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Becoming Stuck in Complicated Grief: Turning Loss Into Resilience, Hope, and Healing

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GEORGE FOX UNIVERSITY

BECOMING STUCK IN COMPLICATED GRIEF:
TURNING LOSS INTO RESILIENCE, HOPE, AND HEALING

A DISSERTATION SUBMITTED TO
THE FACULTY OF PORTLAND SEMINARY
IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF MINISTRY

BY
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CERTIFICATE OF APPROVAL

DMin Dissertation

This is to certify that the DMin Dissertation of

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has been approved by
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ABSTRACT

Grief is a natural and normal experience reaching back to the narrative of creation. Research has revealed that about 80 to 90 percent of griever experience normal or uncomplicated grief while a small percentage ranging from 10 to 20 percent struggled with complicated grief responses. This small percentage is the focus of this dissertation. Those who experience complicated grief are observed to become stuck and unable to move through the grieving process independently. Grievers who are stuck appear to have on-going difficulty in their spiritual, emotional, cognitive, and even physical health. The uniqueness of grief is not only real with an individual, but it is profoundly rich throughout the history of humanity, with each culture having unique ways of mourning that are not always understood and appreciated by others outside the culture.¹ Other names used for complicated grief include complicated mourning, abnormal grief, pathological grief, pathological bereavement, neurotic grief, and, more recently, traumatic grief.² Some of the risk factors associated with complicated grief are one's belief system, nature of the relationship, availability of resources, social support, and spiritual condition. Researchers have explored numerous treatment options to deal with complicated grief. Some of the interventions include grief education, support groups, group therapy, spiritual and religious coping, and individual counseling. In addition to these interventions, I have explored and am proposing a resilience protective factor to assist grievers who are stuck in complicated grief. Developing resilience in a grief

¹ Joleen C. Schoulte, "Bereavement Among African American and Latino/a American," *Journal of Mental Health Counseling* 33, no. 1 (January 2011): 11.

² John S. Jeffreys, *Helping Grieving People When Tears Are Not Enough: A Handbook for Care Providers*. Series in Death, Dying, and Bereavement (New York: Brunner-Routledge, 2005), 264.

support group will be the primary context of this work. I believe when individuals who are stuck in complicated grief seek out resources to cope with and activate resilience factors, they are more likely to engage in and move through the grief process toward a path of healing.

SECTION 1: STUCK IN COMPLICATED GRIEF

One of the most challenging experiences people will encounter, expected or unexpected, during their lifetime is the death of a loved one. Death is a normal human experience, but society's crimes, mass shootings, unpleasant illnesses, and unexpected deaths make it unbearable to cope with the resultant grief. The experience of grief and loss has always been a part of human existence, stretching back to the narrative of creation. And even before the existence of humanity upon the earth, the description "without form and void, and darkness was on the face of the deep" (Genesis 1:2) vividly communicates a portrait of how grief can appear for many.

It is not unusual to experience the pain of loss; however, there are occasions when a person becomes 'stuck' in grief,³ where it becomes challenging to navigate the treacherous course and move through grief independently. Brenda Mallon quoted Harold Kushner, stating that "those who are stuck in the grieving process may be totally unaware of their behavior or, if they are aware, feel powerless to change."⁴ It appears that complicated grief or complicated mourning is more noticeable when individuals have become stuck, because research has identified complicated grief when grief does not resolve in a reasonable time or individuals have extreme experiences.⁵

³ Brenda Mallon, *Dying, Death and Grief: Working with Adult Bereavement* (Los Angeles: Sage Publication Ltd., 2008), 63.

⁴ Mallon, *Dying, Death and Grief*, 64. Harold Kushner is a prominent Jewish Rabbi who authored many books, including "When Bad Things Happened to a Good Person."

⁵ A. W. Love, "Progress in Understanding Grief, Complicated Grief, and Caring for the Bereaved, *Contemporary Nurse: A Journal for the Australian Nursing Profession* 2, no.1 (2007): 76.

It appears that the normal grieving process is negated when some are stuck in complicated grief. These individuals have on-going difficulty in their spiritual, emotional, cognitive, and even physical health and do not know how to move forward. These people are the focus of my work.

This first section will concentrate on the foundational cause of grief, primarily relating to death of a significant relationship, understanding the normal grief process that people move through, what it means to be stuck, cultural influence of grief, understanding complicated grief and its risk factors, and anxiety.

1.1 PROBLEM STATEMENT

While most people move successfully through a normal grief process, about 10 to 20 percent of bereaved people develop complicated grief and remain dysfunctional in their intense grief.⁶ These grieverers are believed to be stuck. Frequently, they will communicate ‘my grief won’t go away’ or ‘I feel stuck.’ *A person who becomes stuck can develop a range of emotional, social, spiritual, and physical challenges.* What does it really mean to become stuck? According to the online Cambridge Dictionary, the verb stuck means “unable to move, or set in a particular position, place or way of thinking. It also means to be in a difficult situation, or unable to change or get away from a situation.”⁷

Holly Prigerson, associate professor of psychiatry and public health, says complicated grief to resembles vehicles inextricably stuck in the morass of mourning,

⁶ Holly Prigerson, “Complicated Grief: When the Path of Adjustment Leads to a Dead-end,” *Bereavement Care* 23, no. 3 (2004): 38. <https://doi.org/10.1080/02682620408657612>.

⁷ <https://dictionary.cambridge.org/dictionary/english/stuck>.

wheels spinning, grievors going over and over in their minds the events that led up to the death. They are preoccupied by their sorrow with regrets concerning the loss.⁸ It seems clear from various studies that it is highly possible that grievors who are stuck become helpless to transcend their predicament without appropriate and available support. To further comprehend the meaning of becoming stuck in complicated grief, it's crucial to understand all the surrounding factors, beginning with the impact of death.

1.2 IMPACT OF DEATH

Death is a normal and natural experience in life, transcending race, ethnicity, and culture. Medical advancement in the twenty-first century has worked extensively to conduct research to lengthens one's lifespan and delay death far into the future as much as possible, but the truth remains; death is inevitable. Death can be frightening for most people because everyone has a particular perspective about it that can invite peace or incite fear. It can also represent the ultimate loss, and therefore has a particular capacity to arouse powerful emotions.⁹

The bereaved are confronted with the enormous challenge of dealing with their pain and searching for answers, along with a multiplicity of responses and range of emotions associated with grief and loss.¹⁰ Being a hospital chaplain, I have had numerous encounters with families who have prepared for their loved ones to die and have mustered much energy to be strong when that moment arises; on the other hand, I have also

⁸ Prigerson, "Complicated Grief," 38.

⁹ David Peretz, "Understanding Your Mourning: A Psychiatrist's View," in *For the Bereaved: The Road to Recovery*, ed. Austin Kutscher et al. (Philadelphia: Charles Press, 1990), 25.

¹⁰ Dorothy Becvar, *In the Presence of Grief: Helping Family Members Resolve Death, Dying, and Bereavement Issues* (New York: The Guilford Press, 2001), 39.

encountered on numerous occasions deaths that were experienced as overwhelming surprises, along with immense emotional, physical, social, and spiritual reactions.

Gloria is a 42-year-old mother and wife who lost her parents five years ago in a tragic car accident. She misses the close relationship they shared throughout the years and continuously struggles with deep sorrow. Whenever she captures a listening ear, she recollects the story of her parents' traumatic death, and the story is told as though it has recently occurred. Two of her siblings have alienated themselves due to an unresolved dispute over the parents' estate, adding to the complication of her grief process. Gloria isolates herself by spending a significant amount of time sleeping and drinking alcohol to conceal her pain. Her grief continues to hang on, and according to her, 'it just won't go away.'

Her husband was recently diagnosed with stage 4 cancer, and is undergoing chemotherapy with a very poor outlook. She expressed fear of the future, lack of appetite, constant nightmares, and the fear of being alone without her husband's support; she is continuously anxious and depressed. She has visited her doctor for medication to lift the weight of depression and anxiety, but the overwhelming grief of her parents' death, the loss of relationship with her siblings, and the impending death of her husband weigh heavily on her heart. With tears in her eyes, Gloria expresses fear of being abandoned by God, anxiousness about the future, and feeling stuck in complicated grief. Death affects all but not everyone knows how to navigate the treacherous waters of grief, which makes it challenging to live and enjoy life. Dr. David Perez mentioned, "Each time we confront death, we lose not only the loved or valued person but a portion of our own wishful sense of immortality. Death is a cruelly recurrent reminder of the limits of our power: our

power to save another or our power to save ourselves from the same fate.”¹¹ “Many cultures are fortunate in having a world view that helps them to face the inescapable fact of death, including it in the rhythm of life and an abiding faith in God while others like the dominant Anglo-American culture, avoid facing mortality, deny the impact of loss, and encourage the bereaved to quickly regain control and closure.”¹²

Improvements are occurring in regard to the acceptance of death and loss as “the aging of the baby boom generation has prompted a shift in public consciousness of mortality and loss.”¹³ David Wright, in his article “*A Loss Story*” reflecting on loss, noted that the loss of another person – a child, a parent, a partner, a sibling, or a friend – is loss in its most direct and powerful form. Possessions can be replaced; a life cannot.¹⁴ Wright continued, “Loss is both an emotional and a physical thing. The body yearns for the other, it aches with the absence and physically suffers the recognition that what is lost will not return.”¹⁵ In the next sections, I will address normal grief responses and its impact upon griever.

1.3 UNDERSTANDING THE PROCESS OF NORMAL GRIEF

Consciously or unconsciously, invited or uninvited, from the tiniest baby leaving the nestled comforting atmosphere of its mother’s womb to the oldest person making his

¹¹ Peretz, “Understanding Your Mourning,” 25.

¹² Froma Walsh, *Strengthening Family Resilience*, 2nd ed. (New York: Guilford Press, 2006), 182.

¹³ Walsh, *Strengthening Family Resilience*, 183.

¹⁴ David Wright, “Loss Story,” *Journal of Loss and Trauma* 7 (January 2002): 282.

¹⁵ Wright, “Loss Story,” 282.

entrance into the dark confines of the grave, all are affected by grief. C.S. Lewis writes in his book, *A Grief Observed*, after the death of his wife: “I thought I could make a map of sorrow. Sorrow, however, turns out to be not a state but a process. It needs not a map but a history. Grief is like a long valley, a winding valley where any bend may reveal a total new landscape.”¹⁶

According to Marguerite Flynn, the word grief has its root in the Latin *gravis* meaning heavy, grave, or serious. She shares that it can be described as a deep poignant distress caused by or as if by bereavement.¹⁷ Many studies have concluded that grief is a natural and normal experience. It is defined simply as the human response to loss. The pain one feels when something valuable or someone important is no longer present. It can be short-term and dismissed easily and it can be so devastating that it becomes difficult for some to even breathe.¹⁸ Grief and loss are often used interchangeably; however, loss has many layers and complexities. Like an onion, every layer “comes in different shapes, forms degrees and intensities – they generate a wide range of reactions and responses on the mental, emotional, behavioral, social, and existential levels.¹⁹ Although grief is a

¹⁶ Clive Staples Lewis, Madeleine L'Engle, and Douglas H Gresham, *A Grief Observed* (New York: Harper One, 2000): 47. C.S. Lewis authored *A Grief Observed* after the death of his wife. The book reflects Lewis' loss and mourning, in which he questioned what he had previously believed about life and death, marriage, and even God.

¹⁷ Marguerite P. Flynn, “Death and Mourning: Logistic and Mystery,” in *At the Interface/Probing the Boundaries*, 37; *Dying and Death: Inter-Disciplinary Perspectives*, ed. Asa. Kasher (Amsterdam: Rodopi, 2007): 107, accessed December 26, 2016, ProQuest Ebrary.

¹⁸ Sarah Brabant, *Mending the Torn Fabric: For Those Who Grieve and Those Who Want to Help Them* (Amityville: Baywood Publishing Inc., 1996), 5.

¹⁹ Naji Abi-hashem, “Grief, Bereavement, and Traumatic Stress as Natural Results of Reproductive Losses,” *Issues in Law & Medicine* 32, no. 2 (2017): 245-255.

phenomenon that can – and will – apply to every human being, it is important to be aware that grieving is not a one size fits all.²⁰

There have been several early theoretical models of grief, but only a few of them will be addressed. The first comes from Sigmund Freud, the father of psychoanalysis, who was the first to conduct a thorough study of grief and loss. Freud identified mourning as a longing for the relationship that ended,²¹ and argued that “the psychological purpose of grief is to withdraw emotional energy from the deceased (cathexis) and then become detached from the loved one (decathexis).”²² Freud also believed that those in grief have to work through their grief by reviewing thoughts and memories of the deceased (hypercathexis) resulting in a process in which detachment from the loved one and bond with the deceased become weaker.²³ Although I respect the views of Freud, I consider it impossible to withdraw energy where energy has ceased. In fact, his reaction to the death of his own child seems to suggest his theory to be inconsistent with his personal loss. Freud expressed grief over his personal loss through depression and determined stoicism.²⁴

²⁰ Neil Thompson, *Death, Value and Meaning Series: Loss, Grief and Trauma in the Workplace* (Amityville: Baywood Publishing Company, Inc., 2009), 11, accessed October 31, 2016, ProQuest Ebrary.

²¹ Helen.W. Harris, “Much to Do About Protest: The Keith-Lucas Theory for Mourning,” *Social Work and Christianity*, 42, no. 4 (2015): 413-429. <https://georgefox.idm.oclc.org>.

²² Mallon, *Dying, Death and Grief*, 6. Sigmund Freud was a psychoanalyst who was one of the first to address the nature of grief in a paper titled *Mourning and Melancholia* in 1917. His theoretical position of detachment became a major factor for many in understanding grief.

²³ Mallon, *Dying, Death and Grief*, 6.

²⁴ Phyllis R. Silverman and Dennis Klass, “Introduction: What’s the Problem?” in *What Continuing Bonds: New Understandings of Grief*, ed. Dennis Klass, Phyllis R. Silverman and Steven L. Nickman (Philadelphia: Taylor & Francis, 1996), 6-7.

The second view and well-known theory of grief was conjectured by Elizabeth Kubler-Ross. I would consider her the mother of the grief stage theory primarily because of the extensive use of her stages in research, teaching, and professional practice relating to grief work. Her book, *On Death and Dying*,²⁵ recounted her stage theory; it was developed and employed based on her work with dying patients. Kubler-Ross's five stages include denial, anger, bargaining, depression, and acceptance.²⁶ Her stages begin with a brief denial, which serves to cushion the griever who are confronted with a terrible shock while providing opportunities for griever to face the loss.²⁷ The second stage of grief may appear like irritation or rage with some difficulties with communication. This can be challenging for family and staff because the anger is displaced in all directions and environments at unexpected times.²⁸ During the third stage the griever bargains with God and believes that God can be appeased and his favor can be won, "if I ask nicely."²⁹ It appears during this stage the griever is attempting to regain a level of control to restore a sense of harmony. Kubler-Ross's stage four of depression is followed by acceptance. Depression surfaces due to the lengthy hospitalization, extensive treatment, and financial burdens. During acceptance stage, the struggle is over, and there comes a time for the "final rest, before the long journey," according to one patient.³⁰

²⁵ Elizabeth Kubler-Ross, *On Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy and Their Own Families* (New York: Macmillan Publishing Company, 1969). Elizabeth Kubler-Ross was a Swiss psychiatrist who immigrated to the United States. Her research primarily focused on patients with terminal illness and who were dying.

²⁶ Kubler-Ross, *On Death and Dying*, 26-30.

²⁷ Kubler-Ross, *On Death and Dying*, 39.

²⁸ Kubler-Ross, *On Death and Dying*, 50.

²⁹ Kubler-Ross, *On Death and Dying*, 82.

³⁰ Kubler-Ross, *On Death and Dying*, 85-113.

Researchers have noted that “although the stage theory of grief resolution has never been tested explicitly, there has been wide acceptance of the notion that normal grief involves an orderly progression through the following stages: disbelief or shock; separation distress or yearning; angry protest; depressed mood or despair; and ultimate acceptance of or recovery from the loss.”³¹ Recently, the Kubler-Ross stage model has faced significant criticism and opposition from several key researchers in the field of grief. Some researchers are encouraging professionals to “relegate her stage theory to the past and eliminate it from contemporary clinical practice,” due to “lack of theoretical depth, conceptual confusion and misrepresentation of grief and grieving, lack of empirical evidence, the availability of alternative model, and the devastating consequences of using stage theory.”³² Despite the harsh critiques, the stage theory of grief resolution has had enormous appeal among bereavement experts.³³

The third theoretical view was developed by psychoanalyst John Bowlby. He was known for his theory on attachment in the 1960s. His research with young babies, young children, and their mothers was crucial to identify the impact of separation and the situations that contributed to feelings of fear and anxiety.³⁴ Based on Bowlby’s work, attachment is classified into secure and insecure, with the insecure attachment style differentiated into avoidant, ambivalent, and disorganized styles. In these cases, feelings

³¹ Baohui Zhang, Areej El-Jawahri, and Holly G. Prigerson, “Update on Bereavement Research: Evidence-Based Guidelines for the Diagnosis and Treatment of Complicated Bereavement,” *Journal of Palliative Medicine* 9, no. 5 (2006): 1188–1203. <https://georgefox.idm.oclc.org>.

³² Margaret Stroebe, Henk Schut, and Kathrin Boerner, “Cautioning Health-Care Professionals: Bereaved Persons Are Misguided Through the Stages of Grief,” *Omega, United States* 74, no. 4 (2017): 456–461.

³³ Zhang, El-Jawahri, and Prigerson, “Update on Bereavement Research,” 1189.

³⁴ Mallon, *Dying, Death and Grief*, 7.

of anger at rejection and fear of abandonment are expressed.³⁵ It appears that the style of attachment one develops as an infant tends to persist throughout life. In times of stress or crisis, one's attachment behavioral system tends to be activated as one seeks comfort and responsiveness from attachment figures.³⁶ When a person has deeply insecure attachment to another and that individual relationship is broken, there is a likelihood that difficulty will happen as a result.³⁷ Bowlby's research noted that "bereavement was essentially an extension of his account of separation anxiety which included subjective feelings of worry, pain and tension, and angry protest." His stage of mourning includes 4 stages. The first is numbing, followed by yearning, searching, and anger; while the third and fourth include disorganization, despair, and reorganization.³⁸

Unlike the early theoretical description of grief by Freud, Kubler-Ross, and Bowlby, a more contemporary framework is the research of Kate Cummings, who outlines a four-stage process when facing a significant loss. These include discovering loss from external source; assessing the loss; experiencing feelings associated with loss; and coping, which consists of actions or strategies that people employ to help deal with feelings that they experience as a result of loss.³⁹ One commonality these theories share

³⁵ Jeremy Holmes, *John Bowlby and Attachment Theory*, 2nd ed. Makers of Modern Psychotherapy (Hoboken, NJ: Taylor and Francis, 2014), 64-65.

³⁶ Melissa Kelley and Keith Chan, "Assessing the Role of Attachment to God, Meaning, and Religious Coping as Mediators in the Grief Experience," *Death Studies* 36, no. 3 (2012): 200-203. <http://doi.org/10.1080/07481187.2011.553317>.

³⁷ Colin Murray Parkes, *Bereavement Studies of Grief in Adult Life* (Philadelphia: Taylor & Francis Group, 2001), 143.

³⁸ Holmes, *John Bowlby and Attachment Theory*, 73-76.

