Death and the Grieving Process: Transactional Analysis Contributions

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Where possible, quotations have been adjusted to reflect original English publications, particularly for TA publications.

Editor's Note – the original translated abstract referred to mourning – the Portuguese word 'luto' can refer to mourning or to grieving. Grieving is used here most of the time as it has wider connotations in English.

Abstract

Loss, death, and grieving are situations involving people at various points in their lives. The purpose of this article is to present an approach on the psychic reaction determined by experience with death or loss, analysing the process of grieving, correlating the description of the five stages of Kübler-Ross with the discounting levels of Schiff. Considering that loss and death occur in the lives of people, and is generally a factor of great stress, we explain the stages through which mourners pass to elaborate the process of grieving. We conclude that working with the process of grieving through interventions on discounting and correlating them with the phases experienced in this period, proved useful in overcoming problems in the therapeutic process.

Keywords

Grief, Death, Loss, Mourning, Transactional Analysis, Discounting.

Introduction

"Gautama Buddha, the founder of Buddhism, once said this existence of ours is as transient as autumn clouds. To watch the birth and death of beings is like looking at the movements of a dance. A lifetime is like a flash of lightning in the sky, rushing by like a torrent down a steep mountain." (Chopra, 2006, online).

I have observed both in clinical practice and social networks that we generally address issues such as health, family, profession, relationships, and we hardly talk about death or dying. However, when we are confronted with this situation, the need to make contact and talk about it arises.

In order to develop the topic proposed here, a search of material found only a few articles about mourning, loss and death in transactional analysis (TA) literature, which became a challenge in the elaboration of this work.

Although we find it difficult to deal with death and loss, we experience these events throughout life and they are part of human development. Death is a situation that generates changes in the lives of people facing a loss, and not only from a material point of view. Changes in assets and finances occur in emotional areas, generating changes in affective relationships, habits and routines, and in social areas, such as status and position, and any change involves losses and gains leading to transformations.

With each new stage of human development, we have to give up or lose something and that makes us grow. During our evolutionary process, there are several losses and we need to learn to live with these physical and psychological separations.

The way of proceeding, the way of operating or solving the feeling of grief or pain for someone's death seems to us unique, that is, proper and different for each individual.

The person will react according to their own frame of reference, which Schiff (1986) defines as "... the structure of associated (conditioned) responses (neural pathways) which integrates the various ego states in response to specific stimuli." (Schiff, 1975, p.49) This will depend on the bond with the deceased person, the various roles that were played and how one deals with losses in the course of their own life.

We understand that, by cultural, social and family tradition, each individual brings a representation of death. According to Viorst (1990) "to begin to realize how our responses to the losses shaped our lives can be the beginning of wisdom and promising change, so to understand our lives we need to understand how we face our losses" (p.14-15).

Observing, analysing and experiencing how we face our losses seems important to us in understanding the elaboration of the grieving process. We seek to contextualize what happens with a bereaved person and thus contribute to understanding this process, because it seems important, as psychotherapist, to understand the stages of mourning and to help individuals mourn their losses in relationships and thus elaborate their mourning in a healthy way. According to Kübler-Ross (1998) "If we were to make a superhuman effort to face our own death, to analyse the anxieties that permeate our concept of death, and to help others become familiar with such thoughts, there might be less destruction around us." (p.17).

From the studies found we seek to establish in Transactional Analysis a form of intervention for the mourning process. It is important to keep in mind that a necessary and fundamental process for its elaboration takes place and that, in fact, mourning can be a normal and even expected reaction, characterized by a set of reactions caused by the loss of significant bonds. However, when it is prolonged indefinitely or the lack of immediate reactions to the death exist, presenting later symptoms of distorted grief, it becomes complicated, and in this case intervention is necessary for its resolution. Most authors agree that we complete the main part of the grieving process after about a year, sometimes less, but usually more (Viorst, 1990).

The purpose of this article is to present an approach to the psychic reaction determined by experience with death or loss, analysing the grieving process, correlating the description of Kübler-Ross's five stages with the discounting levels (Schiff, 1986, 2010).

The Grieving Process

How we elaborate or do not elaborate our grief will depends on a number of factors - our age and the age of who we lose, and under what circumstances they were lost, our history of past losses, our personality structure, external support, and our life script.

Pain arising from any significant loss, whether from a loved one or even an esteemed object, results in a void that needs to be filled, entering a necessary and fundamental process to elaborate the loss. There seems to be a typical pattern in normal mourning, consisting of stages or phases for adaptation to loss to happen, but the stages are not fixed sequences that

all bereaved people must pass through to recover from loss.

