

# **GRIEF & LOSS Resources**

## **WEB SITES:**

Al-Anon Family Groups District 5: <http://www.afgdistrict5.org/>

Compassion Books: <http://www.compassionbooks.com/store/>

American Society of Suicidology: <http://suicidology.org/web/guest/home>

Center for Loss and Life Transitions: <http://www.centerforloss.com/>

Compassionate Friends: Supporting a Family after a Child Dies: <http://www.compassionatefriends.org/>

Crisis, Grief & Healing: <http://www.webhealing.com/>

Griefnet: <http://www.griefnet.org/>

Hospice Net: <http://www.hospicenet.org/>

## **ON LINE ARTICLES:**

“Overcoming Stages of Grief and Loss”

(<http://www.hopelinks.net/addiction-treatment/grief-loss/overcoming.html>)

“The Role of Grief and Loss in Addiction Recovery”

([http://oxbowexpeditions.net/articles/grief\\_add\\_recov.php](http://oxbowexpeditions.net/articles/grief_add_recov.php))

## **BOOKS:**

[Rudman](#), M.K., [Gagne](#) K. D., [Bernstein](#), J.E., Books to Help a Child Cope with Separation and Loss: An Annotated Bibliography 4<sup>th</sup> ed., 1994.

[Fitzgerald](#), Helen, The Grieving Child, 1992.

Jarratt, C.J., Helping Children Cope with Separation and Loss, Revised Edition, 1994.

J. William Worden, Grief Counseling & Grief Therapy, 2008.

Judith Viorst, Necessary Losses, 2002.

Lynn, J. and Harrold, J. (1999). Handbook for Mortals: Guidance for People Facing Serious Illness, p.41.

Abbot, A., Alcohol, Tobacco, and Other Drugs. NASW, 2010.

Janice Finn, LMSW  
UMHS Clinical Social Worker



*Enhancing Quality of Life at the End of Life*

## **HOW TO CONSOLE GRIEVING PEOPLE**

The Art of Being a Healing Presence. James Miller and Susan Cutshall, 2001.

Discover the most effective ways to be present in a way that is healing, nurturing and potentially even transforming.

The Art of Condolence: What to Write, What to Say, What to Do at a Time of Loss. Leonard Zunin, M.D. and Hilary Stanton Zunin, 1992.

Well-received book with practical suggestions on what to write, what to say and what to do at a time of loss.

The Art of Healing: What to Say and Do When Someone is Hurting. Lauren Littauer Briggs and Emilie Barnes, 2003.

Easy-to-use resource for suggestions on what to say and do when someone you care about is in need.

Beyond Sympathy: What to Say and Do for Someone Suffering an Injury, Illness or Loss. Janice Harris Lord, 1990.

Brief, practical things to do and say in a wide variety of loss and trauma situations.

Healing Conversations: What to Say When You Don't Know What to Say. Nancy Guilmartin, 2002.

A positive, empathic approach to helping people in need.

I Don't Know What to Say: How to Help and Support Someone Who is Dying. Dr. Robert Buckman, 1992 Reprint: 2000.

This empathic guide demystifies the dying process and offers practical, concrete suggestions for bringing a degree of comfort to the dying person.

I Know Just How You Feel: Avoiding the Clichés of Grief. Erin Linn, 1986.

Sensitive insights on approaching bereaved persons and avoiding the clichés of grief. A clear, honest and hopeful read for consolers and consoled.

If There's Anything I Can Do: A Practical Guide for Helping Others Cope With Grief. Carlene V. Eneroth, 1990.

Quick reference guide with dozens of practical suggestions for helping others.

You Can Help Someone Who's Grieving: A How-To Healing Handbook. Victoria Frigo, 1996.

A practical resource deals with such issues as what to say and not to say after someone dies, how long the grieving period lasts and its many stages, how to write sympathy notes, and how to handle holidays and anniversaries.