³⁹ Kate Cummings, *Coming to Grips with Loss: Normalizing the Grief Process* (Rotterdam: Sense Publishers, 2015), 2-4. Kate Cummings is an author who focuses on the theory of loss as a road map through various types of losses.

regarding grief is the reality that grief, though normal, can become complicated for those who are bereaved.

1.4 IMPACT OF NORMAL GRIEF

A person dealing with grief can experience normal, complicated, and dysfunctional grief at the same time while at other times grief can lead to health-threatening and life-threatening conditions and behavior leading to serious outcomes.⁴⁰ There are numerous ways in which grief impacts the human body and are “dependent on our psychological state, the circumstances of loss, available support system, community involvement, and religious outlook.”⁴¹ A person is affected by grief in physical, emotional, cognitive, and behavioral ways. Others have included spiritual, social, and occupational.⁴² Each one of these is interwoven in a stream of networks and does not function in isolation in its impact on the person.

Studies conducted by family practice physicians observe that significant health risks are brought on by the death of a loved one.⁴³ The bereaved experiencing physical symptoms “may experience an increased heart rate, deep sighing, muscular tension, sweating, dryness of the mouth and bowel and bladder changes,” while those

⁴⁰ Junietta Baker McCall, *Bereavement Counseling: Pastoral Care for Complicated Grieving* (New York: Haworth Pastoral Press, 2004), 15.

⁴¹ Abi-hashem, “Grief, Bereavement, and Traumatic Stress,” 248.

⁴² J. Shep Jeffreys, *Helping Grieving People: When Tears Are Not Enough: A Handbook for Care Providers: Series in Death, Dying, and Bereavement* (New York: Brunner-Routledge, 2005), 41-52. Neil Thompson, *Death, Value and Meaning Series: Loss, Grief and Trauma in the Workplace* (Amityville: Baywood Publishing Company, Inc., 2009), 11.

⁴³ Michael Antoni et al., “Psychoneuroimmunology and HIV-1,” *Journal of Consulting and Clinical Psychology* 58, no. 1 (1990): 38-49; J. P. Lemkau et al., “A Questionnaire Survey of Family Practice Physicians’ Perceptions of Bereavement Care,” *Archives of Family Medicine* 9, no. 9 (2000): 822-829.

experiencing cognitive symptoms may experience “confusion or the mind may race with all sorts of questions, and suicidal thoughts where the bereaved wants to join the deceased.”⁴⁴ The physical symptoms of grief can potentially be camouflaged as something else, which I have encountered with numerous hospitalized patients. Dr. Earl Grollman mentions that “grief is not a disorder, a disease or sign of weakness. It is an emotional, physical and spiritual necessity, the price you pay for love. The only cure for grief is to grieve.”⁴⁵ I totally agree that “the only cure for grief is to grieve,” because it appears that when most people are confronted with the pain of grief, they prefer to get over it instead of moving through it.

The bereaved may also exhibit emotional symptoms such as “anger, guilt sadness, depression, irritability while behavioral symptoms may include withdrawal, impatience, aggression or a lack of competence.”⁴⁶ Furthermore, when the bereaved are unable to make the connection between their beliefs and what is happening to them, to invite hope meaning, love, and peace, they may experience spiritual distress and spiritual crisis.⁴⁷ These moments of distress can become so alarming that some are drawn into a deeper encounter with God while some may retreat due to lack of meaning and understanding in their trials. The psalmist, David, who walked closely with God, experienced feelings of abandonment when he appeared to be in great need of assurance from God. Some of his responses are as follows: “Why have You forgotten me?” (Psalm 42:9); “How long must

⁴⁴ Mallon, *Dying, Death and Grief*, 20.

⁴⁵ Dr. Earl A. Grollman is a pioneer in the field of crisis intervention. He was a Rabbi of the Beth El Temple Center in Belmont, Massachusetts, for 36 years.
<https://griefpoetry.wordpress.com/2017/02/20/earl-grollman-quote/>.

⁴⁶ Thompson, *Death, Value and Meaning Series*, 11.

⁴⁷ G. Anandarajah and E. Hight, “Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment,” *American Family Physician* 63, no. 1 (2001): 84.

I struggle in my soul at night and have sorrow in my heart during the day? How long will my enemy rise up against me?” (Psalm 13:2); “My life is consumed with grief and my years with groaning; my iniquity has drained my strength and my bones are wasting away.” (Psalm 31:10). Similar to David was the Old Testament prophet Habakkuk, who cried out, “How long, O LORD, must I call for help but You do not hear, or cry out to You, ‘Violence!’ but You do not save?” These spiritual struggles are shared with many in our present culture who are stuck and unable to uncover meaning in grief. In spite of the spiritual struggles though, the psalmist, also reminds us of the availability of comfort in grief. “Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me; your rod and your staff, they comfort me” (Psalm 23:4). Studies conducted in the United Kingdom concluded that people with stronger spiritual beliefs tend to resolve their grief more quickly and completely after the death of someone close.⁴⁸

There are numerous healthy ways to cope and express one’s grief. Talking is known to be an effective method to cope, but when it becomes too difficult to communicate what has happened, other creative approaches may be used to express one’s grief.⁴⁹ Weeping and crying in a safe environment can be a positive outlet to assuage the intense impact of grief. Also, writing a letter to the person who has died, to oneself, or to the institution and people who may have failed the griever can be beneficial.⁵⁰ I often

⁴⁸ Kiri Walsh et al., “Spiritual Beliefs May Affect Outcome of Bereavement: Prospective Study,” *British Medical Journal* 324 (2002): 1551-4.

⁴⁹ Sandra. L. Bertman, *Grief and the Healing Arts: Creativity as Therapy* (Amityville, NY: Baywood, 1999), 53-57.

⁵⁰ Aphrodite Matsakis, *I Can't Get over It: A Handbook for Trauma Survivors* (Oakland, CA: New Harbinger Publication Inc., 1992), 205.

encourage grieverers at the beginning of my grief support class to purchase a journal to engage in writing for helping to cope with the process of grief work. In addition to writing, other creative ways to cope include poetry, song writing, celebrating special days, quilting, and gardening. These approaches help to release emotions and explore feelings around loss and bereavement.⁵¹ Even though grief is like an unstoppable roller coaster for some, studies have revealed that by six months after the loss, most bereaved people are able to accept the reality of the death and are able to move toward the future, engaging in meaningful relationships and productive work, and experiencing joy, meaning, and purpose in life again.

1.5 CULTURAL INFLUENCE OF GRIEF

The uniqueness of grief is not only real with an individual, but it is profoundly rich throughout the history of humankind, with each culture having unique ways of mourning that is not always understood and appreciated by others outside the culture.⁵² Some cultures will wail for long periods of time while others roll on the floor, some will demonstrate chanting for hours over the dead while some exhibit rituals that will release the spirit to the atmosphere. Still others quietly and silently utter songs of praise, thanksgiving, and prayer. Since each cultural practice is unique in the expression of grief with different types of death,⁵³ it is vital to honor the experience that promotes comfort

⁵¹ Mallon, *Dying, Death and Grief*, 105-113.

⁵² Schoulte, "Bereavement Among African American and Latino/a American," 11.

⁵³ Paul C. Rosenblatt, "Grief Across Cultures: A Review and Research Agenda" in *Handbook of Bereavement Research and Practice: Advances in Theory and Intervention* (Washington, DC: American Psychological Association, 2008), 207-222. PsycINFO, EBSCOhost.

and encouragement during times of difficulties, even though the unique style of mourning may appear strange to others.

For example, according to author Aphrodite Matsakis, in the Jewish tradition, a prayer called Kaddish is read every Sabbath, not necessarily for the dead, but rather to communicate comfort to mourners. The Jewish culture acknowledges that the more progress an individual makes in their “grief work,” the freer that person will later be to live in the present.⁵⁴ In other cultures like the Hindu tradition, families will wash the body of the dead for cremation preparation and a priest officiates at the rituals, while 13 days are set aside for official mourning for friends to visit and offer condolences.⁵⁵ In the Seventh-day Adventist tradition to which I belong, there is strong belief in future life after death. Many mourners are comforted with singing, prayers, testimonies, and messages of comfort with a meal prepared by the church community after the funeral is completed. With strong assurance and hope of seeing loved ones again, the pang of grief, though painful, is often not sharp and cutting.

Last year, I had the opportunity to engage with a local Oromo culture, which is an ethnic group originating from Ethiopia, regarding their cultural practices and rituals in grief. Grief happens in community and is never an isolated experience. There are certain rituals that are unique in helping them with their bereavement. One experience that is practiced by both males and females includes wailing in community. In their original culture, long periods of time are taken away from working, and they gather to cry together in community – a way of getting out their emotions. This practice assists

⁵⁴ Matsakis, *I Can't Get Over It*, 204.

⁵⁵ Jeffreys, *Helping Grieving People*, 19.

tremendously in resolving their grief. Their cultural style of mourning has become a challenge for those who migrated to the United States as dominant American culture has a more individualist style of mourning. The Oromo culture feared that their cultural style of mourning might create trouble, causing the neighbors to call the police because their traditional style of mourning may be too noisy.

In the dominant American culture, the appropriate response to grief is usually stoicism. The expectation is for grief to be over with quickly while little or no emotion is displayed.⁵⁶ This approach of being stoic with grief can be a significant reason why griever in American culture are becoming more stuck in complicated grief. Also, it has become very prevalent in American culture to see visible signs of grief in various places. According to Erica Doss, “Spontaneous memorials are increasingly visible in contemporary America, especially at sites of tragic and traumatic death. Roadside memorials dot the nation's highways, and makeshift shrines are common at scenes of horrific catastrophe.”⁵⁷ These are unique and tangible visual demonstrations of mourning that give credence to the loss of a valuable member of society or a family. “Learning about grief and mourning rituals in other cultures helps us to expand our own knowledge and, more importantly, differentiate what we may believe to be adaptive mourning from cultural context,” according to Jeanne Rothaupt and Kent Becker.⁵⁸

⁵⁶ Matsakis, *I Can't Get Over It*, 204.

⁵⁷ Erika Doss, “Spontaneous Memorials and Contemporary Modes of Mourning in America,” *Material Religion* 2, no. 3 (2006): 294-318. Academic Search Premier, EBSCOhost.

⁵⁸ Jeanne W. Rothaupt and Kent Becker, “A Literature Review of Western Bereavement Theory: From Decathecting to Continuing Bonds,” *Family Journal* 15, no. 1 (January 2007): 12. Professional Development Collection, EBSCOhost.

In my Jamaican heritage with grief and loss, mostly the women exhibit overwhelming expressions of wailing. The night before the funeral, people in the community gather the entire night for a ritual called “Nine - Night.” It is also called a wake. This ritual includes an entire night spent in singing, dancing, feasting, and sharing stories about the life of the deceased. Observing and participating in this ritual is meaningful, because sadness is intermingled with joy, which subsequently decreases the possibility of becoming stuck in complicated grief. Rituals help bring shape and form to one’s cultural experience; “it varies greatly from culture to culture, and provides a window into how a group cares for those who mourn.”⁵⁹

1.6 UNDERSTANDING COMPLICATED GRIEF

One of the most difficult and challenging experiences of life is the death of a loved one.⁶⁰ In the section that focuses on the impact of normal grief, I noted that approximately 80 to 90 percent of bereaved individuals experience what is considered normal or uncomplicated grief, while a small percentage struggled with complicated grief symptoms extending beyond six months of normal grief. Other names that are used for complicated grief are “complicated mourning, abnormal grief, pathological grief, pathological bereavement, neurotic grief and more recently traumatic grief.”⁶¹ Another

⁵⁹ Rothaupt and Becker, “A Literature Review of Western Bereavement Theory,” 12.

⁶⁰ Luana Marques et al., “Complicated Grief Symptoms in Anxiety Disorders: Prevalence and Associated Impairment,” *Depression and Anxiety* 30, no. 12 (2013): 1212. <https://doi.org/10.1002/da.22093>.

⁶¹ Jeffreys, *Helping Grieving People*, 264.

name that is commonly used is prolonged grief disorder. Although these names are used for complicated grief, their definitions have slightly variant criteria.⁶²

Researchers believe that prolonged and complicated grief in individuals are believed to manifest when they are “stuck” and do not accomplish important grief-related tasks, such as processing the reality of the death.⁶³ Typically, grief does not call for clinical intervention, but there are occasions when complicated grief requires specialized treatment, especially as it can result in psychological and physical illnesses.⁶⁴

One researcher defines complicated grief as the “grief that escalates to problematic proportions; that is, it is extreme in one or more of the dimensions of typical grief—severity of symptoms, duration of severe symptoms, and level of dysfunction socially, occupationally and with regard to activities of daily living.”⁶⁵ In other words those living with complicated grief “frequently experience recurrent intrusive thoughts of the person who died, preoccupation with sorrow including rumination thoughts, excessive bitterness, alienation from previous social relationships, difficulty accepting the death, and perceived purposelessness in life.”⁶⁶ The 10 to 20 percent of individuals living with complicated grief are believed to remain dysfunctional in their intense grief, which

⁶² B. K. Doering and M. C. Eisma, “Treatment for complicated grief: State of the Science and Ways Forward,” *Current Opinion in Psychiatry* 2, no. 5 (2016): 286.
<https://doi.10.1097/YCO.000000000000263>.

⁶³ P. A. Boelen, “Cognitive-Behavior Therapy for Complicated Grief: Theoretical Underpinnings and Case Descriptions,” *Journal of Loss and Trauma*, 11, no. 1 (2006): 1-30.; J. W. Worden. *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 4th ed. (New York: Springer, 2009).

⁶⁴ Hymie Anisman, *Stress and Your Health: From Vulnerability to Resilience* (Malden, MA: Wiley Blackwell, 2015).

⁶⁵ Jeffreys, *Helping Grieving People*, 264.

⁶⁶ Zhang, El-Jawahri, and Prigerson, “Update on Bereavement Research,” 1188-1203.

clearly explains reasons for being stuck. Holly Prigerson, who has studied and written extensively on the topic of complicated grief, suggests that “complicated grief appears to be more of an attachment disturbance, rooted in an insecure and unstable sense of self and one’s relationship to others.”⁶⁷ Her findings regarding attachment disturbance seem to be consistent with Bowlby’s theory of attachment and separation anxiety following the loss of a significant relationship. Those bereaved people most in need of assistance are the least likely to seek out the services, suggesting a need for greater outreach and the need to identify appropriate services and encourage those with complicated grief to use them.”⁶⁸

1.7 RISK FACTORS FOR COMPLICATED GRIEF

Researchers Karen Reivich and Andrew Shatte have discovered in their research, “It is not the events that happen to us that cause our feelings and behaviors—it is our thoughts or, as we’ll call them, beliefs about the events that drive how we feel and what we do.”⁶⁹ In fact, the impact of one’s belief about one’s predicament concerning one’s loss may be the key to whether there is normal movement through grief or becoming stuck in complicated grief. The first risk factor I would highlight, based on the studies of Reivich and Shatte, is one’s belief about one’s loss. It is quite common that when a person has a negative belief system about his predicament, that person can remain stuck

⁶⁷ Prigerson, “Complicated Grief,” 38.

⁶⁸ Prigerson, “Complicated Grief,” 39.

⁶⁹ Karen Reivich and Andrew Shatte, *The Resilience Factor: Seven Essential Skills for Overcoming Life’s Inevitable Obstacles* (New York: Broadway Book, 2002), 66. Karen Reivich, Ph.D. and Andrew Shatte, Ph. D, are expert psychologists who have conducted many years of research and have discovered, “it’s not what happens to us, but how we respond to what happens to us that has the greatest effect on the trajectory of our lives.”

in his or her grief. Rigid belief systems, according to McCall, can create isolation and problems coping in a world affected by loss.⁷⁰ On the other hand, if a person invests and explores options that move toward hope and resilience, the process of healing can occur as a result of that person's faith. A woman of great faith shared after the death of her beloved husband of many years, "I could not sing familiar songs in church that once held significant meaning. The words were empty and did not provide comfort. But I kept going to church and after a while things changed." She was glad to share her spiritual breakthrough. She discovered that the reality of her sorrow was not consistent with her belief system. Many people become stuck in complicated grief for similar reasons.

Other risk factors have been identified by Junietta Baker McCall when assessing the potential for abnormal or complicated grief. Those factors include the nature of the relationship; nature of the loss; physical, psychological, sociological, and spiritual condition of the survivor; and resources available to the bereaved.⁷¹ If there were unresolved issues in the relationship prior to the loss as well as certain challenges that threatened the wellbeing of the individual that were not given attention, these can place a person at risk for complicated grief. Also, losses resulting from undesirable changes, multiple losses, readiness and issues of shame surrounding the loss can complicate the grieving process.⁷² Other common risk factors that may contribute to complicated grief are previously secure relationships, childhood abuse and neglect, separation anxiety, individuals who are resistant to lifestyle changes, and lack of meaningful social support.⁷³

⁷⁰ McCall, "Bereavement Counseling," 159.

⁷¹ McCall, "Bereavement Counseling," 81.

⁷² McCall, "Bereavement Counseling," 82-86.

⁷³ McCall, "Bereavement Counseling," 77-79.

Mander's findings indicate that serious complications are certain to arise when there is a high degree of psychic ambivalence, unresolved hostility, and unfinished business.⁷⁴ This seems to generate much anxiety and ambivalence. In my experience, grievors who are stuck often share deep struggles with anxiety and depression. Usually, they ask for additional materials to educate themselves on these topics.

1.8 ANXIETY AND COMPLICATED GRIEF

When faced with life's painful traumatic events, expected or unexpected, it seems to arouse within us some level of anxiety that "most experts concur is desirable and is a natural response to real or perceived danger."⁷⁵ Death represents the ultimate loss and therefore has a particular capacity to arouse powerful emotional states in each of us.⁷⁶ Frequently I observed this in my clinical setting. Death has the tendency to exude anxiety, often in those who are grief-stricken, sometimes before, during, and after the death of a loved one. Anthony Love, deputy head of the School of Psychological Science in Australia remarked, "Social isolation and loneliness can exacerbate the pain of grief and create a type of separation anxiety."⁷⁷ This is consistent with the theoretical concepts of separation anxiety developed by Bowlby. My understanding of this concept is that when a relationship is threatened by death, the attachment figure may develop separation anxiety, which may result in complicated grief. Not only are grievors threatened with the

⁷⁴ G. Mander, "Bereavement Talk," *Therapy Today* 16, no. 9 (2005): 42.

⁷⁵ Andrea Tone, *The Age of Anxiety: A History of America's Turbulent Affair with Tranquilizers* (New York: Basic Books, 2008), 3.

⁷⁶ Peretz, "Understanding Your Mourning," 25.

⁷⁷ A. W. Love, "Progress in Understanding Grief, Complicated Grief, and Caring for the Bereaved," *Contemporary Nurse: A Journal for the Australian Nursing Profession* 27, no. 1 (2007): 73-83.

symptoms of anxiety disorder but panic disorder also may be a pronounced experience in grief.⁷⁸

Grief experience is tragic for most, and, therefore, “feelings of anxiety, panic, and fear are common components of the grief experience. Grievers ask themselves, ‘Am I going to be OK? Will I survive this?’ These questions are natural; their sense of security has been threatened, so they are naturally anxious,” according to Alan Wolfelt.⁷⁹ Grievers have the tendency to be fearful of the future and wonder if there are forthcoming losses. As a result, they may become more cognizant of their own susceptibility or mortality, which often can be frightening.⁸⁰

Soren Kierkegaard, who contributed much to the topic of anxiety, shares, “All existence from the smallest fly to the mysteries of the incarnation, makes me anxious.”⁸¹ He further noted that the one whose eye happens to look down into the yawning abyss becomes dizzy because anxiety is the dizziness of freedom.⁸² I appreciate Kierkegaard’s quote regarding “the yawning abyss” merely because it describes the chasm of complicated grief that many people share, until the grief is confronted and managed with much attention and care.

