



## *Colleague to Colleague*



**Dale G. Larson, PhD**

Dale G. Larson, PhD, is a Professor of Counseling Psychology at Santa Clara University, where he directs graduate studies in health psychology. He is a Fulbright Scholar, a Fellow in the American Psychological Association, and member of the International Work Group on Death Dying and Bereavement. Dale authored the award-winning book, *The Helper's Journey: Working with People Facing Grief, Loss, and Life-Threatening Illness*, and was Senior Editor and a contributing author for *Finding Our Way: Living with Dying in America*, the Robert Wood Johnson funded national newspaper series that reached 7 million Americans. His scholarly publications on grief and loss, grief counseling, stress and stress management in health professionals, and self-concealment and secrets are widely cited, both in the scientific literature and in the popular media. He was the recipient of the Association for Death Education and Counseling Death Educator Award in 2016.

### ***How did you get involved in the field of death and loss?***

As with many people, I did have some personal history with death. My brother died when I was 5, so I was raised in a family coping with bereavement (even if it was something we were not consciously defined by).

I found myself being drawn to and interested in issues of grief during my academic career. In 1968, as a sophomore at the University of Chicago, I was working in the medical records department of Billings Hospital where Elisabeth Kubler-Ross was working and lecturing. I would stop and peer into her seminars and sense the significance of what was unfolding there. The next year, her seminal work “On Death and Dying” was published, which really opened the conversation around these issues

In graduate school, I worked at the VA with dying patients. After graduating, I received an NIMH grant to do mental health training for hospice workers, and I also did clinical work in oncology. So, much of my professional work has focused in this area, including research on professional stress, grief counseling, and self-concealment.

### ***Can you talk more about your research in self-concealment and grief?***

Many people who are grieving show a tendency or motivation to conceal personal information that might be perceived as negative, which is known as “self-concealment.” This might be information about the death itself; many losses in our society are stigmatized, like suicide and miscarriage. Or it may be the feelings that person is having after the death, especially if those feelings are not considered “normal,” like shame or jealousy. People who have had traumatic loss tend to have higher levels of self-concealment. I have developed a Self-Concealment Scale that can help identify why grieving people self-conceal and what impact it may have. Data exist that concealing grief over time can have tangible impacts on physical health, for instance.

There are many social constraints around disclosing loss and grief, and this can be isolating and difficult to cope with. This can be one reason grief goes “underground”—people may self-conceal what they perceive as negative feelings about their experiences around death and grief, which can lead to issues of authenticity in relationships. That situation, where people feel they cannot share their true feelings or experiences, can in turn lead to more feelings of shame and guilt. This can be one reason that the support of clinicians can be so essential—to help acknowledge and be present when grievers are coping with these difficult feelings.

### ***How can clinicians help grievers work through feelings such as shame?***

A key goal is often to help the person make what is a transformative shift from shame to taking responsibility for their behavior, and to do so without an added layer of self-blame and negative self-evaluation. Part of this process is promoting an experience of self-compassion. Clinicians can help people make this shift. The message of shame is “I am bad.” The message of guilt is “I did something bad.” Shame is not completely maladaptive, but a core intervention is often to transform self-focused blame and shame to a more accepting stance toward oneself and one’s behaviors, along with reparative behaviors if they are possible.

With grief this can be a challenge, because there are limits to finding behaviors that can help with this shift. If two people get in a fight, one of them can decide to call and apologize. But after someone has

died, these options are obviously not available. Therefore, the grieving person needs guidance in finding other ways to move toward self-acceptance and silencing their inner critic.

One basic intervention is to get that person to help someone else who might be struggling. If they can say to someone else, with deep empathic attunement, “It’s hard not to feel guilty or ashamed because you want so much to not have had this happen, but what would you say to someone else who is struggling with this, and who is being caught up in so much self-criticism? How could you comfort them in this time of great pain?” Sometimes this kind of imaginary dialogue can lead to the recognition that perhaps they, too, can feel pride, rather than shame, in how they handled their own loss situation.

### ***What other difficult feelings can arise after a death?***

Another common feeling that is often experienced is the feeling of relief after a death (which then also may generate feelings of shame). Especially after a long period of difficult caregiving, such as a prolonged struggle with Alzheimer’s disease, the caregiver may feel real relief—that their loved one is no longer suffering, and that their lives are not consumed with caregiving and loss. That can quickly turn to feelings of shame—how can I feel relieved when my loved one has died? These feelings might also occur if there was unmanaged pain and suffering at the end of the person’s life. Relief can also come after a death when there have been ambivalent or negative feelings that existed in the relationship.

### ***Can support groups play a role in this process?***

Yes, support groups can be very helpful. Of course, it is impossible to force participation. Motivation is always key to success in any helping situation. But if a griever who is coping with shame or self-blame can hear someone else express similar feelings, he or she may have less reluctance about sharing those same feelings. In a support group setting, those feelings are normalized and validated in a way they may not be elsewhere, especially with a stigmatizing or difficult loss, or where the caregiving experience was prolonged.

Of course, these feelings never exist on their own—grievers can be relieved, angry, sad, sometimes all within the same day or even the same hour. Feelings of shame, however, can complicate the grief process by disenfranchising the griever—shame keeps things hidden—and leading to a reluctance to share experiences and seek support. Clinically, we know that one of the best ways for many griever to process their experiences is to share those feelings, but shame and guilt can get in the way of accessing that help.

### ***What are some signs that clinicians may see in a griever who may be experiencing shame or self-blame?***

One signal may be a griever who is expressing noticeably low self-esteem. If the person is attacking themselves or devaluing themselves, or if their “inner critic” is speaking, that may be a clue that there are feelings of shame or guilt connected to the loss experience. Someone who is more prone to feelings of shame (even prior to the death) may be more likely to have these experiences after a death.

Research from UCLA has shown that feelings of shame have a distinct impact on cortisol levels and other direct physical links, so clinicians should also watch for those signs, even if the feelings are not being expressed verbally.

I have been intrigued by the great interest generated in the subjects of shame and vulnerability, led in part by author Brene Brown. Her work has really touched a nerve and catapulted this discussion into the public sphere. Any reminder that life is challenging and complicated, and that no one can expect themselves to be “perfect,” especially during grief and loss, is a positive thing.