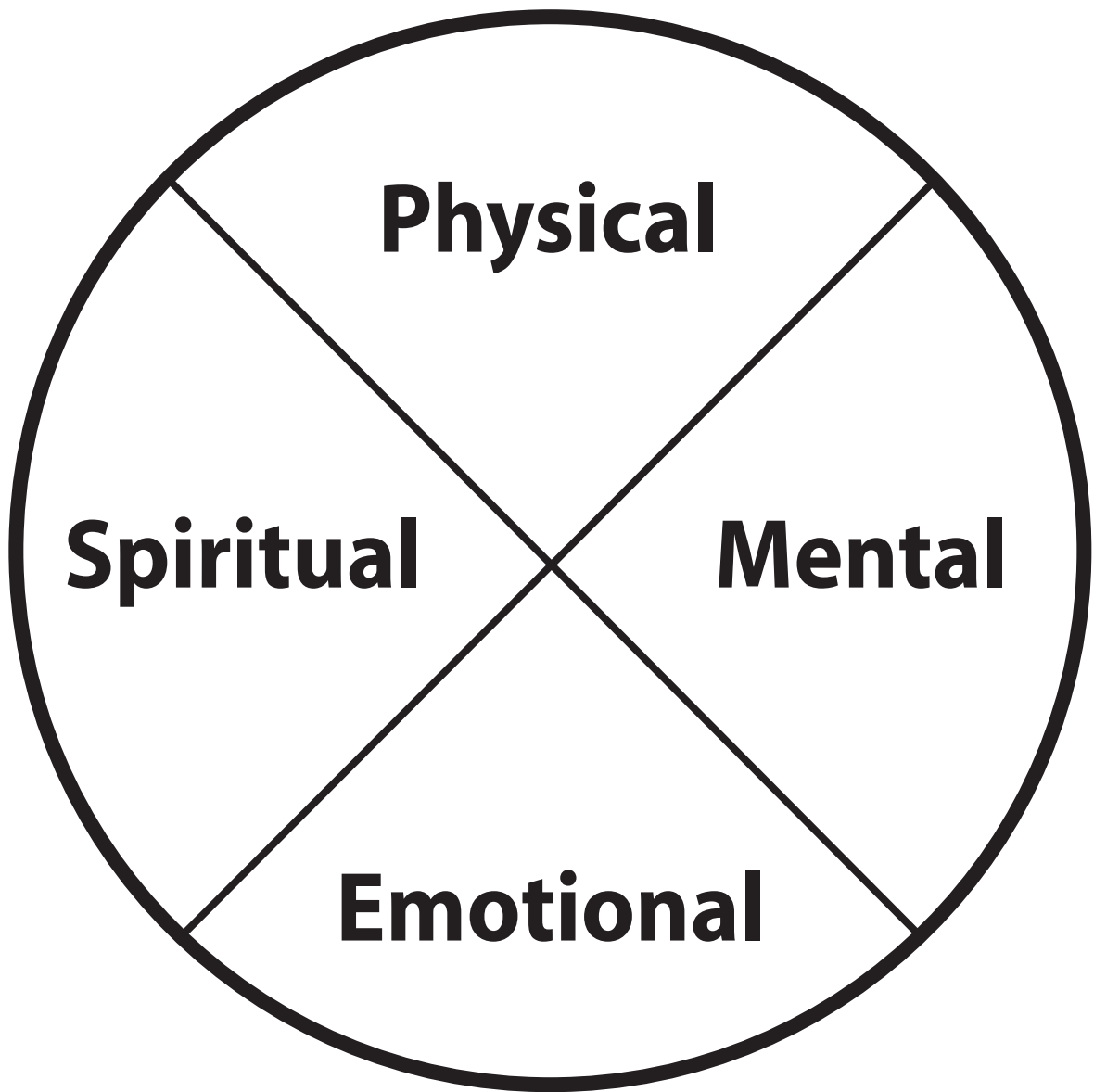
COPING STRATEGIES [S]

"I can't stand it... and I can't stop it... but I can deal with it!"

Listed below are suggestions for self-care coping strategies:

- Stay involved, connected
 - Develop support systems to deal with stress
 - Create forums for discussion of feelings
 - Self-expression
 - Take HIV/AIDS vacations if possible
 - Participate in rituals (e.g. AIDS vigil)
 - Re-commit to life and unmet goals
 - Work to find new meaning to life and to disease
 - Deal with anger so it empowers not depresses – **exercise, counselling**
 - Celebrate the gift of humour
 - Attend to closures in a continual way
 - Short-term solutions ineffective when working long-term with HIV –
Need Enhanced Coping Skills
-

HOLISTIC HEALTH FRAMEWORK



8b. Enhancing Coping Strategies using the Stages of Change [L]

Objective • To provide participants with tools for enhancing loss related coping strategies.