Researchers have explored numerous interventions to assist grievers who are stuck in complicated grief. Some of those interventions include grief education,

⁷⁸ S. Jacobs and H. Prigerson, “Psychotherapy of Traumatic Grief: A Review of Evidence for Psychotherapeutic Treatments,” *Death Studies* 24 (2000): 479-495.

⁷⁹ Alan A. Wolfelt, *Understanding Your Grief: Ten Essential Touchstones for Finding Hope and Healing Your Heart* (Fort Collins, CO: Companion Press, 2004), 27. Adobe PDF eBook.

⁸⁰ Wolfelt, *Understanding Your Grief*, 27.

⁸¹ Stephen J. Costello, *Philosophy and Flow of Presence: Desire, Drama and the Divine Ground of Being*. (Newcastle upon Tyne: Cambridge Scholars Publishing, 2013), 78. Adobe PDF eBook.

⁸² Costello, *Philosophy and Flow of Presence*, 80.

individual counseling group therapy, support group, pharmacological help, and spiritual and religious coping. Analyzing and evaluating these treatment options will be the central focus of my research for Section Two of the dissertation. Also, in Section Three, I will address my theoretical solution for dealing with complicated grief, which includes a resilience approach to moving through the grieving process. A proposal for an artifact will be described and specified in Sections Four and Five.

1.9 SUMMARY

Grief has appeared to be a common and universal phenomenon in the human experience. It is no respecter of person, status, culture, religion, or belief. Each individual grief is unique, yet there are common patterns that have been noticed in grievers' responses to loss. The loss of a loved one is a very painful experience, impacting grievers cognitively, behaviorally, physically, spiritually, and emotionally. The resultant grief is very normal and natural; however, while a significant number of people navigate the course of grief without assistance and are able to assimilate loss into their lives, a small percentage of grievers become stuck and need support from family members or other support systems to help with the development of complicated grief. Some individuals will also develop complicated grief with risk factors such as loss of secure relationships, abuse, lack of social support, anxiety, and depression. Everyone's grief style is unique and will be addressed based on the culture in which the griever exists; therefore, cultural sensitivity and understanding are essential during the bereavement process.

SECTION 2: CURRENT MODELS OF COMPLICATED GRIEF

When grief is experienced in mild to moderate amounts for short periods of time, there is often no need for treatment intervention because this grief is regarded as normal and appropriate. However, when the response becomes intense and prolonged, as is noted with complicated grief, the need for treatment becomes necessary.⁸³ As a result, researchers have explored numerous treatment options to deal with complicated grief, which this chapter will investigate to determine the efficacy of treatment options.

J. Shep Jeffreys highlights three measures for determining complicated grief, which I consider to be highly significant when considering options for intervention. These measures include “the degree severity and devastating symptoms reported by others or assessed by the survivor; the length of time the symptoms have persisted; the extent of profound and widespread dysfunction in the grieving person’s life.”⁸⁴ In addition to these core measures, according to Katherine Walsh-Burke, “matching the level and type of service to need will ensure that those with complicated bereavement will receive care that appropriately attends their needs.”⁸⁵

Typically, complicated or uncomplicated grief is unique to the griever; therefore, “treatments that foster a sense of competence and independence in the survivor, that promote the development of new, meaningful relationships, as well as those that instill

⁸³ William E. Piper, John S. Ogradniczuk, and Carlos A. Sierra Hernandez, “Group Psychotherapies for Complicated Grief” in *Handbook of Group Counseling and Psychotherapy*, 2nd ed., ed. Jamice L. Delucia-Waack, Cynthia R. Kalodner, and Maria T. Riva (Thousand Oaks, CA: Sage Publications, 2014), 398.

⁸⁴ Jeffreys, *Helping Grieving People*, 268.

⁸⁵ Katherine Walsh-Burke, *Grief and Loss: Theories and Skills for Helping Professionals*, 1st ed. (Boston, MA: Allyn & Bacon, 2006), 54.

hope for a productive and satisfying future, would appear the most beneficial for addressing the bereavement issues central to survivors with complicated grief.⁸⁶ Since many who suffer with complicated grief lack understanding, knowledge, motivation, and the wherewithal to become resilient in grief, it seems prudent to begin the treatment option sections with concentration on understanding grief education.

2.1 UNDERSTANDING GRIEF EDUCATION

Studies have revealed that increased education can have a positive effect on comfort and coping.⁸⁷ The goal of grief education, according to Junietta Baker McCall in *Grief Education for Caregivers of the Elderly*, is to help persons live lives that are meaningful to them and meet loss and death in ways that provide personal integrity and relational wholeness.⁸⁸ In the hospital where I serve, although it is apparent every patient has numerous grief and loss issues, most unrelated to death, both they and the caring staff lack adequate knowledge in the area of complicated grief. Similarly, a lived experience is totally different from a knowledge-based experience. Frequent comments of those in the trenches of grief include, “I did not know that it would be this painful,” “my heart aches,” “I can’t sleep well at night,” “I feel like I’m losing my mind,” and especially, “my grief won’t go away.” These are some of the indications that grieverers are stuck and lack the ability to become resilient in their grief.

⁸⁶ Prigerson, “Complicated Grief,” 40.

⁸⁷ Anne M. Ober, Darcy Haag Granello, and Joe E. Wheaton, “Grief Counseling: An Investigation of Counselors’ Training, Experience, and Competencies,” *Journal of Counseling & Development* 90, no. 2 (2012): 150–59. doi:10.1111/j.1556-6676.2012.00020.

⁸⁸ Junietta Baker McCall, *Grief Education for Caregivers of the Elderly*. Haworth Religion and Mental Health (New York: Haworth Pastoral Press, 1999), 22.

A couple came to my grief support in the spring of this year who were in deep sorrow over the brutal killing of their only son by the Portland police. I asked at the end of the group what had been the most helpful in the group. Regarding grief education, the husband wrote that he was helped with better understanding of grief and the process.

Offering grief education, more people in the community will be better equipped and prepared to handle loss and more people will recover quickly from loss.⁸⁹

Organizations, especially healthcare, can integrate grief education into continuous nursing education, new employee training especially for doctors and nurses, organizational training, and workshops.⁹⁰ This might better prepare employees to support people they work with who experience grief, or address their own grief.

A useful clarification is that bereavement involves the death of someone to whom there is a bond, whereas, grief is the emotional suffering one experiences with the loss.⁹¹ In 2016 more than 2.7 million U.S citizens died,⁹² leaving many in the trenches to grieve the death of a loved one. Some of the leading causes of death contributing to this significant number and aspect of grief in 2016 were heart disease, cancer, accidents (unintentional injuries), respiratory diseases, and stroke.⁹³ Although grief is a natural

⁸⁹ Richard A. Bryant, “Is Pathological Grief Lasting More Than 12 Months Grief or Depression?” *Current Opinion Psychiatry* 26, no.1 (2013): 41-46.

⁹⁰ McCall, *Grief Education*, 23.

⁹¹ Zhang, El-Jawahri, and Prigerson, “Update on Bereavement Research,” 1188–1203.

⁹² Jiaquan Xu et al., “National Vital Statistics Reports,” Centers for Disease Control, July 26, 2018, http://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_05.pdf.

⁹³ Jiaquan Xu et al., “National Vital Statistics Reports.”

response to bereavement, it is also a natural response to any type of loss, including psychological and physical experiences of individuals within a culture.⁹⁴

In grief education, there needs to be clear understanding of the difference between normal and complicated grief. Normal grief can be painful and disruptive, but griever eventually overcome the initial challenges and progressively move toward accepting the reality of the loss.⁹⁵ Unlike normal grief, complicated grief occurs, according to Dr. Katherine Shear, when a person is “stuck” in the acute grief and mourning is derailed.⁹⁶ To further explain, she noted, “sometimes sorrow and yearning seem very strong and stubborn, and a person can’t imagine ever being happy again.”⁹⁷ Despite this progression with complicated grief, healing can begin when there is understanding regarding the loss and finding creative ways to live a meaningful life without the loved one.⁹⁸ Grief education has the capacity to allow griever to identify and understand whether their grief is normal or they are confronted with complicated grief or possibly being stuck.

2.2 PROFESSIONAL COUNSELING

There has been an evolution of thought in the past 20 years surrounding grief and loss in the way counselors conceptualize and treat grief.⁹⁹ When griever are confronted

⁹⁴ Richard Gross, *Understanding Grief: An Introduction*, 1st ed. (New York, NY: Routledge, 2016), 2.

⁹⁵ Zhang, El-Jawahri, and Prigerson, “Update on Bereavement Research,” 1189.

⁹⁶ M. Katherine Shear, “Complicated Grief and Its Treatment: A Handout for Patients, Friends and Family Members,” *Columbia Center for Complicated Grief*, October 2013, <http://complicatedgrief.columbia.edu/wp-content/uploads/2016/06/CG-and-Its-Treatment>.

⁹⁷ Shear, “Complicated Grief and Its Treatment.”

⁹⁸ Shear, “Complicated Grief and Its Treatment.”

with a personal and intimate loss for the first time, they often wonder if they are grieving properly. Individual counseling can be very reassuring with these concerns¹⁰⁰ and complicated grieving is often a cause for utilizing the skill of a bereavement counselor.¹⁰¹ One researcher noted that “the primary treatment in grief recovery is talk therapy. Through communicating one’s thoughts and feeling with a compassion and skilled person, the grieving individual is able to express himself or herself and experience renewed connection.”¹⁰²

In addition, some researchers have claimed that stories can bring emotional relief, make grief more manageable, offer meaning making, and increase social support by bringing people together. The shared experience of storytelling is known to ease the pain and loneliness of mourning.¹⁰³ Doka suggested guidelines for seeking a counselor. Some questions to ask are: “Do you have any special training or certifications in grief counseling? Are you a member of the Association for Death Education and Counseling or any other professional organization related to grief counseling? What are some of the theories and approaches that inform your counseling? What approaches do you use for

⁹⁹ E. A. Doughty, “Investigating Adaptive Grieving Styles: A Delphi Study,” *Death Studies* 33 (2009): 462–480. K. M. Humphrey, *Counseling Strategies for Loss and Grief* (Alexandria, VA: American Counseling Association, 2009).

¹⁰⁰ Kenneth J. Doka, *Grief Is a Journey: Finding Your Path Through Loss* (New York: Atria Books, 2016), 246.

¹⁰¹ Gordon H. Cook, *A Pastoral Response to Complicated Grief*, accessed December 3, 2018, <https://opc.org/os.html>.

¹⁰² McCall, *Bereavement Counseling*, 199.

¹⁰³ Mary A. Sedney, John E. Baker, and Esther Gross, “‘The Story’ of a Death: Therapeutic Considerations with Bereaved Families,” *Journal of Marital & Family Therapy* 20 (July 1994): 287–296. <https://doi.org/10.1111/j.1752-0606.1994.tb00116>.

treating more complicated forms of grief?”¹⁰⁴ These straightforward questions can set the tone for the relationship between the counselor and the client.

Counseling should strongly take into consideration cross-cultural backgrounds because cultural difference can easily complicate the experience and affect the therapeutic process.¹⁰⁵ Similarly, counselors need to acknowledge as legitimate, and indeed valuable, different attitudes and practices associated with mourning so they can appropriately meet client’s needs.¹⁰⁶ It would be helpful therapeutically if counselors could “travel to foreign places, read about different mourning and grief practices, consult with other ethnic groups and engage in critical self-reflection about their own assumptions.”¹⁰⁷ According to Joleen Schoulte, some questions that may prove meaningful by counselors are: “What has been most meaningful to you as you deal with your loss?” What is the most important influence on your life right now? Is religion or spirituality important to you? Do your religious or spiritual beliefs influence how you deal with your loss?”¹⁰⁸ Furthermore, another question that I consider appropriate and meaningful is, what has been helpful in your coping previously with losses and how can you bring what was meaningful to the present moment? Schoulte believes that there is great value in going deeply into clients’ belief systems,¹⁰⁹ which can help them in their

¹⁰⁴ Doka, *Grief Is a Journey*, 248.

¹⁰⁵ Schoulte, “Bereavement Among African American and Latino/a American,” 17.

¹⁰⁶ J. D. Morgan and P. Laugani, “General Introduction,” in *Death and Bereavement Around the World: Vol. I Major Religious Traditions*, ed. J. D. Morgan and P. Laugani (Amityville, NY: Baywood, 2002), 1-4.

¹⁰⁷ M. J. La Roche and A. Maxie, “Ten Considerations in Addressing Cultural Differences in Psychotherapy,” *Professional Psychology Research and Practice*, 34, (2003): 180-186.

¹⁰⁸ Schoulte, “Bereavement Among African American and Latino/a American,” 18.

¹⁰⁹ Schoulte, “Bereavement Among African American and Latino/a American,” 18.

progressing toward a course of healing. Although there is limited empirical research to support the efficacy of a given theory or model of grief counseling over another, studies in grief counseling do indicate that therapeutic interventions are helpful for the bereaved person.¹¹⁰ It significantly helps griever who are stuck to unpack and process their grief in safely with a trained professional.

2.3 GROUP THERAPY

Unlike one to one professional counseling, some of the psychosocial advantages that group work provides, which distinguish it from other treatment modalities, according to researchers, include instilling hope, generating altruism, understanding the universality to the psychological experience, imparting information, providing opportunity for socialization, promoting interpersonal learning, and creating group cohesiveness.¹¹¹ Furthermore, studies have emphasized the importance of establishing safety, trust, and security through being with others having similar “trauma,” providing psychoeducation to reduce isolation, and having specific interventions for “trauma.”¹¹²

During the spring semester 2018, I spent several weeks sitting in group therapy session at a behavioral health outpatient clinic. The groups were very personal and

¹¹⁰ Shear, “Complicated Grief and Its Treatment.” Dr. Katherine Shear and her research team created and tested a specialized therapy for complicated grief in three NIH-funded studies. The therapy aimed to help people identify the thoughts, feelings, and actions that can get in the way of adapting to loss. They also focused on strengthening one’s natural process of adapting to loss. The studies showed that 70% of people taking part in the therapy reported improved symptoms. In comparison, only 30% of people who received the standard treatment for depression had improved symptoms. Harrison Wein, “Coping with Grief: Life After Loss” *NIH News in Health*, October 2017, <http://newsinhealth.nih.gov/2017/10/coping-grief>.

¹¹¹ Katherine P. Supiano and Marilyn Luptak, “Complicated Grief in Older Adults: A Randomized Controlled Trial of Complicated Grief Group Therapy.” *The Gerontologist* 54, no. 5 (2014): 844. <https://doi-org.georgefox.idm.oclc.org/10.1093/geront/gnt076>.

¹¹² Supiano and Luptak, “Complicated Grief,” 844.

engaging. Each person had the opportunity to share their story. It was clear that their stories were filled with much complicated grief, though many were unrelated to the physical death of a significant relationship. In my observation, the group process was dynamic in their intervention as the skilled therapist wisely facilitated the discussions.

A new psychotherapeutic intervention is used by lead researcher Dr. Katherine Shear, a professor of psychiatry at Columbia University School of Social Work in Complicated Grief Therapy.¹¹³ She utilizes in her practice a brief grief questionnaire to screen for complicated grief and compares complicated grief therapy with interpersonal psychotherapy. People with complicated grief, Shear noted, “often feel hopeless and are skeptical that anything can change this. In reality, complicated grief therapy can make a dramatic difference in the life of someone with complicated grief. In our research studies 70% of people are much improved after just 4 or 5 months.”¹¹⁴

Other therapeutic approaches, developed by William Piper for the treatment of complicated grief, are interpretive therapy and supportive group therapy. The primary objective of interpretive therapy is to deal with the conflict and trauma, while the secondary objective helps the patient successfully deal with the problems that brought him or her to the receive help from the therapist.”¹¹⁵ On the other hand, “supportive therapy seeks primarily to improve the patient’s immediate adaptation to his or her life situation.”¹¹⁶

¹¹³ Harrison Wein, *Coping with Grief: Life After Loss*.

¹¹⁴ Shear, “Complicated Grief and Its Treatment.”

¹¹⁵ Piper, Ogrodniczuk, and Sierra Hernandez, “Group Psychotherapies for Complicated Grief,” 400.

Some of the essential factors noted by researchers for therapy include “creating a coherent, meaningful autobiographical narrative about the loss; challenging negative beliefs and catastrophic misinterpretations through cognitive restructuring; gradually confronting persons with avoided aspects of the loss through exposure techniques; and/or helping people to set new life-goals and engage in new, meaningful activities.”¹¹⁷

Concerning the effectiveness of psychotherapy in the treatment of complicated grief, systematic reviews show that there is no positive effect for preventative treatments of complicated grief symptom levels;¹¹⁸ however, combined use of psychotherapy plus an antidepressant medication produces the best relief from severe depression.¹¹⁹ This is vital since there is consistent evidence that those who struggle with complicated grief are often confronted with anxiety and depression.

2.4 INCLUSION OF PHARMACOLOGICAL INTERVENTION

There is not much research in the literature regarding the use of medications for complicated grief; however, studies have revealed that “whereas interpersonal psychotherapy and tricyclic antidepressants were effective for reducing bereavement-

¹¹⁶ William E. Piper et al., *Short-Term Group Therapies for Complicated Grief: Two Research-Based Models* (Washington, DC: American Psychological Association 2011) 193–202. doi:10.1037/12344-008.

¹¹⁷ M. K. Shear, “Complicated Grief,” *New England Journal of Medicine* 3, no. 72 (2015):153–160. M. Stroebe and H. Schut, “Family Matters in Bereavement: Toward an Integrative Intra-Interpersonal Coping Model,” *Perspect Psychol Sci* 10 (2015): 873–879. P. A. Boelen, M. A. Van Den Hout, and J. A. Van Den Bout, “Cognitive-Behavioral Conceptualization of Complicated Grief,” *Clin Psychol Sci Practice* 13 (2006): 109–128.

¹¹⁸ Ciska Wittouck, et al. “The Prevention and Treatment of Complicated Grief: A Meta-analysis,” *Clinical Psychology Review* 31, no. 1 (2011): 69-78.

¹¹⁹ C. Reynolds et al., “Treatment of Bereavement-related Major Depressive Episodes in Later Life: A Controlled Study of Acute and Continuation Treatment with Nortriptyline Therapy,” *American Journal of Psychiatry* 156, no. 2 (1999): 202-208.

related depressive symptoms, they were not very effective for ameliorating symptoms of complicated grief.”¹²⁰ Always bereaved people must be understood, assessed, and managed in ways that recognize their social, cultural, and personal contexts, a potentially complex but vital framework.¹²¹

When bereaved people are at high risk for developing depression and anxiety in the post bereavement periods, there may be other effects on health as well, including health behaviors, health care utilization, vulnerability to infection, and premature mortality. When these issues occur, preventative approaches then should focus on reducing such risk factors to lessen the likelihood of adverse outcomes.¹²²

According to McCall, the focus of medication is to stabilize dysfunctional responses, whether thoughts, feelings, or behaviors.¹²³ Zygmunt et al. openly treated 15 individuals with complicated grief six to seventeen months after a loss with paroxetine (median dose 30 mg/day) for four months, concurrent with a grief-focused course of psychotherapy, and found a similar reduction in grief symptoms to a historically treated group of twenty-two individuals who received nortriptyline for bereavement-related depression.¹²⁴ The solution for complicated grief requires intervention that takes into

¹²⁰ A. S. Rosenzweig et al., “Bereavement- related Depression in the Elderly: Is Drug Treatment Justified?” *Drugs and Aging* (1996): 323-8. Reynolds, 202-8.

