



TOXIC LOSS AND THE SORROW OF PERPETUAL INDECISION

A contemplative psychotherapist's guide
through disenfranchised grief

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All my client wanted was to have her own children and start a family. She had liberated herself from her emotionally abusive long-term partner. She had invested in the healing process, experiencing an immense sense of freedom. With newfound strength and agency, she felt empowered to pursue this journey independently. Having completed the necessary steps to become an adoptive parent, all that remained was for her to say, “Yes, I am ready.” From a therapeutic sense, it seemed we had made it.

One day, her friend made a casual comment about the oppressive weight of having children. This sent my client spiralling into a hot purgatory of indecision, confusion, and rage. She described feeling stuck in life's waiting room and she couldn't get out.

The choice felt impossible to her. Committing to a child or embracing a life of freedom seemed mutually exclusive. The perceived losses associated with each path completely overwhelmed her. Trying to address each option didn't provide any meaningful clarity. This was a moment where disenfranchised grief was being hidden by indecision.

As a contemplative psychotherapist grounded in Buddhist philosophy, I will guide you through a philosophical and practical journey, shedding light on my approach to clients' grief and delving into the significance of understanding disenfranchised grief.

WHEN GRIEF BECOMES TRAUMA

In Western culture, people feel compelled to hide their tears in public settings. There's a societal expectation for grief to adhere to timelines. Our culture fixates on productivity, happiness, and the illusion of permanence — and grief disrupts these ideals. Consequently, we are constantly being told what should or shouldn't cause pain. Grief rituals tend to be transactional, briefly allowing us to lower our emotional guard, perform the necessary actions, and move on. When grief doesn't conform to socially accepted guidelines, it becomes disenfranchised grief. Disenfranchised grief lacks the external and internal permission and support to be fully processed.

When a client undergoes an overwhelming loss, it can become trauma, impeding their capacity to grieve. Surprisingly, the classification of an experience as traumatic often depends on



loss, there is an acute awareness that baked into every decision is the unavoidable experience of loss. Making a choice can become associated with an overwhelming experience of losing connection and existential threat. Even when a simple decision arises, it echoes previous unprocessed losses. In order to avoid the intensity of these previous traumatic losses, ambivalence, indecision, and paralysis are employed. The hope is that we can hedge our bets on the future losses, too.

Tift says, “Loss and limitation are inseparable from choice.” To choose one thing, means we do not get to have something else. It is inherent in our human nature to have conflicting and contradictory desires. For example, the eternal human conflict between safety and growth. In the desire to stay safe, we can feel bored, lifeless, and unsatisfied. Growth and self-actualization require us to face fears and take risks.

Tift, who is rooted in Buddhist philosophy, believes the solution for those who are trapped in the sorrow of perpetual ambivalence is learning how to sit in the “irresolvable middle ground.” Tift says: “I often suggest that they count on having second thoughts or regrets, regardless of their choice: ‘If I stay, I’ll be disturbed. If I move on, I’ll be disturbed.’”¹ There is no escape.

Tift is talking about learning how to contact the immediate experiential truth that there is no way to make a decision without separating from something else.

TRAUMA AND GRIEF

When we help a client with toxic loss, our trauma tools and mindfulness skills come in handy. We first guide the client through the processing and release of the traumatic experience, then we

the individual’s relationships and social support, rather than solely on the event’s severity. The ability to process this trauma can be the unseen gatekeeper of an individual’s ability to access grief. Disenfranchised grief symptoms resemble trauma symptoms, characterized by avoidant behaviours that prevent confronting the stimuli associated with their traumatic experiences and subsequent grief.

THE IRRESOLVABLE MIDDLE GROUND

While searching for ways to assist my client, I had a “holy shit” moment when I revisited Bruce Tift’s book, *Already Free*. As a respected figure among contemplative psychotherapists, Tift explores the concept of “Toxic Loss,” which refers to traumatic losses with lasting and devastating consequences.

For those with a history of toxic

focus on the associated grief of those big losses. Ultimately, we are guiding our client to experience the present moment in a state that's as raw and unfiltered as possible with the support they previously lacked. Slowly, the client can build a foundation of trust in their present moment experience. This way, decisions don't carry a life or death intensity but can be dealt with more skilfully.