Materials • Overhead/flip-chart of Stages of Change
• Flip-chart containing Holistic Health diagram of group coping strategies from 8a.
• Building Capacity worksheet

Time Frame • 20 minutes

Process • Facilitator will invite participants to complete the Building Capacity worksheet
• Facilitator will describe the Stages of Change model
• Once completed, participants are invited to share in pairs how this section was for them
• Returning to the large group, participants are asked if there is anything they would like to share with the larger group.

Facilitation Notes • Remind participants that this is not intended to be a list of 'shoulds' to create more burdens.
• This exercise helps counter the experience of feeling like a 'victim' of loss or multiple loss by reminding participants they are agents of their life and have the capacity to continue to grow in healthy ways.

BUILDING CAPACITY

The experience of grief affects the whole being. In order to be better prepared for the work of grief and to cope with its challenges, it is helpful to be as healthy as possible by your own standards. The following exercise invites you to consider where you can work on self-improvement for your own sense of esteem. This sheet is for you alone, will not be asked to share it.

Esteem may be defined as 'holding in high regard' and when applied to a person may be broken down using a holistic focus to determine where changes may be made in order to build capacity.

1 = very low regard 3 = about average 5 = very high regard

Please answer the following questions:

How do I regard myself in:

The emotional realm?	1	2	3	4	5
The physical realm?	1	2	3	4	5
The mental realm?	1	2	3	4	5
The spiritual realm?	1	2	3	4	5
The sexual realm?	1	2	3	4	5
The social realm?	1	2	3	4	5
The political realm?	1	2	3	4	5
The professional/workplace realm?	1	2	3	4	5

Other? (please name)

Consider in which of these areas of your life you wish to make a positive change. What can you include in your life that will enable you to feel even better about your whole self? If it feels right for you to do so, please complete the following sentence to provide focus and name your intent.

The positive change I will include in my life is:

STAGES OF CHANGE THEORY

The following stages outline the process of change. Like the Grief Journey, incorporating change is not a linear process. The previous exercise (Building Capacity) by inviting focus and intent for positive change as a life-enhancing strategy, has positioned participants in the contemplation or preparation stage.

- Stages form a spiral – each stage revisited on average four times before termination is reached
- Lapses and relapses are normal learning experiences along the way, and ought not to be considered as failures
- Demoralization or being ashamed of lapses results in a return to pre-contemplation and a likelihood of staying there longer.

Stages of Change	Awareness
Pre-contemplation	'I don't really think there is anything that needs changing right now, not really, any way, I can't and there's no point...'
Contemplation	'Ok, well, I'm not sure I want to change this about my life all I know is I wish things were different...'
Preparation	'I know this has to change, I just don't know how to go about it.'
Action	'I'm ready to make changes and will get help and support to do that...'
Maintenance	'I've already made the changes I need to; now I need help in sustaining them...'
Termination	'I have incorporated changes into my life and those changes are now a part of how I live in the world...'

9. Closure Theory

Objective • To describe Closure Theory

Materials • Overhead/flip-chart of Aspects of Closure

Time Frame • 10 minutes

Process • Facilitator will describe Closure Theory and Aspects of Closure
• Once completed, invite feedback from participants

Facilitation Notes As human beings we invest energy in our attachments to people, places, experiences, beliefs and things. Whether positive or negative (an apartment I love, a job I hate), moving on from an attachment requires paying attention to what is being left behind. For example, if leaving a workplace there may be a card and/or party to mark the transition. Often this is the time when appreciations are shared and the card/party is a ritual element in the closure.

After moving on, a person may realize:

- 'Oh, I never got to tell so and so that I regretted...'
- 'I really resented the way they dealt with me when...'
- 'Guess I never really told them how much I gained as a person in that job...'
- 'I wish I had told them how happy I was to be moving on to this new position...'
- 'What I didn't like about that surprise party was that it felt just like the surprise party for my twenty-fifth birthday – when my ex showed up and caused a huge scene – his ghost was haunting me all night and I just couldn't relax!'

Because these aspects are not spoken to, they remain as unfinished business, carry an emotional charge, and will need to be spoken of or attended to. It is not uncommon to hear someone speaking of their resentments towards a workplace years after they have left because they did not have the opportunity to close well and name the resentments at the time.