It can be observed that there are people who work out their losses and react in a healthy way, giving new meaning, rebuilding and reorganizing their lives, and others who cannot and get stuck in some of the stages. Parkes (1998) recalls that "the pain of mourning is as much a part of life as the joy of living; and may be the price we pay for love, the price of commitment. To ignore this fact or to pretend that it is not so, is to blind oneself emotionally, so as to be unprepared for the losses that will inevitably occur in our lives, and also to help others to face their own losses (p. 22).

The loss caused by death represents the rupture of an irreversible emotional bond and this experience generates changes in cultural, social, family, emotional and somatic domains.

Even if we can master death on several levels, it still constitutes a "ghastly, dreadful event, a universal fear" (Kübler-Ross, 1998, p.9).

"In our unconscious we can only be killed; it is inconceivable to die of natural causes or advanced age. Therefore, death itself is linked to a bad action, a fearful event, something that in itself claims reward or punishment (Kübler-Ross, 1998, p.6).

The process of grieving does not only happen when the death of loved ones occurs; it is also present in all processes involving reactions to losses, such as an important separation, loss of social or professional status or even the loss of a part of the body, as in amputation, and this understanding can help us to help individuals deal with their losses.

When we identify this issue, whether it is illness or loss of a loved one, we realize that we are not familiar with talking about it. We have the impression that talking about death makes us uncomfortable, perhaps because we need to understand the problems that arise from it. With this we resort to some defence mechanisms to deal with what is inevitable, with the fact that we cannot escape; but nevertheless defences, whilst protecting us from the fear of death, may also restrain us.

As defence mechanisms, we refer to a psychological process that the Ego uses in order to reduce the tension felt in the form of anguish arising from conflicts, keeping it out of the field of consciousness so that it is not recognized. This concept highlights how much the death situation impacts people.

We observe that people often respond passively to the situation; passivity in feeling, thinking or doing. According to Schiff and Schiff (2010), passivity can be understood as the lack of reaction to stimuli, which

results from symbioses that are established through passive behaviours, maintained through mechanisms of discounting and justified through grandiosity.

This lack of reaction to stimuli is something that is not conducive to resolving the grieving process; however, if there is awareness of the stimulus, one can use this knowledge to explore the loss in a healthy way, having the clarity that "awareness helps, that recognizing what we are doing helps, and that self-understanding can enlarge the field of our choices and possibilities "(Viorst, 1990, p.15).

Schiff's Conceptual Elements

Schiff (1986) carried out her work focusing on the relationships of dependence and the misalignments that these promote in the person who establishes the symbiotic relationship. She used concepts such as frame of reference, redefining and discounting. Discounting may well occur when faced with death and losses.

Frame of Reference

TA theory holds that there are three integral parts of the personality, called the Parent, Adult and Child ego states – with initial capitals these words refer to the personality and in lower case to people. Berne (1988) defines ego states as "coherent systems of thought and feeling manifested by corresponding patterns of behaviour" (p.25 – in English 1972, p.11).

In discussing frame of reference, Schiff (1986) says that "It provides the individual with an overall perceptual, conceptual, affective and action set, which is used to define the self, other people, and the world, both structurally and dynamically (p.58-59 - in English 1975, p. 50). So the frame of reference refers to a global structural and functional matrix.

The frame of reference is learned from parental figures and establishes a structure of characteristic thoughts, feelings and behaviours, defining the individual's belief system.

The different script options come from the different frames of reference structured in the individuals, making each individual resort to specific internal mechanisms to face grieving. Script, according to Berne (1988) "is an ongoing program, developed in early childhood under parental influence, which directs the individual's behaviour in the more important aspects of his life" (p.332 – in English 1972, p 418).

Considering death as one of these aspects, limiting beliefs about oneself, others, or reality are likely to inhibit spontaneity and limit flexibility in problem solving and interpersonal relationships, and the possibilities for choices become restricted to deal with the fact of death.

Redefining

When a stimulus does not conform to an individual's frame of reference there is a need to redefine in order to fit it into that frame of reference. This internal mechanism is called redefining, which Mellor and Schiff (2010a) refer to as "… The mechanism people used to maintain their established view of themselves, other people in the world in order to advance their scripts. It is the means by which people defend themselves against stimuli which are inconsistent with their frames of reference, and redefine the stimuli to fit into the frames. (p. 115 – in English 1975, p.303).