It is important to see that grieving is a biological imperative and as natural as daffodils that come up in the spring. It is not pathological. Whenever we experience loss of any kind, our internal and external systems need to undergo a metabolic process physically, emotionally, and energetically. It's important to regard grief as fundamental as digestion.

GRIEF AND A BUDDHIST PERSPECTIVE

A healthy dynamic relationship with our grief is essential to our personal and social well-being. Loss disrupts naivety and sheds unrealistic views. This includes losing the belief in permanence of cherished things. When we lose attachments that define our identities, we're forced to ask ourselves, "Who am I without them?" The experience of loss challenges our illusions and invites a more accurate perception of life.

Disrupted stability offers an opportunity for re-evaluation, reconstruction, and growth. The process of grieving serves as a transformative journey, wherein the

raw experiences of life and loss are converted into valuable nourishment, such as insight and wisdom. This process, inherently spiritual in nature, enables emotional and spiritual growth. It presents us with a pivotal choice either to shut down or to embrace the opportunity for personal

maturation. Loss and grief, despite their challenges, act as benevolent teachers that have the power to guide us towards a more fulfilling existence.

My therapeutic approach to assisting clients in navigating their grief might be different than what conventional psychotherapy has to offer.

From a Buddhist perspective, what causes unnecessary suffering is our resistance to the truth that everything is constantly changing. Reality as we know it is perpetually coming into being, falling apart, and dying. There is nothing we can do about it. I see Buddhism as an ancient psychology that helps us relate to existential grief.

Firstly, it's important to dispel the misconception that Buddhism and meditation aim to achieve a trouble-free state. Instead, the goal is to cultivate the ability to wholeheartedly embrace any experience with kindness and unwavering awareness.

A Buddhist approach to grief doesn't mean things hurt less; in fact, when we sincerely acknowledge the depth of pain that has always been there, it can hurt more. This journey reveals the understanding that intense experiences do not pose a mortal threat; rather,

they are reminders of our existence in human bodies. In this state, we are more likely to give permission to whatever experience is arising, rather than avoid it.

YOUR ROLE

Holding space for a client's extreme loss can be challenging. I know what it's like to feel lost for words as a client expresses their grief. To experience a rush of overwhelm and confusion. If our personal losses and experiences are similar to what the client is presenting, we are likely to feel it more acutely. Without a greater awareness, moments of intensity with a client can feel confusing.

If we aren't skilful in this state, the clinician might unconsciously try to control or close down the experience. The clinician might think, "Ah, I'm still too messed up to do this work. I'm a total imposter," so we anxiously look for harbours of safety. In this state, a clinician may prematurely push for closure. This can look like jumping to "silver linings" and making meaning of a client's loss before the client is ready. This can also look like diverting the conversation away from felt experience back into the conceptual realm. For example, getting psychoeducational and blabbing about Kubler Ross and the stages of grief as the client's eyes glaze over (don't worry, I've done it). When we unconsciously pivot away from this intensity, we unwittingly participate in suppressing and disenfranchising the grief. As a result, the client loses an opportunity for accessing their own wisdom and self-discovery.

As a clinician in a session, coming into contact with our own grief is an opportunity for curiosity. I've learned that this experience is not evidence of me faltering as a professional. If I

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feel a loss of words, overwhelmed, bewildered, self-doubt, and generally losing a sense of direction, this is typically an accurate experience of the client's reality. It's a signal for me to pay attention to what is going on. The presence of a clinician's grief with the presence of a client's simply means that you are human and you are paying attention.

SHOWING UP AUTHENTICALLY

One of my primary tools as a contemplative psychotherapist is the mechanism of exchange. This means intuitively tuning into what the client is experiencing through the experience in my body and mind. From the Buddhist lens, we are all inextricably energetically, biologically, socially interconnected. If I tune in, I can witness my impulses, physical sensations, images, and thoughts that arise spontaneously to gather essential data about the client's lived experience.