¹²¹ Beverly Raphael, Christine Minkov, and Matthew Dobson, “Psychotherapeutic and Pharmacological Intervention for Bereaved Persons,” in *Handbook of Bereavement Research: Consequences, Coping, and Care*, ed. Margaret Stroebe et al. (Washington, DC: American Psychological Association, 2001), 601.

¹²² Raphael, Minkov, and Dobson, “Psychotherapeutic and Pharmacological,” 591.

¹²³ McCall, “*Bereavement Counseling*,” 208.

¹²⁴ Naomi Simon et al., “Impact of Concurrent Naturalistic Pharmacotherapy on Psychotherapy of Complicated Grief.” *Psychiatry Research* 159, no. 1 (2008): 31–36.
<http://www.doi.org/10.1016/j.psychres.2007.05.011>.

consideration all the surrounding challenges that the bereaved encounter. Medication options seem to be utilized mainly to reduce other related issues that may develop, such as depression and anxiety.

2.5 SPIRITUAL AND RELIGIOUS COPING

It is quite common for those in the midst of grief to turn toward religious resources to cope in order to discover meaning beyond the limit of this world.¹²⁵ Strength in coping can be drawn from various resources such as “one’s belief in God, religious activities and rituals, prayers and connection to a faith community.”¹²⁶ Religious coping can be beneficial to some while appearing harmful to others.¹²⁷ In the Biblical narrative of Job and his wife, it is recorded that they lost all their possessions, including all their children, yet both responded differently to the invasive multiple layers of tragedies. His wife, overwhelmed by grief said to Job, “Do you still hold fast to your integrity? Curse God and die” (Job 2: 9). Job, on the other hand clung to his faith and chose not to sin in the stress of the moment. I presume these biblical characters represent the varied manners in which some people of faith will handle complicated grief and tragedy from a spiritual perspective. There is no right or wrong way of coping. In fact, the only wrong way is to deprive oneself of the privileges of supportive opportunities when they are available.

¹²⁵ Melissa M. Kelley and Keith T Chan, “Assessing the Role of Attachment to God, Meaning, and Religious Coping as Mediators in the Grief Experience,” *Death Studies* 36, no. 3 (March 2012): 199–227. <http://doi.org/10.1080/07481187.2011.553317>.

¹²⁶ Leonard Hummel, “Practical Bearings: A Pastoral Theology of Religious Coping Research,” *Journal of Pastoral Theology* 13, no. 1 (2003): 46–62. Kenneth Pargament, “God Help Me: Toward a Theoretical Framework of Coping for the Psychology of Religion,” *Research in the Social Scientific Study of Religion* 2, (1990): 195–224.

¹²⁷ Kelley and Chan, “Assessing the Role of Attachment,” 199–227.

Although pastors are not trained grief counselors, “they can support their community through listening for the themes of intense pain which characterize complicated grief.”¹²⁸ Furthermore, pastors can be intentional about incorporating stories of grief in their sermons since many of the stories in the Bible are espoused with real life losses and stories of hope. In the twenty-third Psalm, King David reminds his reader, “Yea, though I walk through the valley of the shadow of death, I will fear no evil; For You *are* with me; Your rod and Your staff, they comfort me” (Psalm 23:4).

Martin Feldbush, associate director of Adventist Chaplaincy Ministries, (General Conference), notes that “complicated grieving is often cause for seeking help from a professional counselor. It is important that pastors understand the process of uncomplicated grieving, and know enough about complicated grief so that referrals can be made when necessary.”¹²⁹

Other methods of coping, such as prayer and meditation, are essential tools to carry the bereaved, and heighten the bereaved toward a pathway of resilience. Spiritual meditation, when examined in one study, explicitly revealed a significant reduction in anxiety, increase in spiritual well-being, and greater ability to withstand pain.¹³⁰ Prayer, on the other hand, helps in connecting to a God who is larger than life’s circumstances and who knows well how to create order out of disorder. The psalmist David said it best about prayer: “In my distress I called upon the LORD, and cried to my God for help; He

¹²⁸ Gordon Cook, “A Pastor’s Response to Complicated Grief,” *The Orthodox Presbyterian Church*. <https://opc.org/os.html?>

¹²⁹ Martin W. Feldbush, “Understanding Grief: A Pastor’s Primer,” *Ministry International Journal for Pastors* (July 2003). <https://www.ministrymagazine.org>.

¹³⁰ Kenneth Pargament, Gene Ano, and Amy Wachholtz, “The Religious Dimension of Coping: Advances in Theory, Research and Practice in *Handbook of the Psychology of Religion and Spirituality*, ed. Raymond F. Paloutzian and Crystal L. Park (New York: Guilford Press, 2005), 478.

heard my voice out of His temple, and my cry for help before Him came into His ears” (Psalm 18:6). Clearly, when one’s religious method of coping is used during a very difficult time, it can be instrumental in adjusting to significant life events, especially when dealing with loss.¹³¹

2.6 BEREAVEMENT SUPPORT GROUP

Bereaved individuals who lack a good social support network might be greatly helped by group therapy or social support groups. While group therapy focuses on changing a person’s thoughts and behaviors toward having a better life, support groups help a person to cope with life challenges by providing helpful coping skills in a supportive environment.¹³² Bereavement support group helps grief participants to heal by reducing isolation, relieving psychosocial distress, and enhancing coping skills. Workers from various disciplines, such as psychologists, interpersonal chaplains, social workers, and well-trained volunteers are used to facilitate support groups.¹³³ In addition, “hospitals, bereavement centers and church communities provide the environment for group support” and “attachment theory has become a major influence in understanding and facilitating grief and loss.”¹³⁴

¹³¹ Kelley and Chan, “Assessing the Role of Attachment,” 222.

¹³² Rena Pollak, *Understanding the Difference Between a Support Group and Group Therapy*, accessed December 3, 2018, <http://renapollak.com/differences-support-group-and-group-therapy>.

¹³³ Walsh-Burke, *Grief and Loss*, 55.

¹³⁴ Horn Doughty et al., “Grief and Loss Education: Recommendations for Curricular Inclusion,” *Counselor Education and Supervision* 52, no. 1 (2013): 72. <http://www.doi.org/10.1002/j.1556-6978.2013.00029>.

Bereavement groups can be very common in some settings and very sparse in areas with substantial need for it. Each year, I facilitate a continuous cycle of bereavement support classes and an on-going support group in a hospital setting primarily designed to deal with bereavement-related issues. People with normal and complicated grief, along with losses unrelated to death, are often integrated into the same groups. The bereavement support classes last for a period of six weeks, while the on-going support group meets every Wednesday. The structure of the groups is integrated with both spiritual and psychological features. Prayer is introduced at the beginning of each session, which is often welcomed and appreciated by the group, and mutual understanding is established among group members.

According to Walsh-Burke, “not all bereavement support groups follow the same model, but a fairly standard group might span six to eight sessions.”¹³⁵ Walsh’s guidelines for supporting and facilitating support group include “inviting group to share their crisis experience; facilitate meaning making and mastery; draw out and affirm strengths and resources; identify resources of resilience to tap in important connections in their lives as lifelines in the recovery process; identify personal, relational and spiritual resources they or their families of origin drew upon in past times of adversity and how they might be helpful now.”¹³⁶

According to Brenda Mallon, a support group gives the opportunity to talk about the experience of loss, the chance to share with others who have had or who still are experiencing similar events, and the setting to express emotions which are not expressed

¹³⁵ Walsh-Burke, *Grief and Loss*, 55.

¹³⁶ Walsh, *Strengthening Family Resilience*, 299.

in other settings.¹³⁷ Studies have revealed that support groups have the potential to improve the quality of life, since participants report decreased depression and anxiety, and better coping skills and gain greater information which reduces fear.”¹³⁸

2.7 SUMMARY

Various methods of coping have been studied and utilized to deal with the pain of complicated grief because “people considered to be high risk for grief seem to function better with bereavement interventions.”¹³⁹ No intervention supersedes the other. Each approach has its unique role in fulfill the need of the griever. Most people do not consider grief until they are overtaken by it. As a result, there is a great need for grief education in our community, schools, healthcare settings, and churches. It is quite obvious that most people touched by grief are on the fence or stuck, not knowing where to locate support. Grief intervention in organizations can be intentional in implementing approaches to educate staff on the topic of complicated grief as well as normal grief. Also, with grief education, more people in the community will be better equipped and prepared to handle loss.¹⁴⁰

Grief support groups are a very effective method to handle loss. It provides individuals with comradery, safe space to share their story, and the ability to not feel alone and isolated in their complicated grief. Group therapy and counseling have a similar path in aiding the bereaved to share their story in safety. Since grief, according to

¹³⁷ Mallon, *Dying, Death and Grief*, 32.

¹³⁸ Mallon, *Dying, Death and Grief*, 32.

¹³⁹ www.cfah.org.

¹⁴⁰ Bryant, “Is Pathological Grief,” 41-46.

Doka, is not a disease to be treated, medication is often used to reduce the symptoms of anxiety and depression.¹⁴¹ Lastly, spiritual coping is essential because it assists in meaning making and drawing strength from one's faith in God.

It is clear from various studies that these approaches have been significant in helping with complicated grief. In the next section I propose an approach to deal with complicated grief which focuses on resilience as a healing theme. While all of the models discussed indicate positive outcomes, I strongly believe that focusing on resilience not only addresses complicated grief, but supports the development of long term-term approaches to coping.

¹⁴¹ Doka, *Grief Is a Journey*, 239-241.

SECTION 3: RESILIENCE APPROACH

Studies have repeatedly shown that one of the most stressful life experiences is the death of a loved one.¹⁴² As a result, approximately 80 to 90 percent of bereaved individuals experience normal or uncomplicated grief.¹⁴³ which contributes to a small percentage of griever becoming stuck in complicated grief. People who become stuck in the grief process can have a range of emotional, social, spiritual, and physical challenges.

In the previous section, I reviewed various treatment options to deal with complicated grief. Some of those include grief education, individual counseling, group therapy, spiritual and religious coping, and bereavement support groups. It is clear from various studies that these approaches can have significant impact in facilitating the healing of complicated grief. However, I believe that there is a better way. I believe that when griever activate and build on resilience factors, they are more likely to engage in and move through the grief process. In this chapter, I am proposing a resilience approach to move through complicated grief toward a life of healing and hope.

3.1 UNDERSTANDING RESILIENCE

Life is permeated with tribulations, sorrows, and overwhelming pain. Lament in the book of Psalms reverberates with the anguish of the human soul: “How long must I struggle with anguish in my soul, with sorrow in my heart every day? How long will my enemy have the upper hand?” (Psalm 13:2). Similarly, the Apostle Paul in distress pleaded with God to remove his thorn: “Three times I pleaded with the Lord to take it

¹⁴² Zhang, El-Jawahri, and Prigerson, “Update on Bereavement Research,” 1189.

¹⁴³ Prigerson, “Complicated Grief,” 40.

away from me. But he said to me, ‘My grace is sufficient for you, for my power is made perfect in weakness’” (2 Corinthians 12:8).

In a world affected by the continuous onslaught of suffering, hardship, and grief in some fashion or shape, there has been a need for individuals to understand and build upon their own resilience. A quick search on the topic of resilience reveals a quantum number of responses to resilience in community, resilience in work places, resilience in organizations, individual resilience, and resilience in trauma and grief. Circumstances in the human dynamic are unique, coping strategies are often limited, and suffering is a reality of the human condition. Therefore, the call to activate resilience is exciting and compelling in navigating the icy path of loss.

Studies of resilience trace its roots back 50 years. Early on, the field was not extensive and the number of researchers devoting their careers to the examination of this phenomenon was fairly small.¹⁴⁴ An early definition came from the field of metallurgy and relates to a metal’s ability to respond to stress in a way to absorb energy without deforming.¹⁴⁵ Resilience studies were reserved for high-risk populations with a particular focus on youth who demonstrated resilience or the ability to overcome the emotional, developmental, economic, and environmental challenges they faced growing up.¹⁴⁶ Work over the last decade, according to Lydia Manning and Andrew Miles, reflects considerable variation and complexity in definitions and conceptualization, in both

¹⁴⁴ Sam Goldstein and Robert Brooks, *Handbook of Resilience in Children* (New York: Springer, 2006), 3.

¹⁴⁵ Carol Hatler and Paula Sturgeon, “Resilience Building: A Necessary Leadership Competence,” *Nurse Leader* 11, no. 4 (2013): 32–34, EBSCO.

¹⁴⁶ Goldstein and Brooks, *Handbook of Resilience in Children*, 3. They co-authored several books on the topic of resilience. They note that over the past 20 years the study of resilience has expanded significantly.

popular and academic discourse. However, recently the study of resilience has gained popularity in the biological, sociological, anthropological, and gerontological areas.¹⁴⁷

Emmy Werner and Ruth Smith, in their reflection on the roots of resilience, noted, “The chain of protective factors that enabled most men and women to overcome multiple adversities in their formative years and to navigate a successful transition into midlife had many links – biological makeup, psychological dispositions, and sources of emotional support.”¹⁴⁸

Many researchers have made numerous attempts to define the concept of resilience by utilizing various approaches to understand its process and discover how it functions in the life of one who is negatively affected. The term “resilience” was not used consistently until the 1980s, according to Edith Grotberg in her book, *Tapping Your Inner Strength*. The terms used prior to that, such as “vulnerable but invincible” or “protective factors,” are, in fact, inaccurate. No one is invincible; everyone is vulnerable.¹⁴⁹

The root for the English word resilience is “resile” which means to bounce or spring back.¹⁵⁰ The idea of a person being able to bounce back and recover strength, spirits, or humor after adversity, misfortune, or a stressful event is the gist of this idea

¹⁴⁷ Lydia K. Manning and Andrew Miles, “Examining the Effects of Religious Attendance on Resilience for Older Adults,” *Journal of Religion and Health* 57, no. 1 (2018): 192. <http://www.doi.org/10.1007/s10943-017-0438-5>.

¹⁴⁸ Emmy Werner and Ruth Smith, *Journeys from Childhood to Midlife: Risk, Resilience, and Recovery* (Ithaca: Cornell University Press, 2001), 173. In 1955, researchers Emmy Werner (University of California, Davis) and Ruth Smith (licensed psychologist, Kauai) began a longitudinal study that followed all of the children born on the island of Kauai during that year. <https://psychcentral.com/lib/learning-from-resilient-kids>.

¹⁴⁹ Edith Henderson Grotberg, *Tapping Your Inner Strength: How to Find the Resilience to Deal with Anything* (Oakland: New Harbinger Publication, Inc, 1999), 5.

¹⁵⁰ Bruce W. Smith et al., “The Foundations of Resilience: What Are the Critical Resources for Bouncing Back from Stress?” in *Resilience in Children, Adolescents, and Adults: Translating Research into Practice*, ed. Sandra Prince-Embury and Donald H. Saklofske, 167-185 (New York: Springer, 2013).

of resilience in a human context. In psychological terms, stated Smith and colleagues, “the ability to bounce back or recover from stress” is closest to the original meaning of the word “resilience” and its root in the “resile.”¹⁵¹

This concept of bouncing back and recovering from stress supports the message of Christ, “I come that you may have life and have it more abundantly” (John 10:10). The essence of the original root meaning of resilience seems to suggest action rather than a passive approach.

Dr. Rachael Yehuda, professor of psychiatry and neuroscience and director of the Traumatic Stress Studies Division at the Mount Sinai School of Medicine, noted that the best description of resilience she had heard was on TV, in connection with a Timex watch commercial. The watch was described as having the ability to “take a licking and keep on ticking.”¹⁵² Unlike an inanimate object, Yehuda sees resilience as it applies to people. This would involve a reintegration of self that includes a conscious effort to move forward in an insightful integrated positive manner as a result of lessons learned from an adverse experience.¹⁵³

According to Marek Celinski and Kathryn Gow, “resilience is a state of mind that ultimately transcends the current circumstances and is epitomized in Martin Luther

¹⁵¹ Smith et al., “The Foundations of Resilience,” 167.

¹⁵² Steven M. Southwick et al., “Resilience Definitions, Theory, and Challenges: Interdisciplinary Perspectives,” *European Journal of Psychotraumatology* 5 (2014): 3, <http://dx.doi.org/10.3402/ejpt.v5.25338>.

¹⁵³ Southwick et al., “Resilience Definitions,” 3.

King's saying, 'I have a dream,' and in how Nelson Mandela envisioned South Africa without apartheid."¹⁵⁴

Celinski and Gow continue by stating that before these inspiring ideas became reality for these men, they needed to face uncertainty with inner resources, such as hope and confidence, that reality as it is experienced, need not be the final stage of human development, and that ultimately, the necessary resources will be found to make a dream come true, even though they did not know how and when it could be achieved.¹⁵⁵

Lavretsky and Irwin argue, "Resilience has been conceptualized as a set of traits (e.g., hardiness, tough-mindedness), an outcome (e.g., better than expected happiness or satisfaction in the face of challenges), and a process (e.g., effective coping in the face of difficulty)"¹⁵⁶ Resilience is not magic, argued Grotberg; it is not found only in certain people and it is not a gift from unknown sources. All humans have the capacity to become resilient, but not everyone has the motivation to engage in experiences that promote resiliency, especially when confronted with difficult life challenges. Various constructive ideas have been conceptualized on the definition of resilience; however, the most favorable is described by Gunnestad and Thwala. They explained that resilience can

¹⁵⁴ Celinski, Marek J, and Kathryn Gow, "Overview: Resilience and Resourcefulness as Behaviors Organizers," in *Continuity Versus Creative Response to Challenge: The Primacy of Resilience and Resourcefulness in Life and Therapy*, ed. Celinski, Marek J, and Kathryn Gow (Hauppauge, NY: Nova Science Publishers, 2011), 5.

¹⁵⁵ Marek and Gow, "Overview," 5.