Depending on the script elements of the individual, the stimulus brought about by death will have a certain meaning and the person will react by redefining this stimulus to fit their frame of reference. For some, death can represent loss, rupture, the end of a cycle, for others, surrender, rest or even relief.

Discounting

We assume that "… there is a consensually definable reality, and that discounting involves a frame of reference which distorts or is inconsistent with that reality" (Schiff, 1986, p.18 – in English 1975, p.14).

Discounting is an internal mechanism, outside consciousness, that ignores or distorts stimuli that reach the person. Discounting, because it is not conscious, undermines effective thinking and the ability to evaluate reality. English (2010) wrote "Real feelings and perceptions are here-and-now responses to internal or external stimuli. An authentic person can allow himself to know and accept any and all feelings that occur in his Child, whether his Parent likes them or not. His Adult can separate feeling from action; he can also choose what and when to show or to express. (p. 91 – in English 1972, p.23).

We realize that the process of mourning is necessary for the individual to restore his balance, accepting the reality of loss and being allowed to express his pain according to his frame of reference.

According to Schiff (1986), discounting is "an internal mechanism which involves people minimising or ignoring some aspect of themselves, others, or the reality situation" (p. 18 – in English 1975, p.14). Through discounting, people can maintain or reinforce a dysfunctional frame of reference, practice psychological games and carry forward their scripts, whilst trying to reinforce or confirm dependency relationships with others.

Discounting is not operationally observable. What can be perceived are some manifestations of discounting such as passive behaviours, redefining, and transactions and behaviours in the drama triangle

(Karpman, 1986) positions of Rescuer, Persecutor and Victim which occur in psychological games - "… an ongoing series of complementary ulterior transactions progessing to a well-defined and predictable outcome." (Berne, 1974, p.49 – original in English 1968, p.44).

A transaction is the exchange of stimuli and responses, and for a single stimulus there is only one verbal or nonverbal response. The transaction is the basic unit of social relationship.

According to Berne (1988) "Death is not act, not even an event, for the one who dies. It is both for those who survive. What it can be, and should be, is a transaction."(p.164 – in English 1972, p.194).

If we think of the transaction when we lose someone, there is an action - stimulus-death and a reaction-response. However, our relationship with the person who dies is interrupted and we stop interacting with them, there is absence or loss of contact and this leaves a void which needs to be filled.

For Mellor and Schiff (2010b), "Discounting can be categorised in terms of three areas (self, others, and situation), three types (stimuli, problems, and options) and each of these may be discounted in for modes, (existence, significance, change possibilities, and personal abilities)."(p. 139 – in English 1975, p.302)

We observe some manifestations of discounting that occur with bereaved relatives. In many situations it is third parties who provide the funeral, since the relatives demonstrate passive behaviours in these situations.

Conceptual Elements of Kübler-Ross: The Five Stages of the Grieving Process

Kübler-Ross (1998) developed her work in hospitals, dealing with terminally ill patients, and identified five psychological stages through which they are faced with the closeness of death: denial, anger, bargaining, depression and finally, in the final stage, acceptance. These emotional phases are also experienced by people facing a loss.

Denial and Isolation - when confronted with the news, the person goes into a state of initial shock and then verbalizes the impossibility of the event. Denial works as a defence against what happened. This mechanism helps the person to alleviate the impact of the news, being necessary to keep their balance to continue life. At a later stage, the person may fall into a situation of personal isolation.

Anger - after an initial period of denial, the person may experience rage and anger. Relationships can become problematic and the ambience feels hostile.

Bargaining - at this stage people abandon anger and adopt negotiation strategies through promises and prayers, usually made to divine entities and usually kept secret.

Depression - when it is no longer possible to deny, attack and revolt, and bargaining did not work, a feeling of great loss arises, resulting in the phase of depression, manifested many times by crying, sadness, disinterest, fatigue and regret.

Acceptance - at this stage the person no longer experiences despair and does not deny their reality. It is a moment of serenity and hope.

Below we combine the Mellor and Schiff (2010b) discount matrix (p.137) with the five stages described by Kübler-Ross (1998).

Schiff's internal discounting mechanism in the five stages of the Kübler-Ross mourning process

We use below the discount matrix by Mellor and Schiff (2010b, p.137), considering the two variables of types and modes, and aligned with the stages of the mourning process of Kübler-Ross (1998).