## **Life Events Scale**

This stress assessment measures the amount of change, using Life Change Units, a person experienced and adjusted to in the previous 12 months. It was designed to predict the likelihood of disease and illness following exposure to stressful life events. Each life event is given a score that indicates the amount of readjustment a person has to make as a result of the event. Not all of the events in the scale are necessarily negative events.

This scale indicates that change in one's life requires an effort to adapt and then an effort to regain stability. Stress and feelings of loss are natural by-products of adapting and trying to regain homeostasis. This assessment considers only the events that occurred, not individual perception of these events in life. Perception is a key part of the total grief and loss experience, so while the Life Events Scale has value in increasing awareness of potential losses and life changing or stressful events, an individual's perception of the event is an important variable which needs to be considered in the overall assessment. For a more complete picture of how loss has affected a person's life consider all the dimensions of health: physical, mental, emotional, spiritual, and social.

### **Directions**

For each event that occurred in your life within the past year, record the corresponding score. If an event occurred more than once, multiply the score for that event by the number of times the event occurred and record that score. Total all the scores:

- Score of 300+: At risk of illness.
- Score of 150-299+: Risk of illness is moderate (reduced by 30% from the above risk).
- Score 150-: Only have a slight risk of illness.

A modified scale has also been developed for students (teenagers and university aged young adults). This scale is included in the handout. Similar to the adult scale, life events are totaled and provide a rough estimate of how life changes may affect health.

## Adult

Life Events	Life change units
Death of a spouse	100
Divorce	73
Marital separation	65
Imprisonment	63
Death of a close family member	63
Personal injury or illness	53
Marriage	50
Dismissal from work	47
Marital reconciliation	45
Retirement	45
Change in health of family member	44
Pregnancy	40
Sexual difficulties	39
Gain a new family member	39
Business readjustment	39
Change in financial state	38
Change in frequency of arguments	35
Major mortgage	32
Foreclosure of mortgage or loan	30
Change in responsibilities at work	29
Child leaving home	29
Trouble with in-laws	29
Outstanding personal achievement	28
Spouse starts or stops work	26
Begin or end school	26
Change in living conditions	25
Revision of personal habits	24
Trouble with boss	23
Change in working hours or conditions	20
Change in residence	20
Change in schools	20
Change in recreation	19
Change in church activities	19
Change in social activities	18
Minor mortgage or loan	17
Change in sleeping habits	16
Change in number of family reunions	15
Change in eating habits	15
Vacation	13
Christmas alone	12
Minor violation of law	11

Students, Teenagers, Young Adults

Life Event	Life Change Units
Getting married	100
Unwed pregnancy	92
Death of parent	87
Acquiring a visible deformity	81
Divorce of parents	77
Fathering an unwed pregnancy	77
Becoming involved with drugs or alcohol	76
Jail sentence of parent for over one year	75
Marital separation of parents	69
Death of a brother or sister	68
Change in acceptance by peers	67
Pregnancy of unwed sister	64
Discovery of being an adopted child	63
Marriage of parent to step-parent	63
Death of a close friend	63
Having a visible congenital deformity	62
Serious illness requiring hospitalization	58
Failure of a grade in school	56
Not making an extracurricular activity	55
Hospitalization of a parent	55
Jail sentence of parent for over 30 days	53
Breaking up with boyfriend or girlfriend	53
Beginning to date	51
Suspension from school	50
Birth of a brother or sister	50
Increase in arguments between parents	47
Loss of job by parent	46
Outstanding personal achievement	46
Change in parent's financial status	45
Accepted at college of choice	43
Being a senior in high school	42
Hospitalization of a sibling	41
Increased absence of parent from home	38
Brother or sister leaving home	37
Addition of third adult to family	34
Becoming a full fledged member of a church	31
Decrease in arguments between parents	27
Decrease in arguments with parents	26
Mother or father beginning work	26

## Avoiding the Clichés of Grief

Try open ended statements. Try to avoid telling people what they “should” or “should not” be feeling, doing, etc. Do not assume to know what someone is going through or experiencing.