¹⁵⁶ H. Lavretsky and M. Irwin, "Resilience and Aging," *Aging and Health* 3 (2007): 309–323, <http://www.doi.org/10.2217/1745509X.3.3.309>.

be defined as “the ability to live and cope in difficult circumstances, the ability to regain strength and normal life after traumas or crisis, and the ability to handle stress.”¹⁵⁷

3.2 CHARACTERISTICS OF RESILIENCE

Factors that are likely to contribute to resilience are many. They include psychosocial and cognitive factors, instinctive factors, feelings of being in control, the ability to problem solve, having a positive view of life, the ability to gain from both rewarding and negative experiences, spirituality, readiness to respond appropriately to cues that signal danger, as well as the ability to adapt and be flexible to change.¹⁵⁸ Furthermore, additional determinants of resilience include genetic, epigenetic, developmental, demographic, cultural, economic, and social, which may differ depending on the context and specific challenges.¹⁵⁹ I find Smith’s outline of the three characteristics of resilience to be instrumental in providing an understanding of the intricacies of how resilience works in a three-step process:

Firstly, they noted, the ability to bounce back from stress may generally require actual confronting a stressful event. The ability to pay attention to the present moment experiences and the ability to be clear about one’s emotional experience may be important for enabling a person to confront a stressful experience and begin the process of bouncing back. Secondly, orienting oneself towards a positive future outcome may require both a sense of direction and purpose in life and a sense of optimism that it is possible to move in the direction of achieving one’s goal and this purpose. Thirdly, the ability to recover from stressful events

¹⁵⁷ Arve Gunnestad and S’Lungile Thwala, “Resilience and Religion in Children and Youth in Southern Africa,” *International Journal of Children’s Spirituality* 16, no. 2 (2011): 169–185, <http://dx.doi.org/10.1080/1364436X.2011.580726>.

¹⁵⁸ Hymie Anisman, *Stress and Your Health: From Vulnerability to Resilience* (Hoboken, NJ: Wiley-Blackwell, 2015), 13

¹⁵⁹ Zoé M. Hendrickson et al., “Resilience Among Nepali Widows After the Death of a Spouse: ‘That Was My Past and Now I Have to See My Present,’” *Qualitative Health Research* 28, no. 3 (2018): 466–478.

involves efforts to actively engage in efforts to cope rather than a passive approach.¹⁶⁰

Resilience manifests transcendence, empowerment, and readiness to engage in life on a certain level of freedom regarded as a value in itself, which an individual, group of people, or society is prepared to sustain, defend, and expand on, and, if necessary, to sacrifice pleasure, comfort, and other values, which are then deemed less important.¹⁶¹ When resilience is at work one would not see the expected descent into grief from which recovery would be the necessary route.¹⁶² Resilience also implies readiness to put effort into regaining one's own level of functioning or sense of value if it is diminished or partially lost.¹⁶³

Some of the early studies on resilience were conducted with children. Resilient children were observed to possess certain qualities and or ways of viewing themselves and the world that are not readily apparent in youngsters who have not been successful in meeting challenges. Researchers Emmy Werner and Ruth Smith conducted a longitudinal study of disadvantaged children on the Hawaiian island of Kauai, which monitored the impact of a variety of biological and psychosocial risk factors, stressful life events, and protective factors on a multi-racial cohort of children born in 1955.¹⁶⁴ In this study, the researchers checked in regularly with the participants until they reached 40 years old.

¹⁶⁰ Smith et al., "The Foundations of Resilience," 169.

¹⁶¹ Smith et al., "The Foundations of Resilience," 169.

¹⁶² Steven Spidell, "Resilience and Professional Chaplaincy: A Paradigm Shift in Focus," *Journal of Health Care Chaplaincy* 20, no. 1 (2014): 16–24.

¹⁶³ Spidell, "Resilience and Professional Chaplaincy, 23.

¹⁶⁴ Emmy Werner, E., and Ruth Smith, *Journeys from Childhood to Midlife: Risk, Resilience, and Recovery* (Ithaca: Cornell University Press, 2001), 56.

They discovered that many of the children who had experienced difficulties had become successful functioning adults by the time they reached their third and fourth decade. Those who showed the most resilience had access to buffering elements known as protective factors.¹⁶⁵

In Werner and Smith's reflection on the roots of resilience, they noted, "The chain of protective factors that enabled most men and women to overcome multiple adversities in their formative years and to navigate a successful transition into midlife had many links – biological makeup, psychological dispositions, and sources of emotional support."¹⁶⁶ In addition, other factors that promote resilience during stressful times and aid in human coping include "a person's belief, spirituality, religious assets, good relations with others, confidence, and self-esteem."¹⁶⁷

The emotional upheaval surrounding loss can be overwhelming and distressing, leading to disruption to one's security, especially when resources to cope are limited; but when access to available resources are available, studies revealed "social support is the prime example of social resource that may be particularly relevant for times of stressful events and thus for resilience in the face of stress."¹⁶⁸ Sheldon Cohen defines social support as "a network's provision of psychological and material resources intended to

¹⁶⁵ <https://psychcentral.com/lib/learning-from-resilient-kids>.

¹⁶⁶ Werner and Smith, *Journeys from Childhood to Midlife*, 173.

¹⁶⁷ Migda Hunter-Hernández, Rosario Costas-Muñiz, and Francesca Gany, "Missed Opportunity: Spirituality as a Bridge to Resilience in Latinos with Cancer," *Journal of Religion and Health* 54, no. 6 (2015): 2368.

¹⁶⁸ Smith, et al., "The Foundations of Resilience," 169-170.

benefit an individual's capacity to cope with stress.”¹⁶⁹ Researchers have identified various forms of social support that are associated with resilience, some of which include emotional support, instrumental support, and informational support.¹⁷⁰ These forms of support appear to operate differently in individuals confronted with unique and varied types of stressful life events.

Emotional support offers empathy, concern, love, and acceptance; instrumental support offers financial assistance, material goods, or services; informational support provides advice, guidance, or useful information to help problem solve.”¹⁷¹ Human responses to adversity take place in the context of available resources, specific cultures and religions, organizations and communities, and societies, each of which may be more or less resilient in their own right, and more or less capable of supporting and enhancing resilience in the individual.¹⁷² Also, “the support that individuals receive from family, friends, colleagues, organizations, and community has a profound impact on their psychological health, physical health, and on the ability to deal with adversities and challenges.”¹⁷³

George Vaillant comments that social supports must not only be present, they must be recognized and then internalized. He continues, “Social experience is not what

¹⁶⁹ Sheldon Cohen, “Social Relationships and Health.” *American Psychologist* 59, no. 8 (2004): 676.

¹⁷⁰ L. F. Berkman and T. Glass, “Social integration, social networks, social support, and health,” in *Social Epidemiology*, ed. L. F. Berkman and I. Kawachi, 137-173 (New York: Oxford University Press, 2000).

¹⁷¹ Jack Tsai et al., “Trauma Resiliency and Posttraumatic Growth,” *APA Handbook of Trauma Psychology: Trauma Practice* 2 no. 2 (2017): 97.

¹⁷² Lauren Sippel et al., “How Does Social Support Enhance Resilience in the Trauma-exposed Individual?” *Ecology and Society* 20, no. 4 (2015): 10, <http://dx.doi.org/10.5751/ES-07832-200410>.

¹⁷³ Sippel, et al., “How Does Social Support Enhance Resilience,” 10.

happens to you, it is what you do with what happens to you.”¹⁷⁴ Studies reveal that the effectiveness of social support depends on the match between the source, type, and timing of the social support and the needs and developmental level of the individual or system.”¹⁷⁵ High levels of social support can be a buffer against stress and trauma, preparing one to be more resilient.¹⁷⁶

3.3 SPIRITUAL AND RELIGIOUS FACTORS

Concerning distresses, losses, and grief, religion and spirituality are often essential to coping. In recent years, various interpretations of religious and spiritual factors have developed. Studies have described the role of religion and spirituality among trauma survivors as being wellsprings for healing and resilience.¹⁷⁷ To be clear about the term spirituality, which is often used loosely in certain settings, it bears mentioning here that from a biblical standpoint, the Spirit is a person who actively engages in one’s life. He searches all things (1 Corinthians 2:10); He dwells in us and gives power to life (Romans 8:11), He offers strength to those who are weak (Romans 8:26), He works all things out for the good of those He called for his purpose (Roman 8:28). He is the engine behind the vehicle. When He is absent from Christian spirituality, much is truly lost.¹⁷⁸

¹⁷⁴ George E. Vaillant, *The Wisdom of the Ego* (Cambridge, MA: Harvard University Press, 1993), 311.

¹⁷⁵ Sippel, et al., “How Does Social Support Enhance Resilience,” 10.

¹⁷⁶ C. E. Agaibi and J. P. Wilson, “Trauma, PTSD, and Resilience: A Review of the Literature,” *Trauma, Violence, and Abuse* 6 (2005): 195–216.

¹⁷⁷ Froma Walsh, “Religion and Spirituality: Wellsprings for Healing and Resilience” in *Spiritual Resources in Family Therapy*, ed. Froma Walsh (New York, NY: Guilford Press, 1999), 3–27.

¹⁷⁸ Gordon D. Fee, “On Getting the Spirit Back into Spirituality,” in *Life in the Spirit: Spiritual Formation in Theological Perspective*, ed. Jeffrey P. Greenman and George Kalantzis (Downers Grove, IL: IVP Academic, 2010), 41–42.

Spirituality has also been understood to mean experiences that reflects faith in a Supreme Being, or connection to self, others, or nature.¹⁷⁹ At times, religion and spirituality are used interchangeably; yet spirituality does not necessarily connect to a specific religious belief, while religious expression of spirituality occurs through various activities that are linked with a particular denomination.¹⁸⁰ Greeff acknowledges spirituality to be a fundamental form of resilience in that it provides the individual with the ability to understand and overcome stressful situations, while Brewer-Smyth and Koenig suggest that religion is a powerful mechanism for buffering resilience through both intrinsic and extrinsic types of social support.¹⁸¹ Both researchers are hereby attributing positive results to these two coping entities upon one's resilience experience which coincide with Manning and Miles' assertion that "religious outlooks can provide a sense of meaning and purpose that render life's events more interpretable."¹⁸² Resilience in Christianity is seen in the incarnation of Jesus who suffered pain, isolation, betrayal, and abandonment but never lost the capacity to be himself and extend love to others.¹⁸³ Many stories in the Bible suggest a message of resilience. Of particular interest is the Apostle Paul who

¹⁷⁹ Martha. G. Meraviglia, "Critical Analysis of Spirituality and its Empirical Indicators: Prayer and Meaning in Life," *Journal of Holistic Nursing*, 17, no.1 (1999): 18–33.

¹⁸⁰ Maureen Campesino and G. E Schwartz, "Spirituality Among Latinas/os: Implications of Culture in Conceptualization and Measurement," *Advanced Nursing Science* 29, no. 1 (2006): 69–81.

¹⁸¹ Abraham Greeff and Berquin Human, "Resilience in Families in Which a Parent Has Died," *American Journal of Family Therapy* 32, no. 1 (2004): 27–42. K. Brewer-Smyth and H. G. Koenig, "Could Spirituality and Religion Promote Stress Resilience in Survivors of Childhood Trauma? *Issues in Mental Health Nursing* 35, no. 4 (2014): 251–256.

¹⁸² Manning and Miles, "Examining the Effects of Religious," 194. They conducted studies to examine the role religion plays in resilience outcomes for older adults who have dealt with recent hardship, adversity, and trauma.

¹⁸³ Steven J. Wolin et al., "Three Spiritual Perspectives on Resilience: Buddhism, Christianity, and Judaism," in *Spiritual Resources in Family Therapy* ed. Froma Walsh (New York: Guilford Press, 1999), 122.

struggled with an uncomfortable thorn within his flesh. During his suffering Paul solicited Divine assistance three times to remove the thorn from his flesh, but each time the message remained the same: “My grace is sufficient for you” (2 Corinthians 12:9). He gathered strength where he was weak. His wisdom formulates the idea cited by Greitens in his book on resilience in quoting Ernest Hemingway: “The world breaks every one and afterward many are strong at the broken places.”¹⁸⁴ From a religious point of view, resilience seems to suggest a concept of transformation.

Spiritual beliefs and practices foster resilience in the face of death. Many find solace in the belief that a tragic death may be beyond human comprehension but part of God’s larger plan, or a test of our faith.¹⁸⁵ A couple of years ago, the most mentally exhausting and emotionally strenuous experience I have experienced in chaplaincy ministry occurred while on duty. I became a first responder to a colleague in the Spiritual Care Department. While working, she received a devastating call that her youngest son was murdered near her work place. She rushed into my office and sat motionless after receiving the news. Over time, I observed and listened as she consistently embraced faith and harnessed spiritual resources, including her church community, to move through the devastating loss.

According to Jon Holton, “the ability of a community to see their own role in the story of God in the world, especially in times of tragedy, provides a deep well of resilience that fosters hope and may help mitigate the damaging effects of trauma.”¹⁸⁶ It is important to

¹⁸⁴ Eric Greitens, *Resilience: Hard -Won Wisdom for Living a Better Life* (Boston: Mariner Books, 2015), 24.

¹⁸⁵ Froma Walsh, *Strengthening Family Resilience*, 205.

¹⁸⁶ Jon Holton, “Our Hope Comes from God: Faith Narratives and Resilience in Southern Sudan,” *Journal of Pastoral Theology* 20, no. 1 (2010): 71.

bring God into the space through prayer for healing, to care for the grieving, and even to plant the seeds of development through collaborative production—everyone has some contribution to make.¹⁸⁷ Religion can provide various types of meaningful support that can contribute to empowering people to effectively manage negative events and restore homeostasis or resilient reintegration.¹⁸⁸ Similarly, a spiritual approach can be advantageous in restoring hope and procuring a more balanced perspective regarding justice and injustice, safety and danger, good and evil.”¹⁸⁹

In the book of Habakkuk, the writer shares, “Even though the fig trees have no fruit and no grapes grow on the vines; even though the olive crop fails and the fields produce no grain; even though the sheep all die and the cattle stalls are empty, I will still be joyful and glad, because the LORD God is my savior” (Habakkuk 3:17-18). The concept of resilience implied in these scriptures resemble the picture Dr. Yehuda shares regarding the Timex watch commercial, “to take a licking and keep on ticking,” but grander, it moves one toward a transcendent spirit, the grandeur of God. Sound spirituality, existential outlook, and religious faith, according to Abi-Hashem, can indeed help in the healing and restoration, and facilitate personal, familial, and communal growth, thus promoting not only mere coping and survival but also remarkable strength, growing, thriving, and resiliency.¹⁹⁰

¹⁸⁷ Holton, “Our Hope Comes from God,” 80.

¹⁸⁸ Manning and Miles, “Examining the Effects of Religious,” 195.

¹⁸⁹ K. D. Drescher and D. W. Foy, “Spirituality and Trauma Treatment: Suggestions for Including Spirituality as a Coping Resource. *National Center for PTSD Clinical Quarterly* 5 no. 1 (1995): 4–5.

¹⁹⁰ Abi-Hashem, “Grief, Bereavement, and Traumatic Stress,” 252.

3.3.1 SENSE OF MEANING AND PURPOSE

The search for meaning is central to the human dynamic. A key aspect of one's spiritual identity is how one assigns meaning and purpose. When tragedy strikes, it is not uncommon for griever to scrutinize the event that occurred to uncover meaning and purpose. Traumatic events can precipitate crisis of meaning by raising questions about the purpose of life and the nature of suffering and injustice in the world, leaving people struggling to understand why the events occurred and what the implications will be for their future.¹⁹¹ Many hold tightly to personal convictions about life; however, when that belief system is interrupted, "people may experience a sense of meaninglessness."¹⁹²

Religion is usually explored when the question regarding purpose and meaning arises in the mind of the sufferer. According to Kenneth Pargament, "When the sacred is seen working its will in life's events, what first seems random, nonsensical and tragic is changed into something else – an opportunity to appreciate life more fully, a chance to be with God, a challenge to help others grow, or a loving act meant to prevent something worse from taking place."¹⁹³ Researchers agree that it is during these times of greatest stress and searching for meaning that religion seems to exert its most pronounced influence.¹⁹⁴

¹⁹¹ R. S. Lazarus, "Coping Theory and Research: Past, Present, and Future," *Psychosomatic Medicine* 55, no. 3 (1993): 234-47.

¹⁹² Crystal L. Park, "Religion and Meaning" in *Handbook of the Psychology of Religion and Spirituality*, ed. Raymond F. Paloutzian and Crystal L. Park (New York: Guilford Publications, 2005), 298.

¹⁹³ Kenneth Pargament, *The Psychology of Religion and Coping* (New York: Guilford Press, 1997), 223.

¹⁹⁴ Park, "Religion and Meaning," 304.

According to Pargament, “Because religious beliefs, like other basic beliefs, tend to be relatively stable, people confronting crisis are more likely to reappraise their perceptions of situations to fit their preexisting beliefs than to change their religious beliefs.”¹⁹⁵ An example that is fitting here regarding assigning meaning and purpose came from one of my patients. She concluded during her own personal emotional and medical crisis that her present circumstances must be resulting from God’s punishment for her failure to honor the agreement she constructed with Him during a critical time when her husband’s life and wellbeing were threatened. During his heart attack, she bargained with God for extension of his life with promises to become a better individual should he recover. His life was restored but her lifestyle remained unchanged from her standpoint. She was caught in the midst of a mental and spiritual tug of war – reaching out to God while holding onto guilt. She was searching for meaning and purpose in her crisis and concluded that she was experiencing the iron hand of God for failing to uphold her side of the deal.

Viktor Frankl said it well: “We must never forget that we may also find meaning in life even when confronted with a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one’s predicament into a human achievement.”¹⁹⁶ Frankl articulates clearly the spiritual concept of resilience in the face of loss and grief, which rest on the belief of restoration and transformation. It appears then, the sum total of one’s unpleasant experience should not determine the

¹⁹⁵ Park, “Religion and Meaning,” 305.

¹⁹⁶ Viktor E. Frankl, *Man’s Search for Meaning* (Boston: Beacon Press, 2006), 112.

outcome of his destiny; but through the experience, one has the potential to manufacture triumph, and develop significant human progress whereby loss is transformed into an experience of healing and hope. In addition, “research suggests that negative events are easier to bear when understood within a benevolent religious framework, and attributions of death, illness, and other major losses to the will of God or to a loving God are generally linked with better outcome.”¹⁹⁷

3.3.2 RELIGIOUS COPING

Other aspects of the religious factors associated with resilience are the tools that we draw upon to cope with difficulty that are grounded in our religious identity. Religion and spirituality are often explored to manage the painful experiences in the aftermath of a critical life event. Several researchers noted that religious coping is multidimensional. It is designed to assist people in the search for a variety of significant ends in stressful times: a sense of meaning and purpose, emotional comfort, personal control, intimacy with others, physical health, or spirituality.¹⁹⁸ Many already have an orientation toward spiritual religious coping long before tragedy struck, lying dormant for years. Pargament and colleagues believe that in specific situations, people draw on religious coping methods that are a part of their general orientation system.¹⁹⁹ Everyone’s context is different and people in crisis move toward what they are familiar with, even though it

¹⁹⁷ Park, “Religion and Meaning,” 308.

¹⁹⁸ Kenneth I. Pargament et al., “Patterns of Positive and Negative Religious Coping with Major Life Stressors,” *Journal for the Scientific Study of Religion* 37, no. 4 (1998): 711.

¹⁹⁹ Kenneth I. Pargament, Gene G. Ano, and Amy B. Wachholtz, “The Religious Dimension of Coping: Advances in Theory, Research, and Practice” in *Handbook of the Psychology of Religion and Spirituality*, ed. Raymond F. Paloutzian and Crystal L. Park (New York: The Guilford Press, 2005), 485.

may have been stagnant for a while. Their research identified a number of religious coping methods in difficult situations, some positive and some negative. Examples of positive coping methods include:

- Benevolent reappraisal: redefining a stressor through religion as a blessing, something God wants to teach us through
- Seeking spiritual support: searching for comfort through God's love and care
- Collaborative religious coping: seeking control through cooperating with God
- Seeking support from clergy/church members: ask others for support or prayers
- Religious helping: attempting to provide spiritual support to others, victims and offenders
- Religious forgiveness: looking to religion to shift from anger, fear and hurt to peace
- Religious support from the hope that victims are now with God²⁰⁰

Examples of negative coping methods include

- Demonic reappraisal: redefining the stressor as an act of the devil
- Punishing reappraisal: redefining the stressor as a punishment from God
- Reappraisal of God's power: thinking some things are beyond God's power
- Spiritual discontent: questioning God's love or church members/pastors love and care.²⁰¹

²⁰⁰ Gunnestad and Thwala, "Resilience and Religion," 173.