Analysis of discounting

We can analyse discounting based on the types and modes. The three types are stimuli, problems and options. Stimuli can be internal - feelings, sensations, perceptions of the self - or external - information, events or signals of the other or the situation. Problems are the identifications of questions to be addressed and options are the possible alternatives to address them. Each can be discounted from four different modes - existence, meaning, possibility of change, and personal abilities.

In existence, one does not become aware of the existence of stimulus-death-awareness of loss.

In significance, the person recognizes the existence of the stimulus – death - but distorts the meaning.

In the possibility of change, the person is aware of the stimulus of death, understands its meaning, but believes that it is not possible to deal with the situation of death and, in personal skills, the person recognizes the existence of the stimulus of death, understands its meaning, believes that it is possible to deal with death, but disqualifies their own ability to deal with it.

In the Mellor and Schiff discount matrix there are hierarchical discounting relationships.

In the vertical discounting hierarchy, for each discounting type in the table, a discounting in some mode usually involves discounting in all modes below it.

Modes	Types		
	Stimulus	**Problem**	**Options**
Existence	T1 Existence of stimulus	T2 Existence of problem (**Denial**)	T3 Existence of options (**Anger**)
Significance	T2 Significance of stimulus (**Denial**)	T3 Significance of problem (**Anger**)	T4 Significance of options (**Bargaining**)
Change possibilities	T3 Change possibilities of stimulus (**Anger**)	T4 possibilities to resolve the problem (**Bargaining**)	T5 Viability of options (**Depression**)
Personal capabilities	T4 Personal capability to react differently (**Bargaining**)	T5 Personal capability to solve problems (**Depression**)	T6 Personal capability to implement options (**Acceptance**)

Adapted from Mellor and Schiff (2010b, p. 137 - in English 1975, p.301)

In the horizontal hierarchy, for a given mode, a discounting of any type involves a discounting of all types to the right.

In the diagonal hierarchy, a discounting at any point in the table involves a discounting in mode below and type to the left of it, and at the same time in mode above and type on the right.

In order to work out our losses we have created strategies to defend us against the pain of separation.

In the framework of discounting there is a moment when the person does not know the fact - T1 - The person discounts the existence of the stimulus.
One example is a wife who was found washing the floor of her house on the day of her husband's funeral and told her children that he would arrive and that he would be very angry if he found the house in disorder.

Whether the loss has been anticipated or not, the first sensation is of shock, apathy, and a sense of disbelief, in which periods of pain alternate with periods of astonished misunderstanding. Our mind seems to be immobilized by the shock and difficulty of under-standing the situation and we need time to be able to assimilate the idea of the death of the person we love and that this be accepted as a reality.

According to Clark (2001) "We experience shock at the news of the death of a loved one, even if expected, for it represents the loss of that relationship." (p.157).

Kübler-Ross (1998) also comments that the patient's first reaction may be a temporary state of shock from which they gradually recover.

Denial - T2- discounting of the significance of the stimulus and the existence of problems.
Once the initial feeling of numbness is over, the person recovers and tends to react with disbelief - No, it cannot be happening to me or No, it is not possible!

For Kübler-Ross (1998) "denial functions as a bumper after unexpected and shocking news, letting the patient recover over time, mobilizing other less radical measures" (p.44).

Denial is a mechanism that assists the person to alleviate the impact of the news, serving as a necessary defence of their balance. Reality is regarded as non-existent or transformed so as not to appear more unpleasant or distressing. What is knowingly intolerable is rejected by a protective mechanism of non-perception.

"Denial is an unconscious wish that something not be so. When confronted with our own experience of significant loss, our first reaction, after the shock, usually is to experience some sort of denial (Clark, 2001, p.157).

Minimizing or ignoring aspects of oneself - pain of loss - or of the actual situation - death of the loved one - generally involves denial.

Jacobs (2010) states that "the strength of our denial is related to the depth of our fears" (Jacobs, 1991, p.5).

Exemplifying the denial phase - "I'm not sad" said with a smile by someone who just got word of the death of his son. The person discounts the existence of the meaning of the stimulus - death of the child.

Using Schiff's discounting levels, we can think of denial of feeling such as an example of denial of some aspect of others "Mother is fine, she does not seem to have lost her husband from so many years of marriage" said by a son who may be denying the existence of any sense of mother's pain.

According to Kübler-Ross (1998) "denial is a temporary defence and is soon replaced by partial acceptance" (p.45).

Anger- T3 - discounting of the changeability of the stimulus, the significance of the problem and the existence of options.
Kübler-Ross (1998) states that "when it is no longer possible to hold firm the first stage of denial, it is replaced by feelings of anger, rebellion, envy and resentment, and this anger can spread in all directions and project itself into the environment, often without plausible reason (p.55-56).