1. *Cliché*: “You must be strong for your children (spouse, relatives, friends, etc).”  
Instead, try: Why not share your feelings with your children? Perhaps you can lean on one another and help support each other.

2. *Cliché*: “You’ve got to get hold of yourself.”  
Instead, try: “It must be so hard to keep going when you’re hurting so much.”

3. *Cliché*: “You are holding up so well.”  
Instead, try: “Would it help to talk about how you’re feeling?”

4. *Cliché*: “Time will heal.”  
Instead, try: “You must feel as if this pain will never end.”

5. *Cliché*: “You’re young, and you will be able to make a new life for yourself.”  
Instead, try: “You must miss your loved one and the life you had together; I do, too.”

### What to Say

I’m sorry.

I’m sad for you.

How are you doing with all this?

I don’t know why it happened.

What can I do for you?

I’m here and I want to listen.

Please tell me what you are feeling.

This must be hard for you.

What’s the hardest part for you?

I’ll call tomorrow.

You must really be hurting.

It isn’t fair, is it?

You must really feel angry.

Take all the time you need.

Courtesy, Archdiocese of Omaha, Family Life Office

### What *Not* to Say

I understand how you feel.

Death was a blessing.

It was God’s will.

It all happened for the best.

You’re still young.

You have your whole life ahead of you.

You can have other children.

You can always remarry.

Call me when I can help.

Something good will come of this.

At least you have another child.

She/he led a full life.

It’s time to put it behind you.

Be strong!

## Helping a Grieving Friend during the Holidays

Each person's grief is unique. Our personal situations differ, our challenges, problems, families, religious beliefs, and relationships differ as well. We have different strengths and weaknesses. Also, quite frequently, the deaths of our loved one's are different, and the relationships we had with the deceased while living are different: conflicted, mutually supportive, ambivalent, etc.

Friends and relatives can be significant in helping someone who is grieving to get through the holidays. In the flurry of the holiday season more distant friends and acquaintances are absent, caught up in their own holiday activities; others simply acknowledge that they are not able to face the grieving person's pain in a season that is supposed to be joyful. For the person who is grieving the holidays can be particularly painful as everyone around them, the stores, television, people on the street, etc. are preparing to celebrate while they are still in mourning.

How can you help someone who is grieving a loss due to addiction, especially during the holidays? First there are a few things we need to know about grief. Grief does not go away. Rather, the bereaved gets used to living with the pain, dealing with the grief, and coping with the memory of the loved one's death. The loss, and the pain that follows, are incorporated into the bereaved's life. During the holiday season, even if the loss occurred many years ago, the grief and pain can resurface, become acute again. It is very normal to find that thoughts of the deceased, missing the deceased anew, and more actively mourning the deceased occur during the holidays.

When a loved one dies because of addiction the grief felt by friends and family is often complicated by the conflicted relationship they had with the deceased. Outsiders may find it difficult to understand how we can simultaneously both love and be angry with the deceased. When an addict dies we mourn the loss of our dreams and hopes for a better future, the future that might have been. We may also mourn the loss of the hope of being able to repair our conflicted relationship with the deceased.

The way the person died can also cause additional pain and trauma. Unfortunately, with addiction the circumstances of the death may be difficult and challenging. In addiction related deaths there may also be social stigma, many people are uncomfortable talking about the person's life style choices, family and friends may feel they have no outlet to talk about their loved one. Sometimes, as in the case with suicide for example, it may feel socially unacceptable to talk about the circumstances of the death.

Here are some suggestions for helping a grieving friend or loved one during the holidays; as was said earlier each person's grief is different, pick and choose the suggestions that seem right for you:

- One of the most important things you can do for someone who is grieving is to listen, almost every grieving person wants to talk about the loved one they lost. It is helpful to be able to talk about memories, whether good, bad or indifferent, of the deceased. Each new listener may be recounted again the events surrounding the loved one's death. This is part of the grieving process. Try to be comfortable with silences and don't feel you need to interrupt them.