²⁰¹ Gunnestad and Thwala, "Resilience and Religion," 173.

It seems clear to conclude from these coping methods that positive religious coping enhances one's wellbeing in the face of crisis, while negative religious coping produces the opposite in crisis. Many religious traditions such as Buddhist, Judaism, and Christianity contend that spiritual growth occurs primarily during times of suffering. Through suffering, humans develop character, coping skills, and a base of life experience that may enable them to manage future struggles more successfully.²⁰² In addition, a valuable aspect of religious coping is to cultivate an attitude of gratitude. Research on gratitude indicates that individuals who habitually acknowledge and express gratitude derive health benefits, sleep benefits, and relationship benefits.²⁰³

3.3.3 COPING THROUGH PRAYER

Prayer is a discipline on which many have concentrated in terms of positive approach to coping both in secular and religious life. Prayer has the power to produce significant spiritual benefits when grievers reach out to the power of God. From a psychological perspective, prayer is helpful because it illuminates and brings about calmness, whereas religiously, someone is present and is available to help with the matters at hand thereby producing peace.²⁰⁴ Scriptures inform deliberate attention regarding the task of prayer, including to "pray without ceasing" (1 Thessalonians 5:17). When an issue necessitates divine support and intervention, which is often and always, Scripture affirms confidence in prayer. Prayer offers opportunities to transcend the

²⁰² Julie Exline, "Stumbling Blocks on the Religious Road: Fractured Relationships, Nagging Vices, and the Inner Struggle to Believe," *Psychological Inquiry* 13 (January 2002): 182-189.

²⁰³ Karen J. Reivich, Martin E. P. Seligman, and Sharon McBride, "Master Resilience Training in the U.S. Army," *American Psychologist* 66, no. 1 (2011): 29.

²⁰⁴ Gunnestad and Thwala, "Resilience and Religion," 176.

current milieu with assurance of God's intimate presence during distresses and sorrows. When the Savior was on the Mount of Olives, prayer was the source of strength that was utilized during intense periods of deep uncertainty, suffering, and loss. In agony he cried out to his heavenly Father, "Father, if you are willing, remove this cup from me. Nevertheless, not my will, but yours be done" (Luke 22:42). Strength was afforded during those laborious exhausting moments because "an angel from heaven appeared to him, strengthening him" (Luke 22:43).

Christ's conscious participation in focused prayer provided resilience to cope with that treacherous moment along with the impending journey ahead. This also aligns with the definition of resilience from Gunnestad and Thwala, that resilience is the "ability to live and cope in difficult circumstances, the ability to regain strength and normal life after traumas or crisis, and the ability to handle stress."²⁰⁵

In addition to engaging in focused prayer, Dr. James Whitehead believes that the practice of *Lectio Divina*, where pupils meet voluntarily each week in groups to reflect on a passage from the Bible and pray for another in attendance at a group or house of prayer, builds spiritual and psychological resilience.²⁰⁶ This practice is evident in a weekly Bible Support Group I facilitate where individuals faced with complex personal challenges experience spiritual and psychological resilience. A frequent attendee repeatedly shares the value and benefits she continuously experiences in the practice of surrendering in prayer. Some of the benefits include improvements in sleep pattern and diminished anxiety and fear. MaryKate Morse noted in her book on prayer that "community prayers are especially helpful when one is struggling with despair, ill health

²⁰⁵ Gunnestad and Thwala, "Resilience and Religion," 176.

²⁰⁶ James Whitehead, "Resilience and Prayer," *The Tablet* 271, no. 9187 (February 2017): 7.

or difficult circumstances. This community of faithful surrounds us.”²⁰⁷ Cultivating time and space to engage in prayerful meditation can allow the Spirit to gain access to the heart, offering hope to grieverers that tomorrow will be brighter than today.

3.3.4 EMBRACING HOPE

It is almost impossible to talk about resilience without engaging a conversation on the topic of hope. The bedrock of hope is derived from an experience of suffering, physical as well as emotional. Some may see hope and resilience as synonymous because one cannot find one’s way through a challenging experience toward resilience without the seed of hope within one’s core. Hope is seen from the perspective of embracing or possessing something in the future that is not yet gained but claimed through the lens of faith in God’s sovereign and omnipotent qualities. The community of faith provides vital and necessary emotional and socio-cultural support, sense of belonging and togetherness, solidarity during severe troubles, spiritual confidence and enduring hope, and a renewed fortitude for the future.²⁰⁸ Sang Lee suggests that as faith enables one to live with the unseen as real, hope gives one the capacity to be courageous alone in the midst of loneliness and fear. Thus, Christians’ hope empowers us to be resilient, even as faith does. Hope is therefore the kernel of resilience, for it restores us to life.”²⁰⁹ Lee sees interplay between hope and resilience. Hope, she shares, will emit resilience and

²⁰⁷ MaryKate Morse, *A Guide to Prayer: Twenty-four Ways to Walk with God* (Downers Grove, IL: IVP Books), 29.

²⁰⁸ Tuti Alawiyah et al., “Spirituality and Faith-Based Interventions: Pathways to Disaster Resilience for African American Hurricane Katrina Survivors,” *Journal of Religion and Spirituality in Social Work* 30, no. 3 (2011): 294–319.

²⁰⁹ Sang Uk Lee, “The Possibility of Hope: Introspective and Aesthetical Analyses,” *Pastoral Psychology* 64, no. 5 (2015): 714. <http://www.doi.org/10.1007/s11089-014-0625-1>.

resilience will emit hope. Resilience therefore suggests restoration because it is significantly imbedded with hope.²¹⁰ Not only is resilience associated with restoration, it is transformation because of its implied movement through something that was once unpleasant or uneasy. There is no restoration without transformation, and restoration cannot transpire without hope. Hope makes all the difference in the journey of healing because it perceives the light at the end of the tunnel. Hope can be understood as the invisible oil that keeps the torch burning, giving the sufferer resilience while trekking through the dark valley of sorrow. In the wisdom of the psalmist, “Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me” (Psalm 23:4). To be resilient is to have the spirit of the Savior and with that spirit, there is hope. Holton in his article, “Our Hope Comes from God,” suggests, “Ultimately, the ability of a community to see their own role in the story of God in the world, especially in times of tragedy, provides a deep well of resilience that fosters hope and may help mitigate the damaging effects of trauma.”²¹¹

3.4 SPIRITUAL APPLICATION OF RESILIENCE

Due to the range of emotional, social, spiritual, and physical challenges people experience when stuck in complicated grief, they struggle to activate resilience and move through complicated grief independently. As a result, resilience, which is my intended solution, will begin with a three-step process conjectured by Smith and colleagues.²¹² The

²¹⁰ Lee, “The Possibility of Hope,” 714.

²¹¹ M. Holton, “Our Hope Comes from God: Faith Narratives and Resilience in Southern Sudan,” *Journal of Pastoral Theology* 20, no. 1 (2010): 67-84. <http://dx.doi:10.1179/jpt.2010.20.1.005>.

²¹² Smith et al., “Foundations of Resilience,” 169.

first step requires one to actually confront the loss. Secondly, the griever will need to position himself or herself toward a positive future outcome. Thirdly, the griever will need to seek out efforts that will allow for active engagement rather than passive coping approaches. With these significant approaches in mind to aid in the journey toward healing, it is essential to examine how spiritual resilience can be applied in the context of complicated grief to facilitate healing.

3.4.1 RESILIENCE THROUGH SEARCHING FOR MEANING

As noted in the section on meaning and purpose, it is not uncommon during a challenging time for grievers to search for meaning. Questions that many wrestles with are “Why is this happening to me?” or “Why has my loved one died?” Since spirituality helps to form the system of meaning through which the world is understood, for many to make life safer and more reasonable,²¹³ it is crucial to explore and search for meaning to move through the grieving process.

A young man shared during a moment of deep pain that his loss led him to question everything, even the faith he had embraced all his life. He was spiritually lost, and struggled to find meaning and embrace joy again. In confronting loss, grievers can find resolution to their search through

- talking and sharing loss stories in a safe, non-judgmental environment,
- listening and sharing reflections and feedbacks,

²¹³ Crystal L. Park and Roshi Joan Halifax, “Religion and Spirituality in Adjusting to Bereavement: Grief as Burden, Grief as Gift,” in *Grief and Bereavement in Contemporary Society: Bridging Research and Practice: Series in Death, Dying and Bereavement*, ed. Robert A. Neimeyer, Darcy L. Harris, Howard R. Winokuer, and Gordon F. Thornton (New York: Routledge/Taylor & Francis Group, 2011), 358.

- connecting with a support group or community that is inspiring and inviting,
- asking relevant questions that will facilitate meaningful growth, and
- exploring and researching relevant topics that point to a positive outcome.

3.4.2 RESILIENCE IN RELIGIOUS COMMUNITY

Religious perspectives are multidimensional, providing various resources for confronting and coping with loss.²¹⁴ As noted previously, in religious coping everyone's context is different, and people in crisis move toward what they are familiar with, even though it may have been stagnant for a while. Some dominant religious beliefs hold to the notion that there is life after death and they will be reunited with their loved one again, while others believe that the soul persists, allowing for the possibility of having contact with the deceased.²¹⁵ Regardless of one's beliefs and practices, all have the potential to experience resilience in grief after loss. Ways in which grieverers can experience resilience in the religious community are through

- seeking support from clergy,
- embracing hope through worship and music,
- fellowshiping in community,
- reading Scripture or religious literature, and
- praying.

These spiritual applications are known to offer comfort while coping with loss.

²¹⁴ Park and Halifax, "Religion and Spirituality," 358.

²¹⁵ Ethan Benore and Crystal Park, "Death-specific Religious Beliefs and Bereavement: Belief in an Afterlife and Continued Attachment," *International Journal for the Psychology of Religion* 14, no.1 (2004):1-22; Andrew M. Greeley and Michael Hout, "Americans' Increasing Belief in Life After Death: Religious Competition and Acculturation," *American Sociological Review* 64, no. 6 (1999): 813-815.

3.4.3 RESILIENCE IN PRAYER

One of the greatest spiritual gifts available to those who struggle to cope with complicated grief is the gift of prayer. I have noted in the section on Prayer and Resilience that prayer is a discipline on which many have concentrated in terms of a positive approach to coping both in secular and religious life. It has the power to produce significant spiritual benefits when grievers reach out to the power of God. Prayer brings comfort, especially when it is utilized in different ways.

Some of the creative ways in which prayer has been utilized include

- personal alone prayer,
- community prayer,
- prayer journaling,
- partnering with another person,
- intercessory prayer,
- group prayer, and
- prayer walks.

Each one these has its own unique style of connecting with God to bring about transformation, resolution, peace, and the ability to cope with loss in order to promote a positive outcome. I utilize prayer at the beginning of each group session, and also to close the session. My goal in the group in utilizing prayer is to solicit divine support, wisdom, guidance, and healing. It is often a meaningful practice, and it demonstrates to the group the value of engaging in regular prayer as a source of coping with unresolved loss, and to invite God into the business of grief.

3.4.4 APPLYING HOPE

Hope makes all the difference in the journey of healing in grief simply because it perceives the light at the end of the tunnel. Hope is future-oriented and everyone has a unique view about it that is relevant on the journey toward wholeness. Recently, a group of individuals shared how they perceived hope for themselves. Their answers varied. One who is Christian shared that she found hope in Scripture; another who claimed to be an atheist expressed that hope is found within herself and nature; another mentioned that hope is found in family. Scripture can indeed help to inform and shape our understanding of hope, as noted by one of the individuals in the group. The psalmist wrote, “Blessed are those whose help is the God of Jacob, whose hope is in the LORD their God. He is the Maker of heaven and earth, the sea, and everything in them. He remains faithful forever” (Psalm 146:5-6). Also, in another place the psalmist reminds us, “Even though I walk through the valley of the shadow of death, I will fear no evil, for You are with me” (Psalm 23:4). It appears then, from these verses, that hope is found in a person, mainly God. With that in mind, applying hope includes:

- embracing God,
- embracing trust,
- connecting with God and others,
- engaging in meaningful conversations on the topic of hope,
- welcoming the Spirit’s invitation of hope,
- reading scripture,
- engaging in prayer, and
- embracing the revelation of hope that is made known around us.

Wherever hope is found in God, Scripture, nature, family, or self when applied in a context of grief, it can spur one out of the dark valley of loss toward a path of resilience.

3.5 TEACHING RESILIENCE

Current resilience research is debating the question regarding whether resilience is innate or can be taught. Since the topic of resiliency is eclectic, various thoughts have been proposed from different perspectives, but only a limited perspective will be addressed in this section. Resiliency psychology research has revealed that almost every human has an inborn determination to become resilient and be able to handle changes naturally.²¹⁶ On the other hand, much of the literature in professional education seems to focus on resilience as an inherited trait or individual aspect of character shaped by early childhood experiences and less by a skill or habit to be learned and refined.²¹⁷ Also, there is convincing evidence within the education context that individuals can learn or acquire resilient qualities. This can occur through several methods such as an educational setting that is caring and learner centered, an environment that is positive with high expectations, a strong supportive environment, and a social community that offers supportive peer relationships.²¹⁸ An additional educational perspective indicates that “the learning of resilience seems to be most effective with transformative education because it goes

²¹⁶ Al Siebert, “Develop Resiliency Skills: How Valuable Life Can Breed Resiliency,” *T+D* 60, no. 9 (September 2006): 89.

²¹⁷ Randall Longenecker, Therese Zink, and Joseph Florence, “Teaching and Learning Resilience: Building Adaptive Capacity for Rural Practice. A Report and Subsequent Analysis of a Workshop Conducted at the Rural Medical Educators Conference, Savannah, Georgia, May 18, 2010,” *Journal of Rural Health* 28, no. 2 (2012): 123.

²¹⁸ Margaret McAllister and Jessica McKinnon, “The Importance of Teaching and Learning Resilience in the Health Disciplines: A Critical Review of the Literature,” *Nurse Education Today* 29, no. 4 (May 2009): 374, <https://doi.org/10.1016/j.nedt.2008.10.011>.

beyond the cognitive aspect of learning and utilizes critical and constructive thinking methods to inspire learners to look deeply, develop creative ways of thinking, improve problem solving skills, and strive to further social good through concerted personal actions.”²¹⁹

Religion has the capacity to assist in understanding resilience, whether it falls in the category of a trait, an outcome, or a process.²²⁰ I believe humankind created in the image of God essentially can support an understanding of resiliency as an inborn trait. Rooted in this reality is the drive towards faith and hope, which allows for a future reality that is not currently present, especially while passing through the valley of difficulties and hardships.

Furthermore, scriptures are saturated with the concept of resilience. In the Old Testament, the story of Job revealed the life of a man who lost everything valuable, yet responded with optimism and resilience. Job’s response to grief was, “Naked I came from my mother’s womb, and naked shall I return. The LORD gave, and the LORD has taken away; blessed be the name of the LORD.” In all this Job did not sin nor charge God with wrong (Job 1:21-22). Where did Job learn and master resilience? I believe he learned to access it through his faith in the living God, as well as his inborn trait. Also, in many of Christ’s teachings, messages of optimism and resilience are strongly implied. One of particular interest is the teaching of his disciples regarding the management of hardship. “But I say unto you who hear, love your enemies, do good to them who hate you, bless them that curse you and pray for them who despitefully use you” (Luke 6:27-28). The personal experience of Job and the teaching of Christ embody strong messages of

²¹⁹ McAllister and McKinnon, 375.

²²⁰ Manning, 205.

resilience. Whether a person's resilience is inborn or attained, I believe all have the potential to be resilient, and life's experiences along with environmental circumstances have the potential to facilitate or inhibit resilience within a person.

How does a person dealing with grief acquire or learn resilience skills while journeying "through the valley of the shadow of death" (Psalm 23:4)? Teaching resilience is more conducive in a safe and environmentally friendly setting, where participants have the opportunity to think independently, reflect deeply, share openly, have openness to learn, and discover new attributes about self. In this circle of trust, resilience can be taught through these avenues:

- Sharing personal grief narratives
- Identifying and teaching healthy coping skills
- Reflection on the impact of loss through journal writing
- Promoting positive relationships with self and others
- Engaging in spiritual/religious methods of coping to build personal resilience
- Understanding and applying hope
- Applying creative expression of art

3.6 SUMMARY

Studies on the topic of resilience have surfaced a variety of definitions. Securing a suitable definition relevant and relatable to grief and loss was challenging. However, uniting both a psychological and spiritual understanding undoubtedly narrowed it.

Gunnestad and Thwala define resilience as “the ability to live and cope in difficult circumstances, the ability to regain strength and normal life after traumas or crisis, and the ability to handle stress,”²²¹ while Sang Lee’s spiritual understanding of resilience is “the capacity to lead a hopeful life despite the hardships of reality one that expresses restoration.”²²² These understandings offer added insight leading to the conclusion that resilience is a process one must move through in order to cope with difficult life challenges such as sickness, death, and grief by producing a sustainable, restorative, and transforming wellbeing.

Researchers Emmy Werner and Ruth Smith’s foundational work with children has been instrumental in developing protective factors for those at risk. Resilience factors play a significant role in understanding how individuals can benefit from intentional focused engagement. Resilience factors such as social support, spiritual and religious factors, religious coping, prayer, and hope are elements which help grievers become grounded in a stable trajectory when confronted with various types of crises that contribute to tremendous pain. Also, current research reveals that every human has an inborn determination to become resilient and be able to handle changes naturally. My ultimate hope is that by offering this pathway toward resilience and hope, many will find their way through complicated grief toward a meaningful and productive life while living with loss.

²²¹ Gunnestad and Thwala, “Resilience and Religion,” 176.

²²² Lee, “The Possibility of Hope, 714.

SECTION 4: ARTIFACT DESCRIPTION

In the dissertation I have mentioned that the death of a loved is one the most difficult life challenges that a person will face. While most people recover from grief without professional help, a small number suffer with disabling grief for a lengthy period of time known as complicated grief.²²³ Furthermore, when grief continues to persist for a long period of time, or their experiences become extreme, griever with complicated grief are considered stuck.²²⁴ I noted in my problem statement that *a person who becomes stuck can develop a range of emotional, social, spiritual, and physical challenges*. Various studies have made it clear that griever who are stuck become helpless to transcend their predicament without appropriate and available support.²²⁵

In section two of the dissertation, I underscored the various treatment interventions researchers have considered to cope with the challenge of complicated grief. I also mentioned that complicated or uncomplicated grief is unique to the griever; therefore, “treatments that foster a sense of competence and independence in the survivor, that promote the development of new, meaningful relationships, as well as those that instill hope for a productive and satisfying future, would appear the most beneficial for addressing the bereavement issues central to survivors with complicated grief.”²²⁶

²²³ Bryant, “Is Pathological Grief.”