This stage is characterized by feelings that vary in intensity, ranging from mild annoyance or irritation to intense fury or rage, usually accompanied by muscle tension and hyperactivity. It is usually expressed with aggressive behaviours to other people or objects in the environment.

Clark (2001) writes that "Anger is a normal response to the perception of betrayal or injustice. It is a way of trying to make someone else do something. Doing something or to take seriously an event or experience. It is a way of trying to change the environment, the situation, all the course of events." (p.157).

We perceive individual differences in the willingness to experience and express anger; or these feelings are experienced and expressed or are repressed and kept. Some people tend to invest a lot of energy in monitoring and preventing the experience and expression of anger, and excessive control can result in passive behaviours, isolation and depression.

Exemplifying the phase of anger - the son expresses his anger, entering into friction with the doctor who had been attending his mother in her terminal state and who died, saying – "You did nothing to make her better". The person discounts the meaning of the problem that is the death of the mother. The stimulus is 'dead mother' and the child does not use this information properly to define the meaning of the problem and therefore the existence of options.

Kübler-Ross (1998) considers that "the problem is that few place themselves in the patient's place and ask where this anger comes from" (p.56). The feeling of anger allows us to set boundaries and gives us the strength to defend ourselves against the sense of threat or loss and when anger is used in a healthy way, energy is directed toward solving the problem.

We understand that when we give time and attention to bereaved people, respecting and understanding them, they will soon tone down and diminish their irascible demands on others and or the environment, feeling recognized in their pain, realizing that they are human beings of value and in need of care. The relief from being able to express your anger will help the person to better accept the event of death.

Bargaining - T4- discounting of the personal ability to react differently to the stimulus, the possibility of solving the problem and the significance of the options.
The third stage is that of bargaining. Clark (2010) comments that "bargaining, as well as denial and anger, is the mental, physical, and behavioural attempt to solve a problem. It is an effort to repair something." (p.158).

We have identified magical thinking at this stage as an attempt to escape the anxieties and conflicts of both the inner and outer worlds, as if the act of thinking could control, modify, or explain the reality of loss, and thus obtain some reward such as recovering somehow the lost link. People demonstrate manifestations of a strong need to find, recover, and reunite with the deceased.

Magical thinking gives people a sense of control and security, and manifests through beliefs, rituals, and superstitions, including prayers and sacrifices, as a way of rationalizing death.

We observe that people at this stage negotiate, usually with divine entities, as a strategy to ease their pain and sorrow. "Most bargains are made with God, they are usually kept secret, spoken in between the lines or in the chaplain's confessional" (Kübler-Ross, 1998, p.89).

As examples, thoughts or verbalizations at this stage - If I pray enough, I can have him/her back; I'll light a lot of candles so I can find her/him again.

Depression-T5- discounting of personal ability to solve problems and the viability of options.
We observe that when the individual can no longer deny the reality of the loss, realizing that they cannot change the situation with their anger, they cannot mitigate the loss with bargaining, and now seeing the loss as definitive, a feeling of great loss begins to emerge, and a deep sadness is felt that is generally labelled as despair.

At this stage, behaviours can range from a mild despondency or feeling of indifference, to desperate hopelessness. We observe that people manifest sadness, disinterest, discouragement, fatigue, insomnia, lack of appetite, often showing themselves as quiet, restrained and inhibited. Their attitudes demonstrate discouragement, despair and also loss of initiative.

Berne (1995) cites that " Despair is precipitated by a dialogue between the patient's Adult in the outside world which is overheard by the patient's Child, while depression is a dialogue between his Parent and his Child with little Adult intervention. If the patient is already in despair, the therapist's refusal to play his residual games will intensify his bad feelings. (p.254 – in English 2001 p.278).

Clark (2001) considers that in death the losses are immense. Loss of hope, plans, connection, way of life, possessions - all have a profound impact on us.

Therefore, sadness is a natural and even expected reaction to the breakup of a meaningful relationship. Avoiding or suppressing pain will probably prolong the grieving process.

Kübler-Ross comments that "our first reaction to people who are sad is to try to cheer them up, tell them not to face the hard facts. We try to encourage them to look at the smiling side of life, the positive and colourful things that surround it. Generally, this is a consequence of our own needs, of our inability to endure such a negative physiognomy for very long (p. 93).