- Try not to ask, “How are you?” Try to phrase the question a different way: “I’ve been thinking about you; what have you been doing lately?” “It’s good to hear your voice; this must be a hard time for you.” Try not to ask questions that call for the socially acceptable answer of, “I’m ok.” Avoid saying, ‘I know how you feel’ or making assumptions about how someone feels.
- Be compassionate. Enter into your friend’s emotions but do not try to take them away or make them your own. Allow the grieving person to experience all the hurt, sorrow and pain he/she is feeling. Tears are a normal part of grieving. Give your time, listening ear, etc. with no expectation of reciprocity; often grieving people do not have the physical or emotional energy to be outwardly grateful for your help.
- Instead of saying, “Is there anything I can do for you?” suggest something specific. “I’m going to the store, what would you like me to pick up for you.” Or, “May I give you a ride to Church this week.” “May I take you to lunch next Thursday?” Grieving people rarely call to ask someone other than close family members for help. They do respond to offers of a specific service with a date and time, “I’m going to be in your neighborhood tomorrow, would it be ok if I stopped by at 2:30 for about an hour?” A word of caution: while trying to create opportunities for personal interaction don’t force situations on your grieving friend. Be considerate of people’s need to be alone and have private time.
- Try not to offer advice unless the bereaved asks for it. Instead of saying, “Why don’t you...” it is possible to speak of things using examples or in general without making the listener feel like you are telling him/her what to do.
- Try to avoid diverting a grieving person by talking on and on about what you’ve been doing or will be doing with your friends and family to celebrate the holidays. The bereaved often does not want to hear about all the fun and happy things you are doing. They are also usually not interested in who is ill, in the hospital, or who else has died. The grieving person is often more interested in their own loved one and their own grief.
- Attempt to understand the importance of the loss. The death of a loved one, no matter how conflicted and chaotic the relationship, is a shattering experience. As a result of the death, the bereaved’s life is under reconstruction.
- Lastly, maybe send a hand written holiday letter letting them know you are thinking of them during the season. Many things can be said on paper that would be more difficult to say in person. A special card can be cherished and read over and over.



## **How can we help ourselves cope with and work through our grief, especially during the holidays?**

Each person's grief is unique. Our personal situations differ; our challenges, problems, families, religious beliefs, and relationships differ as well. We have different strengths and weaknesses. Also, quite frequently, the deaths of our loved ones are different, and the relationships we had with the deceased are different: conflicted, mutually supportive, ambivalent, etc.

When a loved one dies because of addiction the grief felt by friends and family is often complicated by the conflicted relationship they had with the deceased. Outsiders may find it difficult to understand how we can simultaneously both love and be angry with the deceased. When an addict dies we mourn the loss of our dreams and hopes for a better future, the future that might have been. We may also mourn the loss of the hope of being able to repair our conflicted relationship with the deceased.

The manner in which a person died can also cause additional pain and trauma. Unfortunately, in addition the circumstances of the death may be difficult and challenging. In addiction related deaths there may also be social stigma, many people are uncomfortable talking or hearing about the person's life style choices; family and friends may feel they have no outlet to talk about their loved one. Sometimes, as may be the case with suicide for example, it may feel socially unacceptable to talk about the circumstances of the death.

Grief is both a necessity and a privilege; it comes from giving and receiving love. In addiction the very reason the relationship was conflicted is because of love. The death of a loved one, no matter how conflicted and chaotic the relationship, is a shattering experience. As a result of the death your life is under reconstruction. A broad range of emotions and thoughts are a normal part of grieving. Feelings such as: anger, sorrow, loneliness, feeling guilty and wondering "what if", feeling restless or fatigued, loss of appetite, and difficulty sleeping. Tears are also a normal part of grieving. If you are wondering if what you are feeling is normal, most likely it is. There are many resources available in the community and on line to talk to others about what you are experiencing. Many people who are grieving find professional counseling and support groups to be very helpful.