²²⁴ A. W. Love, “Progress in Understanding Grief, Complicated Grief, and Caring for the Bereaved,” *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 27, no.1 (2007): 76.

²²⁵ Zhang, El-Jawahri, and Prigerson, “Update on Bereavement Research,” 1188.

²²⁶ Prigerson, “Complicated Grief,” 40.

In section three, my main emphasis involved exploring a resilience approach for dealing with complicated grief. It is clear that when resilience is activated, it provides a protective buffer for those dealing with stressful life events, which is evident during times of grief. With this approach, I noted that when individuals who are stuck in complicated grief seek out resources to cope and activate resilience factors, they are more likely to engage in and move through the grief process.

4.1 ARTIFACT DESCRIPTION

The dissertation artifact involved the development of a six-week grief support curriculum to provide guidance for adult grief support groups and to be utilized by individuals who have the potential and skills to facilitate a grief support group. Each session will be implemented with emphasis on activation of resilience factors to promote hope and healing while moving through the grief process. Sound spiritual emphasis will be integrated because of the advantages it provides in promoting restoration and hope. I have adopted the idea presented by Naji Abi-Hashem that “sound spirituality, existential outlook, and religious faith can indeed help in the healing and restoration, and facilitate personal, familial, and communal growth, thus promoting not only mere coping and survival but also remarkable strength, growing, thriving, and resiliency.”²²⁷

The definition for resilience drawn from Gunnestad and Thwala in Section Three will undergird each group session. It states that “resilience is the ability to live in difficult circumstances, the ability to regain strength and normal life after traumas or crisis, and

²²⁷ Abi-Hashem, “Grief, Bereavement, and Traumatic Stress,” 252.

the ability to handle stress.”²²⁸ This definition will be displayed visually in each grief support session. Teaching and applying resilience can be advantageous in a safe and environmentally friendly setting, where participants have the opportunity to think independently, reflect deeply, share openly, have openness to learn, and discover new attributes about self. In the support group, the resilience approach to healing will be taught and practiced through:

- sharing personal grief narratives,
- identifying and teaching healthy coping skills,
- reflection on the impact of loss through journal writing,
- promoting positive relationships with self and others,
- engaging in spiritual/religious methods of coping to build personal resilience,
- understanding and applying hope, and
- applying creative expression of art.

The integration of creative art, which is known to have therapeutic advantages, will be incorporated and practiced in the group to enhance personal development, reflection, and growth while working through complicated grief. Support through art has the potential to

²²⁸ Gunnestad and Thwala, “Resilience and Religion,” 169-185.

build community, engage in meaningful social interactions, and create significant meaning making for participants.²²⁹

The resilience model is named “Resilience in Grief: Turning Loss into Healing and Hope.” The support group is currently established in a hospital setting. Recently, I utilized the concept of the resilience protective buffer with positive outcome. Also, this concept will be later expanded to be incorporated into a bereavement center I hope to develop in the future. Each session of the support group is outlined as follows:

Session One: Introduction and grief narratives

Session Two: Understanding facts and myths about grief

Session Three: Developing practical coping skills

Session Four: Resilience through creative art

Session Five: Spiritual nurturing and embracing hope

Session Six: Moving forward

Since death represents the ultimate loss, and has the capacity to arouse powerful emotions,²³⁰ in the first session, participants will have the opportunity to develop resilience in grief through the sharing of their personal loss story, which ultimately will assist in handling the powerful emotions associated with the impact of grief.

In session two, participants will have the opportunity to experience resilience through understanding the myths and facts about complicated grief. There is power in acquiring and integrating knowledge, especially when the information shared happens in a

²²⁹ Rachel Ettun, Michael Schultz, and Gil Bar-Sela. “Transforming Pain into Beauty: On Art, Healing, and Care for the Spirit.” *Evidence-Based Complementary & Alternative Medicine* (2014): 1–7. <http://dx.org/doi:10.1155/2014/789852>.

²³⁰ David Peretz, “Understanding Your Mourning: A Psychiatrist’s View,” in *For the Bereaved: The Road to Recovery*, ed. Austin Kutscher et al. (Philadelphia: Charles Press, 1990), 25.

supportive environment to promote awareness and self-growth. When faced with painful life challenges, it is often essential to have practical coping skills. In session three resilience will be experienced through teaching, sharing, and identifying healthy coping skills to manage grief. Session four focuses on creative art. Resiliency will be activated through bringing color and meaning to the grief experience by providing participants the opportunity to look deeply inward and bring to the surface their lived experience.

Session five, which is one of my favorites, will build resilience through engaging in spiritual/religious methods of coping through inspiring and promoting hope, prayer, meditation, embracing tradition, reading of scripture, and trust in God. Lastly, session six focuses on continuing on the path of building resilience through exploring opportunities that will continue to enhance growth while embracing the lessons learned from the past five weeks. During the presentation of each session, when appropriate, PowerPoint will be used to include the materials presented on the picture slides.

The size of the group will consist of approximately six to fifteen adults who are stuck in complicated grief, but will not exclude those who are looking for help while they are dealing with uncomplicated grief reactions. Incorporated into some of the sessions of the manual are handouts (see Appendixes A, B, and C) for such activities as registration, journaling, and evaluation. Instructions regarding introduction to group life and establishing healthy boundaries will be provided at the first session. Various methods of learning will be integrated to facilitate working through grief such as prayer at the beginning of each session, active participation in group conversations, story sharing, creative activities, journaling, education and teaching on grief, helpful resources to read, and written assignments. Each person will identify and establish in the first session how

the group can help with developing and activating resilience. At the completion of the six weeks, the group will reflect on their growth experience with a covenant to invest in their continuous growth and development of resilience.

Since people who become stuck in the grief process can have a range of emotional, social, spiritual, and physical challenges, it seems practical to integrate the three-step process provided by Smith and colleagues. as a model for activating resilience in the group setting. The first step requires one to actually confront the loss. Secondly, the griever will need to position himself or herself toward a positive future outcome. Thirdly, the griever will need to seek out efforts that will allow for active engagement rather than passive approaches to cope.²³¹ The artifact is presented in the form of a booklet for facilitators, designed with a user-friendly approach, for a bereavement center I plan to develop and implement in my hospital setting.

4.2 SUMMARY

Living with grief is a very difficult challenge for many who have lost a loved one. Grievers with complicated grief become stuck and unable to move through grief. *A person who becomes stuck can develop a range of emotional, social, spiritual, and physical challenges.* When resilience factors are implemented and activated, griever are more likely to move through the grief process. For this dissertation, I have implemented a six-week grief manual to assist griever toward a path of resilience in grief. In the six sessions, griever will confront their loss, position themselves toward a positive outcome, and actively engage in efforts to cope.

²³¹ Smith et al., "The Foundations of Resilience," 169.

SECTION 5: ARTIFACT SPECIFICATION

The emotional upheaval surrounding loss can be overwhelming and distressing, leading to disruption to one's security, especially when resources to cope are limited. However, when access to available resources is available, studies reveal "social support is the prime example of social resource that may be particularly relevant for times of stressful events and thus for resilience in the face of stress."²³²

5.1 ARTIFACT GOALS

The primary goal of the dissertation artifact is to develop a manual to target individuals who struggle with complicated grief and are stuck. These are individuals who struggle to navigate the grieving process and lack essential tools and the wherewithal to move through the grieving progress. Cultivating a context such as grief support group, with emphasis on activating resilience factors to cope, will inevitably spur grievers toward a path of resilience and hope in grief.

5.2 AUDIENCE

In view of the fact that grief affects everyone, including the young and the old, and is not a respecter of persons, culture, or socio-economic background, my primary audience for this dissertation curriculum will be mainly adults who have experienced various types of losses such as suicide, death of a spouse, death of children and babies, accidents, murder, and death resulting from various illnesses. Also, individuals belonging to all races, ethnicities, gender, sexual orientation, and religious beliefs will greatly

²³² Smith, et al., "The Foundations of Resilience," 169-170.

benefit from the services offered. With such prevalence of grief in our community, I envision this project expanding beyond the confines of the hospital setting into local churches, schools, and retirement centers.

5.3 SCOPE AND CONTENT

The scope of this dissertation artifact will include a six-week curriculum to provide guidance for adult grief support groups and to be utilized by individuals who have the potential and skills to facilitate a grief support group. The curriculum artifact comprises six sections, as follows:

Session One: Introduction and grief narratives

Session Two: Understanding facts and myths about grief

Session Three: Developing practical coping skills

Session Four: Resilience through creative art

Session Five: Spiritual nurturing and embracing hope

Session Six: Moving forward

I also hope to develop a simple training manual for crisis intervention for mass shootings and natural disasters, and for a bereavement center, as noted in Section 4.

5.4 BUDGET

Currently, I cannot foresee any major cost in developing this manual. The institution offers free services to the bereaved community, but I will solicit donations to cover the cost of the materials and resources that I have purchased to implement in each support group.

5.5 POST-GRADUATE CONSIDERATION

Post-graduate consideration includes establishing a bereavement center at Adventist Medical Center (AMC) to provide healing resources to our institution and the surrounding community. The curriculum with a resilience focus is the foundation on which I intend to build. I hope to implement the work I envision for the future center with all of the available resources. Following are some of the specialized resources that will be offered:

- Provide bereavement support for victims of suicide.
- Develop support services for parents who have lost their unborn babies.
- Establish a bereavement support group specifically planned for only males.
- Expand weekly on-going support group.
- Provide crisis intervention and group debriefing for AMC employees.
- Provide grief education for health professionals.
- Develop relationship with physician offices and outpatient clinics so that they can use the resources available in the bereavement center.
- Provide crisis ministry during mass shooting and natural disaster.

5.6 STANDARDS OF PUBLICATION

I intend to develop a more detailed, user-friendly manual with the curriculum for training, guidance, and education for myself and others who will be engaging in group facilitation. There is a great potential for publication of the manual in the future.

5.7 SUMMARY

This dissertation artifact focuses on a curriculum to target individuals who struggle with complicated grief and are stuck. My primary goal is to utilize the context of a support group to activate resilience factors, which I believe will be beneficial to individuals who struggle to cope and process their grief. The targeted audience targeted will primarily be adults facing various types of losses; the artifact will consist of six weekly sessions. Currently, there is no established budget to run the support group, but I am open to soliciting donations to help offset the cost of providing resources each week. My main post-graduate consideration includes developing a bereavement center at Adventist Medical Center to provide healing resources to our institution and the surrounding community.

SECTION 6: POSTSCRIPT

Grief is a natural and universal experience affecting people from different cultural backgrounds. While many confront and move through the grief process, a small percentage of griever are stuck in complicated grief and struggle to move through the grief process. Researchers have explored numerous interventions such as grief education, individual counseling, group therapy, spiritual and religious coping, and support groups to assist griever who are stuck. These options have provided significant efficacy, which I believe have led many to experience a meaningful and productive life. I have used some of these options over the past several years and have resolved to continue using them with the integration of resilience approach to cope with complicated grief. The application for this approach will be accomplished in the context of a bereavement support group setting through the development of a six-week grief curriculum. Each session will have a goal and an objective. The sessions of the support group are outlined as follows:

Session One: Introduction and grief narratives

Session Two: Understanding facts and myths about grief

Session Three: Developing practical coping skills

Session Four: Resilience through creative art

Session Five: Spiritual nurturing and embracing hope

Session Six: Moving forward

The support group is designed to accommodate six to fifteen adults who are confronted with complicated grief. Various methods of learning are integrated to facilitate working through grief such as prayer at the beginning of each session, active

participation in group conversations, story sharing, creative activities, journaling, grief education, helpful resources to read, and written assignments.

Over the summer and the fall, I had the opportunity to test out the resilience approach to coping. The outcome and the feedback were very positive and encouraging. A couple attended the group several months after the murder of their only son. They mailed their critique of the six-week support class. Following are some of the critique questions and their answers:

1. What has been the most helpful to you? They responded, “sharing with others, better understanding of the grief process, hearing others’ stories, ideas, and support, and talking about our son.”

2. What has been the least helpful? They wished the class had been longer; they were sad to end; they were “not sure 6 weeks is long enough.”

3. What suggestions would you give for topics that would be helpful? The husband wrote, “Getting stuck is dangerous.”

4. For added comments, the wife responded, “This class has been very helpful to move forward.”

In addition to this practical and relevant feedbacks, I strongly believe in the efficacy of the six-week resilience approach to coping because it offers several meaningful and flexible alternatives for coping with difficult losses. Grievers are able to confront their losses in a safe and nonjudgmental environment, build comradery, and develop meaningful connections around their losses. Various topics are addressed, the truth about one’s reality is shared with accompanying tears, and grievers have the

opportunity to engage with a range of emotional reactions to their loss while searching for meaning and hope.

Recently, at the conclusion of the six-week grief class, the group shared their personal information with each other. It was satisfying to see them planning to attend some of the holiday functions in the community, and affirming each other that they will keep in touch. It was even more satisfying to see them at a community function sitting together. Some even asked to repeat the class because of the benefits they received. Finding hope in community is crucial. I totally agree with one researcher who stated that “grief shared with others often helps to lessen the burden.”²³³

While researching this project, something significant happened, personally, in me. I discovered the hidden complicated grief I have carried for many years, reaching back to my childhood. The reality of this experience became overwhelming. During the moment of epiphany, my strong reaction was to close the books, close the computer, and permanently walk away from the range of emotional reactions that had surfaced. For a few days I walked away in order to move forward. In my reflection, it became clear from my personal experience why some grieverers are stuck. Some are stuck simply because of the inner struggle to confront the real pain associated with their loss. I also learned that when grieverers run away from grief, they inevitably remain stuck. Furthermore, this dissertation has broadened my understanding and insight on the experience of complicated grief and resilience factors, and has given me access to a strong realization of confidence and competence in supporting grieverers confronted with normal and complicated grief in a group context.

²³³ Martin M. Auz and Maureen Andrews, *Handbook for Those Who Grieve: What You Should Know and What You Can Do During Times of Loss* (Chicago: Loyola Press, 2002), 129.

In my research, I have observed that the language of resilience is used consistently in a psychological context. I would like to conduct further research on the topic and develop a theological understanding of resilience. Also, I would like to explore more creative approaches to integrate the concept of resilience in ministering to the broken in my church community. One particular theological interest worth exploring is the biblical narrative of suffering, especially in the story of the Apostle Paul who asked God to remove his painful thorn three times, but was given the message, “My grace is sufficient for you” (2 Corinthians 12:9). This biblical narrative communicates an experience of resilience in grief that is worth examining. I also envision developing and utilizing a similar resilience curriculum to be used in church community, workshop presentations, and retreats to assist women who struggle with broken relationships, abuse, and addiction challenges.

APPENDIX A: RESILIENCE IN GRIEF SESSION ONE**REGISTRATION INFORMATION**

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Who or what are you grieving?

How long ago was your loss (or losses)?

Religious/Spiritual Affiliation

How did you hear of this group? _____

Are there special subjects you would like the facilitator to address? _____

INTRODUCTION TO SHARING GRIEF NARRATIVE

My name is _____

Briefly share the specific loss that brought you to this support group.

How can this group help you to cope with your grief?

What do you expect at the end of the six weeks?

What are you currently feeling?

APPENDIX B: RESILIENCE IN GRIEF SESSION TWO

TIPS FOR JOURNAL WRITING

- Develop your own routine
 - Morning? Evening? Daily? Weekly? — Find the rhythm that works for you.
- Make it easy to express yourself in writing
 - Write in your own natural, genuine voice.
 - Give yourself permission, if you can, to forget about misspellings, grammatical mistakes, etc.
 - Guard the privacy of your journal.
- As much as possible, express whatever is within you
 - Don't hold back. Write what you think and feel; be whoever you are.
 - Be reflective if you wish; contemplate.
 - This is the place to express your feelings about anything and everything.
 - You have suffered a loss; this is your place to verbalize anger, sadness, etc.
- Allow your journaling to lead you
 - Follow your inner urgings as you write, whether you understand them at the moment or not.
 - Listen to your inner voice; meditate or pray before you begin.
- Write honestly
 - It may be hard to write what's true but do so anyhow.
 - Some feelings are painful to acknowledge.
- Give pen to your soul
 - A journal allows you to write from yourself to yourself and that can be the first step in communicating beyond yourself.
- Experiment
 - It is okay and even good to “color outside the lines” in your journal.
 - If you are a free form writer, try writing poetry.
- Go back through your journal from time to time
 - Reviewing your past writings will reveal much about how far you have come.

Writing can be very therapeutic. It provides an outlet. For example, anger, kept inside, becomes stress. But writing can keep us close to our loved one. We can later go back and see how our grief (and our writing) have evolved.

<https://www.kidney.org/content/writing-way-dealing-grief-and-loss>

APPENDIX C: RESILIENCE IN GRIEF SESSION THREE

EMOTIONAL REACTIONS TO LOSS

The process of grief is never an easy journey. There will be moments of chaos and calm, while at other times, the process will be messy and untidy. However, researchers over the years have noticed specific patterns with grief.

Numbness/shock. In this phase, the bereaved person seems incapable of comprehending the loss. A person might say such things as, “I can’t believe this has happened” or “It can’t be true.” In the beginning, the shock of the loss insulates griever from the new reality of what has happened and is still happening. But slowly that reality begins to emerge, eroding that shock and initial denial (Doka, Kenneth J. 2016, 120).

Disorganization. This phase emerges soon after griever become aware that their loved one is permanently gone. During the funeral of my uncle earlier this year, I recalled hearing my mother repeatedly saying, “the person in the coffin is not my brother.” Her thinking process became disorganized and forgetful which triggered some concerns for my siblings and I. It is not unusual for griever to become disorganized in their thinking and find it difficult to function normally.

Yearning. In this phase, the bereaved person seems preoccupied with thoughts and feelings about the deceased. Sounds in the house will prompt thoughts that the person has returned. Someone who resembles the dead person may lead the bereaved individual to think they are seeing the one they miss. The phone will ring, and the person will initially think the call is from the person they miss (Balk, D. 2014, 119).

Transitional objects. Belongings of the person who died have taken on a deep significance. They often can give comfort. Objects such as clothing, books, or prized possessions can help griever feel close to someone missed.
<https://www.centerforloss.com/2016/12/youre-not-going-crazy-youre-grieving/>

Anger. It is a common reaction to loss and is expected to occur in the grieving process. Sometimes the anger is directed at an individual and other times it is directed toward God. God is able to handle the anger of those who grieve and welcomes the griever to come to him with it. Although anger is a normal and natural part of grief, it can be isolating, especially when support is needed (Doka, Kenneth J. 2016, 34). Some healthy ways to deal with anger are talking it out to a friend or family member who is willing to listen, taking part in happy activities, screaming into a pillow, praying, seeking advice from a trained counselor, engaging in self-care, being gentle with self, and journaling.

Guilt. Guilt is a common emotional response to grief. It can be crippling and shows up at unexpected times, affecting the griever’s psychological and physical health. Guilt can

create pain and troubling memories. Once guilt is identified, griever can ask themselves, is my grief realistic and what could I have done differently given the circumstances surrounding the loss? (Doka, Kenneth J. 2016, 33). Guilt can be resolved through talking and sharing stories of the deceased, involvement in support group, connecting with spiritual community, praying, journaling, and participating in creative art.

Acceptance. Given the opportunity to grieve, the griever may accept his fate, which may lead to a period of quiet reflection, silence, and contemplation. During the acceptance stage, the struggle is over, and there comes a time for the “final rest, before the long journey,” according to one patient (Kubler-Ross, 1969, 85-113). Coming to a place of acceptance does not mean that grief will never surface again. Grief will surface repeatedly, but the griever has come to a point where they have found a way to cope and work through grief.