For example, the tone of the client's story and their emotional state might not line up with how I am experiencing the moment. I can skilfully share my experience (not my opinion) with the client to deepen the inquiry. If the client doesn't agree, I don't argue and I ask what feels more true. This allows for the client to feel deeply seen, blind spots can be explored, and the client has a greater opportunity to take ownership for what was previously unconscious. This also relieves me of the burden of holding the unseen.

For some clinicians, this approach may break some rules. We are often instructed to embody a "blank slate" persona. However, this notion inadvertently creates a disconnection

within ourselves, separating our human nature from our role as helping professionals. Despite good intentions, detaching from our subjective experience sends conflicting energetic messages to our clients. In order to truly be present for our clients, we must first show up authentically for ourselves.

Our felt presence as a clinician will prove more valuable than any psychotherapeutic interventions. Exchange allows the clinician to role model a way of energetically, physically, and emotionally relating to the intensity of an "unmanageable loss." The clinician can demonstrate what it's like to get lost in intensity, find awareness,

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feel what is arising, stabilize, ground, and hold a loving presence for what is arising. Rather than talk about it, we can just do it. This transmits an unconscious energetic message from clinician to client that says, "You don't have to resist; this is all manageable" and "This may be uncomfortable, but it will not kill you."

THEORY IN SESSION

My client's history of toxic loss amplified the intense struggle between choosing freedom and fulfilling her deepest desires. As a clinician who has personally experienced unbearable losses, I empathetically felt this agonizing tension. To begin, I needed

to cultivate a state within myself that could accept and tolerate this experiential intensity.

Through a moment of awareness, I intentionally sent signals to my activated system, acknowledging its importance and validating its presence as a valid part of my experience. This energetic permission extended to my client's system as well. This process expanded my narrow awareness to a more expansive, open state, allowing me to hold space for my client's suffering. Observing her, I witnessed her thoughts oscillating between prioritizing freedom and prioritizing having a child.

Throughout our work together, I've guided this client in tuning into and articulating her immediate physical sensations, detached from the associated narrative. For instance, she would say, "I feel tightness in my chest" rather than "I feel anxiety in my chest." Through skilful assessment and an understanding of my client's capacity to engage with the energy of trauma in her body, informed by approaches like Internal Family Systems, Trauma Resilience Model, and Peter Levine's Somatic Experiencing, I facilitate a process of exploring these sensations as a pathway to personal truth. Furthermore, I hold unwavering confidence in my client's ability to navigate this process.

In the session, I gently and consistently redirected her attention to her physical experience and out of her mind. I guided her to feel and describe the physical state as directly as she can. This is where the irresolvable middle ground exists. Not settling the dispute between choosing this or that but feeling the truth of both



thoughts simultaneously. It wasn't long before she released into deep sobs and described the sensation of intense fear.

After this release, my client intuitively connected to the grief her mother and the women in her ancestral lineage experienced through the self-abandonment that was expected of them in the process of motherhood. Since society aggressively reinforces these roles, this grief was never permitted. She also connected with her own desperation not to return to that previous state of self-abandonment and how deeply sorrowful that state had been for her. The direct experience of existential loss is what she had been avoiding. Paradoxically by giving herself full permission to feel this, she was

then able to move into a more practical evaluation of the impact of each choice without the traumatic charge and baggage of unbearable grief.

My primary objective in writing this article is to point out that a clinician's own relationship with personal losses and grief, wordlessly and energetically, becomes a role model for what is possible for a client. Having an intimate relationship with our personal losses deepens our compassionate presence for our clients. Paradoxically, the more we can create space for our own experience with a client, the less likely we are to make it about managing our own comfort and the more present we can be with a client's experience. They can coexist, and this can be

deeply healing for both clinician and client. This coevolution is necessary and responsible. If we are able to bring awareness and a loving presence, we send a message that the trauma and disenfranchised grief can come out of the shadows — it's safe to feel. ■

In his private practice, Benjamin Weidman, RCC, combines psychotherapeutic expertise with spiritual intuitive wisdom and Buddhist philosophy, facilitating accelerated growth at the client's natural pace for healing. He serves as an ideal mentor for individuals committed to their quest for personal spiritual truth, providing guidance on transformative psychological and spiritual journeys towards living a deeply aligned life. www.benjaminweidman.com or @ben_intuitive_therapist on instagram