For someone who is grieving, the holidays can be particularly painful as everyone around them, the stores, television, people on the street, etc. are preparing to celebrate while they are still in mourning. What traditionally is a time of family togetherness, sharing, and thanksgiving may instead be a time of increased sorrow, loss, loneliness, and emptiness.

During the holiday season, even if the loss occurred many years ago, the grief and pain can resurface and become sharp again. It is very normal to find that thoughts of the deceased, missing the deceased anew, and actively mourning the deceased again occur during the holidays.

Below are some suggestions for helping yourself cope with grief during the holiday season. As mentioned earlier each person's grief is different, pick and choose the suggestions that seem right for you:

- Try to be patient and compassionate with yourself. Take good care of yourself (even if you don't feel like it). Find time to exercise, relax, eat regularly, and get good rest. Feelings of loss often leave people feeling fatigued. Having lower energy may slow you

down. Respect what your body is telling you. You may need to change your expectations about what you are able to participate in during the holiday season. Do what is right for you during the holidays. Friends, co-workers, and family members, while well-meaning, often try to prescribe what is good for you during the holidays which may or may not be what you need.

- Plan ahead for family gatherings and structure your time. Often grief causes fatigue. If you do not feel up to participating in a family/holiday tradition this year give yourself permission to “sit out.” Spending time at a holiday celebration with family and friends may be easier to cope with if specific time frames are set. For example: “I will be able to come to dinner at 6 but I will need to leave by 8.” As you make your plans leave space to change them if you feel it is appropriate. It is important to be able to have time to yourself but try not to become too isolated.
- During the holidays it may be tempting to be overly busy to distract yourself and not allow yourself to experience your grief. Being too busy may help you avoid painful memories and feelings for a while but it does not allow you to work through the grief and move forward towards healing. Grief cannot be “skipped over” it must be worked through. Keeping busy to avoid experiencing grief may actually complicate and prolong the grieving process. Try to find a balance between being overly busy vs. avoiding tasks and isolating yourself. Proper self-care involves a healthy balance of activities and personal time.
- Talk about your grief. Find people who are good listeners. If they get tired of listening find others to talk to, whether friends, family members, or a professional counselor. It is helpful to be able to talk about memories, good, bad or indifferent, of the deceased. It is part of the grieving process. Do not be afraid to express your thoughts and feelings. Ignoring your grief will not make it go away. Talking about your grief may decrease the intensity of the grief, facilitate the healing process, calm your mind, and clarify your thinking. Talking may help you feel more in control.
- Holidays can be for remembering and talking about the legacies of our deceased family members. If it feels comfortable to you, give yourself permission to talk about your loved one at holiday functions with family members and friends.
- Holidays can also be a time of discovering new beliefs or renewing one’s faith. Holidays may also be a time to reflect on one’s own life, and to make resolutions about the future.

## **Grief: Suggestions for finding a support group and/or therapist**

Receiving support from others who have experienced a loss and are going through grief and/or professional support can help us cope. It can sometimes be a daunting task to find the appropriate support group or therapist. Often local religious leaders or places of worship, along with hospitals, treatment centers, hospices, and funeral homes have lists of specific support groups. Even if you or your loved one has not been a patient or client of these organizations or agencies most are open to community members and are willing to assist you with identifying support options. Most types of loss have specific web sites (ex: Suicide, Miscarriage, Substance Use); these sites often have helpful suggestions for support groups, agencies, and networks. Ask friends, family or peers who are also experiencing the same loss or condition for recommendations of groups or therapists. Another way to identify therapists in your area is to contact your health care provider (doctor/clinic) or health insurance provider (ex: Blue Cross Blue Shield, BCN, HAP, Medicaid HMO). For those who are uninsured or have limited coverage contact the local County Mental Health Access Number or Catholic Charities for recommendations for low-cost options. In the Ann Arbor area there are several community agencies and groups that may be able to assist you with finding the best group and/or therapist for you and your family's situation, below are a few of these agencies:

Washtenaw County Mental Health Single Entry Service Number: 734-544-3050 or 800-440-7548 (24 hours)

Ann Arbor Area Therapeutic Resources

<http://www.therapeuticresources.com/supportmichigan.html>

Arbor Hospice <http://www.arborhospice.org/services/GriefSupport/braveheartofmichigan.html>

Community Support and Treatment Services

[http://www.ewashtenaw.org/government/departments/community\\_mental\\_health/programs-and-services](http://www.ewashtenaw.org/government/departments/community_mental_health/programs-and-services)

Ele's Place

<http://www.elesplace.org/> - Children Groups & Support

Grief Net

<http://griefnet.org/support/sg2.html> - Adult Groups

[http://www.kidsaid.com/k2k\\_support.html](http://www.kidsaid.com/k2k_support.html) - Children's Groups

Michigan Mental Health Networker, Washtenaw County

[http://www.mhweb.org/washtenaw/selfhelp\\_index.html](http://www.mhweb.org/washtenaw/selfhelp_index.html)

[http://www.mhweb.org/washtenaw/therapist\\_indx.html](http://www.mhweb.org/washtenaw/therapist_indx.html)

St. Joseph's Mercy Behavioral Health - 734-786-2301 or 800-289-0014

University of Michigan Hospital Psychiatry - 734-764-0231

Janice Firm, LMSW

UMHS Clinical Social Worker

## **Children & Grief**

Children's experience of loss and grief can differ from an adult's experience. Knowing how children's developmental stage affects their understanding of and ability to cope with loss is important. This knowledge will help you provide the most meaningful and effective support to your child. Speaking with your child's health care provider regarding your child's response to loss and how to best to support your child through this experience can be a helpful place to start. Pediatricians can help assess whether a child's response is normal or if professional support/counseling is needed. Additionally, it can be beneficial to involve the school counselor or social worker; they can also assess for coping and identify support/counseling resources. Below is a list of resources for helping adults to better understand children's grief, and how to support children through the grieving process.

American Academy of Child and Adolescent Psychiatry

<http://www.aacap.org/cs/forFamilies>

Arbor Hospice

<http://www.arborhospice.org/services/GriefSupport/Childrenandfamily.html>

Barr-Harris Children's Grief Center

<http://www.barrharris.org/>

The Center for Grieving Children, Teens, and Families

<http://www.grievingchildren.org/resources.html>

The Children's Room

<http://childrensroom.org/>

Ele's Place

<http://www.elesplace.org/>

The Grieving Child

<http://www.grievingchild.org/>

Hospice Net

<http://www.hospicenet.org/html/child.html>

Michigan Mental Health Networker, Washtenaw County Child & Adolescent Services

<http://www.mhweb.org/index.html>

[http://www.mhweb.org/washtenaw/child\\_index.html](http://www.mhweb.org/washtenaw/child_index.html)

Janice Finn, LMSW

UMHS Clinical Social Worker

## Rescuers Checklist

Completing the checklist can help you become aware of the ways you may be rescuing people without realizing it. It is taken, with permission, from the Transactional Checklist.

Mark each of the statements below as it applies to you according to this code: 0 = seldom or never; 1 = sometimes or occasionally; and 2 = frequently. X = significant others in your life such as a spouse, boss, parents, friend, or colleague.