Unattended closures can then become more emotional baggage to carry around.

The Aspects of Closure speak to the areas that may carry an emotional charge associated with an ending. Typically, one aspect will be more present than others (appreciation, resentment etc.). Speaking to all aspects as fully as possible makes for an experience of closing which is as complete as possible.

Aspects of Closure *Adapted with permission: Susan Aaron, Psychodramatic Bodywork*

1. Gains & Achievements

What I have gained/achieved as a result of this experience

2. Appreciations

What I appreciate about myself and/or others

3. Unfinished business

Naming what is unfinished helps to leave it behind

4. Regrets

Any regrets I carry from this time

5. Resentments

What I resent about this experience

6. Ghosts of closures past

Other similar experiences/closures that are present for me now

7. Moving on; what's next?

As this experience is ending I can name what is beginning, and what I will carry forward

8. Ritual

Any deliberate action which has meaning in relation to closing on the experience

- Facilitation Notes**
- Paying attention to closures is essential in loss work. The reality of AIDS for many workers is that there have been too many unpredictable endings with no opportunity for attending to closure.
 - Aspects of Closure is a life tool that can be used for any ending.

10. Ending the Workshop: Check-out Using Closure Theory

- Objective**
- To integrate closure theory into the process of the workshop.
 - To provide practice using the Aspects of Closure model.

- Materials**
- Overhead/flip-chart of Aspects of Closure

- Time Frame**
- 15 minutes [S]
 - 35 minutes [L]

- Process**
- Facilitator will initiate checking-out from the workshop
 - [S] Participants are invited to close on this workshop by speaking to Gains and Achievements, Appreciations, and Moving On
 - [L] Participants are invited to close on this workshop by speaking to all aspects of closure which are present for them

- Facilitation Notes**
- Talking about how this model applies for losses of individuals which have occurred, anticipated losses, and losses of aspects of self indicates the range of situations to which this tool may be applied.
 - Typically, participants are reluctant to speak to 'resentments,' 'regrets' or 'unfinished business' which may be present. Encouraging participants to speak to these (however small) provides for a greater integration of the model, and allows for some of the energy around these to be left behind.
 - Reminding participants of the value of critical feedback in the ongoing design of the workshop may elicit a fuller response.
 - There is nothing to 'fix' at this point, simply hearing the feedback without moving into problem-solving is all that is required. Encourage participants to include 'resentments,' 'regrets' and/or 'unfinished business' in their evaluations.

11. Evaluation

- Objective** • To evaluate the effectiveness of the workshop and facilitators.
- Materials** • Evaluation forms
- Time Frame** • 10 minutes
- Process** • Facilitator hand out evaluation forms to participants for completion and collect them
- Facilitation Notes** • Participants are often reluctant to provide 'negative' comments. Specifically inviting critical feedback as a gift for continuing to improve the work for workers ('For next time I would suggest...' or 'What didn't work for me...') will provide valuable feedback in continuing to improve this work and empowers workers to have input.

Facilitator Debriefing Often the experience of listening to other's loss stories triggers an emotional response on the part of the facilitator(s).

If you have a co-facilitator for this workshop (recommended), what follows are suggestions for what to cover in a debriefing. If you have facilitated this workshop alone, it is a good idea to debrief with a support person. These are only suggestions, please adapt them to your own needs.

When you have finished clearing the room, and participants have left, sit with your co-facilitator, take a couple of deep breaths and settle into your body. You may then choose to speak to any of the following, then take turns as appropriate.

Let your co-facilitator know ahead of time what your needs are when expressing emotion (no touching, a hug, attentive listening etc).

- **What was hard for me about this workshop was ...**
- **In terms of listening to the workers...**
- **At one time I was thinking of (own loss)...**
- **Where I was excellent in this workshop was...**
- **Where I most appreciated you (other facilitator) was...**
- **What I most appreciated about the group was...**
- **One thing I am holding on to is... (take a moment to breathe and check your body; are you holding any tension? unexpressed feelings?)**
- **Anything else?**

After debriefing, take the time to tell your co-facilitator how the debriefing was for you, and Check-out any concerns you may have, whatever they may be:

- **'Was I too emotional?'**
- **'Was I too cold?'**
- **'I'm worried you may think I can't handle this.'**

Presenting on loss work can be emotionally challenging. Debriefing may invite some emotional vulnerability and it is important not to leave the work with any worries about how you may have been viewed.