We find that people need to talk about their losses, because talking about losses is talking about broken bonds, and that they also need to feel recognized and qualified in their pain. The sadness that accompanies the loss, through death or an important separation, seems to us to be regarded as a process of restoring the person to the loss, for if we allow them to exteriorize their grief, they will more easily accept the situation.

To quote Kübler-Ross again "in grief there is little or no need for words. It is more a mutually expressing sentiment, usually translated by a touch of the hand, a caress in the hair, or by a silent "sitting by the side"" (p. 94).

We emphasize the importance of being together with the person, embracing the pain so that it can feel welcomed and not necessarily issuing words of comfort.

Examples of the depression phase - In tears the person verbalizes - "Why did this happen to me?" The desperate person says - "What will I do with my life without him/her; without him/her my life has no meaning." "No one wants to know what I'm feeling, I do not understand the emptiness I feel" the person says in a desperate tone.

Acceptance- T6- Personal ability to act on the options.
At this stage the person no longer experiences despair and does not deny their reality.

We find that there are two moments. Initially, the person discounts their ability to act on the options; they demonstrate that they are aware that the options exist, are important and possible, but not for the self or for the other. In a second moment, the person begins to accept death and to be aware that they and others can deal with this new reality.

The person is aware of the fact of death and that they can continue their life, adapting to the new situation. They demonstrate a new acceptance of life, meeting the demands of the environment, playing roles for which they were not accustomed, developing skills and being able to move forward with a revalued sense of life, reinvesting emotions in life and in living.

Often at this stage people turn to spirituality and religiosity in an attempt to deal with the helplessness felt by the loss of meaningful attachment.

What is important at this stage is for the individual to attain acceptance in peace, with dignity and emotional well-being. Thus occurring, this stage can be experienced in a climate of serenity on the part of the individual, with comfort, understanding and collaboration for themselves and others.

Examples of verbalizations or thoughts in the Acceptance phase – "I think of him/her, I miss those days and I will continue his/her businesses." "Wow! It's true, they've gone! I did not want it, but it happened."

Final considerations

The process of grieving depends on our ~~history~~ of love and loss, our script, and in the process we go through some stages to work out our mourning, this being a slow and gradual path.

We begin with the shock, not taking cognizance of the death stimulus; then the negation of the fact, where we do not attribute a meaning to this stimulus, so it will not be defined as a problem. We go through the feeling of anger, because we are aware of death and we attribute a meaning to it, but we do not see options to deal with it. We generally deal with divine entities because we disqualify our ability to react differently to death and also the possibility of solving the problem; and we go through the acute pain phase, not recognizing our ability to deal with death and not seeing options. Finally, we go on to what is considered the end of mourning, acceptance, when we are aware of death, and recognize that we can deal with it. And although sometimes we still cry, and we still miss, that end means an important degree of recovery, acceptance and adaptation.

Each of these phases has its characteristics, and there are considerable differences from one person to another, depending on life scripts in terms of both the duration of and way in which each phase develops, and there may be oscillations in the stages. In these, a succession of emotional states that merge and replace themselves become evident.

A greater awareness and understanding of the possible paths that each individual can take to recover from a loss allow a greater acceptance of the innumerable differences that the process of grieving has from person to person.

Time turns out to be the best ally in this process, allowing for a slow and gradual recovery.

The possibility of establishing a connection between Kübler-Ross's mourning stages and the TA concept of discounting proved useful, enhancing the therapeutic work in the process of completing mourning.

Understanding the process of grieving through this approach, in our view, enables us to have a sensitive encounter with the other; assisting in awareness of feelings and perceptions during the grieving process, how to organize the experience of loss, and how to create meaning for it by developing personal skills.

We realize that through the empathic validation of the individual's feelings and needs, which implies welcoming and listening; making time to listen and share the feeling of loss, we allow them to let their emotions go. In this way, we can offer support and security at this stage and also come to view the grieving process as a healthy way of dealing with painful and unpleasant situations.

The externalization of feelings when losing someone very close is a healthy attitude in dealing with the loss, not allowing feelings of guilt, anger or despair to remain hidden by the individual to themselves and others.

The lack of understanding on the part of the psychotherapist to understand the process of mourning can lead to containment of mourning and leave unresolved losses. However, if we are consciously aware of this process, we can guide clients to their evolution, to a new acceptance of life. Clients will be able to regain stability, energy, hope, the ability to take pleasure and invest in life.

Considering the difficulty in finding material on the subject of grief among the specific publications of TA, I hope that this approach makes a contribution to psychotherapists given the breadth it requires.

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