- \_\_\_ 1. Is it hard for you to take time for yourself and have fun?
- \_\_\_ 2. Do you supply words for X when he/she hesitates?
- \_\_\_ 3. Do you set limits for yourself that you then exceed?
- \_\_\_ 4. Do you believe that you are responsible for making (keeping) X happy?
- \_\_\_ 5. Do you enjoy lending a shoulder for X to “cry” on?
- \_\_\_ 6. Do you believe that X is not sufficiently grateful for your help?
- \_\_\_ 7. Do you take care of X more than you take care of yourself?
- \_\_\_ 8. Do you find yourself interrupting when X is talking?
- \_\_\_ 9. Do you watch for clues for ways to be helpful to X?
- \_\_\_ 10. Do you make excuses, openly or mentally, for X?
- \_\_\_ 11. Do you do more than your share, that is, work harder than X?
- \_\_\_ 12. When X is unsure or uncomfortable about doing something do you do it for X?
- \_\_\_ 13. Do you give up doing things because X wouldn't like it?
- \_\_\_ 14. Do you find yourself thinking that you really know what is best for X?
- \_\_\_ 15. Do you think X would have grave difficulty getting along without you?
- \_\_\_ 16. Do you use the word “we” and then find out you don't have X's consent?
- \_\_\_ 17. Do you stop yourself by thinking X will feel badly if you for or do something?
- \_\_\_ 18. Is it hard for you not to respond to anyone who seems hurting or needing help?
- \_\_\_ 19. Do you find yourself being resented when you are only trying to help?
- \_\_\_ 20. Do you find yourself giving advice that is not welcome or accepted?
- \_\_\_ Total: More than 10 points – rescuing is possible, more than 20 points – rescuing is probable.

Here is a comparison of characteristics of both helpers and rescuers:

<b>The Helper</b>	<b>The Rescuer</b>
<ol style="list-style-type: none"> <li>1. Listens for request</li> <li>2. Presents offer</li> <li>3. Gives only what is needed</li> <li>4. Checks periodically with person</li> <li>5. Checks results               <ol style="list-style-type: none"> <li>a. Functioning better?</li> <li>b. Meeting goals?</li> <li>c. Solving problems independently?</li> <li>d. Using suggestions successfully?</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Gives when not asked</li> <li>2. Neglects to find out if offer is welcome</li> <li>3. Gives help more and longer than needed</li> <li>4. Omits feedback</li> <li>5. Doesn't check results and feels good when accepted, bad when turned down</li> <li>6. Does the greater share of the talking</li> </ol>

Excerpt from *Wellness Workbook* by Regina S. Ryan & John W. Travis, MD.

<b>Being responsible TO others is FREEING to self and others</b>	<b>Being responsible FOR others is CONTROLLING for self and others</b>
<ol style="list-style-type: none"> <li>1. Listening, empathy</li> <li>2. Separate from the other – at least a minimal degree of objectivity</li> <li>3. Personal (focus on the other as a person rather than a “thing” or object)</li> <li>4. Loves</li> <li>5. Congruent/Genuine, “hears” body, deals with feelings constructively (especially anger), confronts constructively, constructive feedback (positive &amp; negative)</li> <li>6. Respects the other person               <ol style="list-style-type: none"> <li>a. Provides freedom to choose (considers options)</li> <li>b. Allows freedom to succeed or “fail”</li> <li>c. Confident of other</li> </ol> </li> <li>7. Helper can fail</li> </ol>	<ol style="list-style-type: none"> <li>1. Telling, sympathy, pity; reassurance only, positive feedback only</li> <li>2. Immersed or over-involved emotionally or coldly detached</li> <li>3. Depersonalizing, stereotyping, labeling (the “case”, the problem in room 303, the “sociopath”, the “discipline problem”)</li> <li>4. Smothers</li> <li>5. Hostility (active or passive), Incongruent/Phony, Denies or ignores body, denies or distorts feelings, avoids confrontation</li> <li>6. Lacks confidence               <ol style="list-style-type: none"> <li>a. Only my answer or decision is OK (persuade, “sweetly” coerce, bribe, blame, increase guilt, withdraws affection, etc.)</li> <li>b. Stays awake nights, worries, takes problem home</li> <li>c. Failure is tragic</li> </ol> </li> <li>7. Super-helper, savior, must save everyone, perfectionist, super-giver</li> </ol>

Excerpt from Pancrazio & Zeller 1982