EFFECTIVE COPING SKILLS

Relationship with Others

It is not unusual for griever to isolate when grief becomes too much to undertake. A lady called to share concerns for her friend who had totally cut herself off from the group support she had initiated and also from her personal support system. She asked if I could check in with her, since she refused to respond to any calls. I reached out and she communicated that her friends were not the issue, she wanted to deal with her pain alone. Relationship is vital when working through grief but there are moments when griever prefer to have time alone to sort out their own emotions around their grief.

Daily Exercise

Exercise can boost energy levels by raising energy-promoting neurotransmitters in the brain. Researchers suggest that as little as 20 minutes of aerobic activity three days a week can help sedentary people feel more energized (*Harvard Men's Health Watch*). There are various types of exercise that can boost one's energy level. Some of those include: walking, jogging, weight lifting, stretching, gardening, tennis, basketball, and racket ball.

Proper Nutrition

Griever often struggle with their appetite; therefore, it is imperative to nourish your health with good nutrition, drink plenty of water, and get adequate rest. Practicing healthy eating habits and having good nutrition can make a significant difference in helping you obtain a healthy and productive life. In fact, studies have shown that a healthy diet is linked to increased energy and brain function and a reduced risk of heart disease, diabetes, and cancer, among other diseases.

(<https://blog.adventisthealthcare.com/2013/03/13/the-benefits-of-good-nutrition>)

Talking About Your Grief

This is one of the most effective ways to cope with grief. To find a person who is willing to offer a listening ear is a great treasure. One researcher noted that “the primary treatment in grief recovery is talk therapy. Through communicating one’s thoughts and feelings with a compassionate and skilled person, the grieving individual is able to express himself or herself and experience renewed connection (McCall 2004, 199). In addition, some researchers have claimed that stories can bring emotional relief, make grief more manageable, offer meaning making, and increase social support by bringing people together. The shared experience of storytelling is known to ease the pain and loneliness of mourning (Sedney, Baker, Gross 1994, 287–296).

Seeing a Doctor

Grief is known to have a range of emotional, cognitive, physical, and spiritual responses. Due to the significant impact of the stress of grief, grieverers are encouraged to seek medical attention six months after a significant loss. One lady shared that after the death of her husband, the stress of grief became overwhelming and burdensome, it resulted in her having a heart attack.

Supportive Community

Various types of supportive community can assist grieverers in coping with loss. Remarkable strength is found within spiritual/religious community. Some ways in which grieverers can experience resilience in religious/spiritual community are through:

- seeking support from clergy,
- embracing hope through worship and music,
- fellowshiping in community,
- reading Scripture or religious literature, and
- praying.

Also, “the support that individuals receive from family, friends, colleagues, organizations, and community has a profound impact on their psychological health, physical health, and on the ability to deal with adversities and challenges” (Sippel, et al. 2015, 10).

APPENDIX D: RESILIENCE IN GRIEF SESSION SIX

GRIEF SUPPORT EVALUATION

1. What has been the most helpful to you in this Resilience in Grief support group?
2. What has been the least helpful?
3. What suggestions would you offer for areas that can be helpful?
4. How did you experience resilience in your grief experience?

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RESILIENCE IN GRIEF: TURNING LOSS INTO HOPE AND HEALING



DEVELOPED BY

ELIZABETH (PAM) STRACHAN-PROUDFIT

INTRODUCTION

Grief is widespread and is no respecter of person, culture, religious, or socio-economic status. Since grief is not isolated to one particular experience, my main focus is addressing grief relating to death, which is a difficult experience for most people. In fact, I've never heard anyone communicate otherwise. It is hard work and it takes time to confront loss; it takes time to cope with the range of emotions; and it takes time to come to grips with the loss of any meaningful relationship. I have noted in the dissertation that while 80 to 90 percent of grieverers move through the grieving process, 10 to 20 percent remain stuck in complicated grief and unable to move towards a healthy resolution without appropriate support and intervention. While many cultures have a world view that helps them to come to grip with death, in the American culture, "grieverers avoid the topic of mortality, deny the impact of loss, and try to quickly regain control and closure" (Walsh 2006, 182). This reaction to grief, I surmise, predisposes grieverers to difficult and complicated grief.

Grief affects individuals in different ways. A person is affected by grief in physical, emotional, cognitive, and behavioral ways. Other ways have included spiritual, social, and occupational (Thompson 2009, 12). Those living with complicated grief "frequently experience recurrent intrusive thoughts of the person who died, preoccupation with sorrow including rumination, excessive bitterness, alienation from previous social relationships, difficulty accepting the death, and perceived purposelessness in life" (Zhang and Peterson 2006, 1188-1203).

Researchers have investigated numerous methods of coping to handle the stress of complicated grief. Some of those interventions include grief education, individual counseling, group therapy, support group, pharmacological help, and spiritual and religious coping. While

these approaches indicate positive outcomes, I have devised and proposed a resilience approach which not only supports complicated grief, but supports the development of long-term coping skills. With this approach, griever's will confront their loss, position themselves towards a positive future outcome, and seek out efforts that will allow for active engagement rather than passive method of coping (Smith et al. 2013).

This curriculum is designed to facilitate a six-week Resilience in Grief support class that focuses on supporting bereaved individuals who are stuck in complicated grief and are struggling to move through; but the class is not limited to only those who are stuck. The engagement of the support group model for coping offers all griever's the potential to find strength in a safe and non-judgmental environment, integrate loss into their lives through connecting and engaging with others, and gather strength to move through their grief. In the support group, the resilience approach to healing will be taught and practiced through sharing personal grief narratives, identifying and teaching healthy coping skills, reflecting on the impact of loss through journal writing, promoting positive relationships with self and others, engaging in spiritual/religious methods of coping to build personal resilience, understanding and applying hope, and applying creative expression of art.

This curriculum can be used in various settings such as churches, community centers, and medical centers. Each session has a goal, objectives, and instructions. The class is designed for each participant to share their story freely and comfortably. The overall goal is for participants to learn and experience resilience in each session. The sessions are outlined as follows:

Session One: Introduction and grief narratives

Session Two: Understanding the facts and myths about grief

Session Three: Developing practical coping skills

Session Four: Resilience through creative art

Session Five: Spiritual nurturing and embracing hope

Session Six: Moving forward

Since death represents the ultimate loss, and has the capacity to arouse powerful emotions (Peretz 1990, 25), in the first session, participants will have the opportunity to develop resilience in grief through the sharing of their personal loss story, which ultimately will assist in handling the powerful emotions associated with the impact of grief. In session two, participants will have the opportunity to experience resilience through understanding the myths and facts about complicated grief. There is power in acquiring and integrating knowledge, especially when the information shared happens in a supportive environment to promote awareness and self-growth. When faced with painful life challenges, it is often essential to have practical coping skills. In session three resilience will be experienced through teaching, sharing, and identifying healthy coping skills to manage grief. Session four focuses on creative art. Resiliency will be activated through bringing color and meaning to the grief experience by providing participants the opportunity to look deeply inward and bring to the surface their lived experience. In session five, resilience will be built through engaging in spiritual/religious methods of coping through inspiring and promoting hope, prayer, meditation, embracing tradition, reading of scripture, and trust in God. Lastly, session six focuses on continuing on the path of building resilience through exploring opportunities that will continue to enhance growth while embracing the lessons learned from the past five weeks.



PLANNING YOUR SUPPORT CLASS

FACILITATOR

- Must have some training in grief education.
- Must have gone through several grief support group experiences.
- Must be able to relate to people dealing with loss, especially the death of a loved one. Preferably someone who has experienced similar losses and understands loss.
- Must be able to participate and interact deeply with those experiencing personal loss.
- Should understand the concept of resilience and model it.

CLASS LOCATION

Classes can be presented wherever there are needs in the community – churches, community centers, medical centers.

GROUP SIZE AND TIME

- Sessions can accommodate 5 to 15 individuals.
- Limit the length of each session to 90 minutes.
- The class should be free and open to any member of the community.
- No screening is necessary, but you should require registration prior to attendance.

ADVERTISEMENT FOR THE CLASS

- Newsletter to the community.

- Advertisements posted throughout the community center; in church bulletin or on church bulletin board; hospital websites.
- Advertisements included in bereavement cards in hospital spiritual care department.

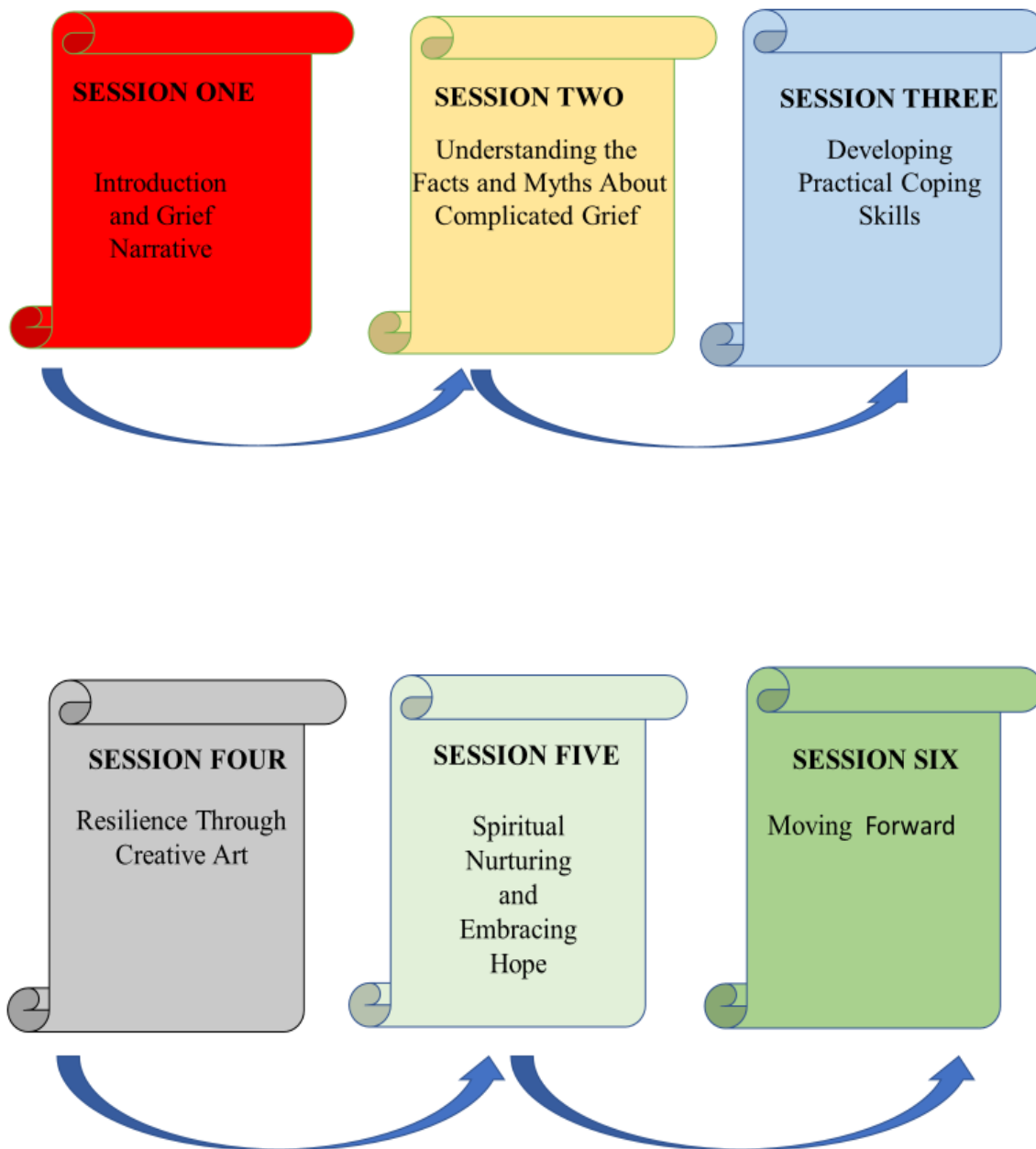
COST

Expect to incur a small cost to cover the weekly printed materials and snacks.

PREPARATION MATERIALS FOR THE CLASS

- Registration form (see Appendix A).
- Check-in list with the names of all attendees.
- Poster boards with healing messages to be displayed around the room. You can be creative and create your own.
- White board, markers, erasers.
- Tissues.
- Prayer shawl for the table.
- Water and snacks.
- Name cards or name tags.
- Folders for printed materials for each participant.
- Signs to assist in finding the location of the session.

RESILIENCE IN GRIEF SESSIONS





RESILIENCE IN GRIEF SESSION ONE



INTRODUCTION AND GRIEF NARRATIVE

GOAL

The goal of the first session is mainly to introduce the participants to the support group and for the participants to hear each person's loss story.

OBJECTIVES

- Welcome everyone to the group and explain how the group works (agenda, seating arrangement, forms to fill out).
- Make meaningful connections through sharing of personal loss story.
- Delineate a clear understanding of resilience in grief.
- Clarify the difference between normal and complicated grief.

INSTRUCTIONS

The participants will enter the room and sit in the most comfortable setting. If the group is large, the participants will sit in a circle. If the group is small, the participants will sit at a large table facing each other. The first session can be intimidating for the participants. They may come with questions and concerns; they wonder if they have made the right choice to attend the group. Their fears can be lessened by presenting a peaceful atmosphere with relaxing and calming music playing in the background.



- Introduce yourself to the group and welcome the group to their first Resilience in Grief session.
- Give each person a registration form to be filled out with their contact information and details about their losses. (See registration form in Appendix A).
- Take a moment to explain the class guidelines (see box below) and invite the participants to share any additional guidelines which may be important to them.
- Invite participants to share their losses.

CLASS GUIDELINES

- Respect each person's grieving style with courtesy and mindfulness.
- Instead of advising, share what works for you.
- Display confidentiality by holding everyone's story in confidence.
- Show commitment to the group by attending all of the sessions, if possible.
- Share story comfortably without monopolizing the group.
- Group starts on time and ends on time



- To begin the sharing of the grief narrative, facilitator gives three written questions (see box below) to the group to silently and thoughtfully reflect on.
- Participants write answers before sharing.
- After the participants answer the questions, the facilitator offers a brief prayer to begin the group discussion.
- The facilitator invites each person to introduce them self by sharing his or her name.
- Participants discuss their answers to the three questions.

NARRATIVE QUESTIONS

- Briefly share your specific loss.
- How can this group help you to cope with your grief?
- What results do you expect at the end of the six weeks?
- What are you currently feeling?

INSTRUCTIONS

Guide each person to share when he or she is ready, instead of pointing out who should be next. The facilitator may give a gentle nudge for a specific person to begin if no one is willing to go next. Active listening will be taking place while each person shares his or her story. There might be tearful moments during this time of sharing. The tissues on the table will become very useful. After the time of sharing is completed, facilitator presents a brief education and discussion on the definition of resilience, and the difference between complicated and normal grief.



Resilience is defined as “the ability to live and cope in difficult circumstances, the ability to regain strength and normal life after traumas or crisis and the ability to handle stress” (Gunnestad and Thwala 2011,169–185).



One of the most difficult and challenging experiences of life is the death of a loved one (Marques et al. 2103, 1212). Grief is a natural and normal response to loss. The pain one feels when something valuable or someone important is no longer present. Grief and loss are often used interchangeably; however, loss has many layers and complexities. Like an onion, every layer “comes in different shapes, forms, degrees and intensities – they generate a wide range of reactions and responses on the mental, emotional, behavioral, social, and existential levels (Abi-hashem 2017, 245-255). Even though grief is like an unstoppable roller coaster for some, studies have revealed that by six months after the loss, most bereaved are able to accept the reality of the death and are able to move toward the future, engaging in meaningful relationships and productive work, and experiencing joy, meaning, and purpose in life again.



Complicated grief is the type of grief that extends beyond six months of normal grief. Other names that are used for complicated grief are “complicated mourning, abnormal grief, pathological grief, pathological bereavement, neurotic grief, and more recently, traumatic grief. Complicated grief can escalate to problematic proportions; that is, it is extreme in one or more of the dimensions of typical grief—severity of symptoms, duration of severe symptoms, and level of dysfunction socially, occupationally and with regard to activities of daily living (Jeffreys 2005, 264). Typically, grief does not call for clinical intervention, but there are occasions when complicated grief requires specialized treatment, especially as it can result in psychological and physical illnesses (Anisman 2015).

CONCLUSION

- Invite participants to purchase a journal to participate and engage in their grief work outside of group (see journal handout in Appendix B).
- Give an assignment to reflect upon their first group experience in the journal.
- Pass out handouts on the understanding of normal and complicated grief. (You can make the handouts based on the text provided above.)

RESILIENCE IN GRIEF SESSION TWO

UNDERSTANDING THE FACTS AND MYTHS ABOUT GRIEF

Grief is like a long valley, a winding valley where any bend may reveal a total new landscape.

C. S. Lewis

GOAL

To engage in discussion of some factors that can contribute to griever becoming stuck in grief

OBJECTIVES

- Welcome and introduce new individuals to the group.
- Dispel the myths about complicated grief that prevent grievers from becoming resilient through education.
- Create opportunities for growth and understanding through discussion and reflection on facts and myths about complicated grief.

INSTRUCTIONS:

- Begin the session by welcoming and introducing new individuals to the group and inviting them to share their loss.
- Invite the previous week's participants to introduce themselves to the newcomers and briefly share their loss, but not in as much detail as the first session.
- Invite participants to bring themselves mentally and emotionally to the group.
- Do a brief stretching exercise and offer prayer.
- Review the previous week's highlights so that the new individuals can be brought up to speed.
- Distribute handouts regarding myths and fact. (Make the handout based on the four common facts about complicated grief.)
- Discuss four common facts about complicated grief (see list below).
- Group shares their feedback.



Four common facts about complicated grief include:

- Those most in need of assistance are the least likely to seek out the services (Prigerson 2004, 39).
- Grievors living with complicated grief are known to be stuck.
- Unresolved issues in the relationship prior to the loss can place a person at risk for complicated grief.
- Loss of a relationship to death can develop separation anxiety, which may result in complicated grief (Jacobs and Prigerson 20, 479-495).

Discussion Questions

What has been your grief experience?
Which of these facts about complicated grief can you identify?



- Discuss each myth about complicated grief (four slides below).
- Invite group to share and reflect upon one's personal myths about grief (see discussion question below).



**I'LL NEVER GET
OVER MY GRIEF.**

Grief is unique to everyone and the process toward healing varies. Time will not heal the pain of grief. However, it does take time for healing to occur. Getting through grief quickly is quite common in the American culture, but when griever actively engage in the grieving process, healing will occur with much time and attention.



**I'M BEING PUNISHED
FOR ALL MY WRONGS.**

When tragedy strikes, it is not uncommon for griever to scrutinize the event that occurred to uncover meaning and purpose. Traumatic events can precipitate crisis of meaning by raising questions about the purpose of life and the nature of suffering and injustice in the world, leaving people struggling to understand why the events occurred and what the implications will be for their future (Lazarus 1993, 234-47). This is quite normal, and griever should have the space to explore their thoughts, questions, and doubts with hopes of uncovering meaning about their loss. Viktor Frankl said it well: “We must never forget that we may also find meaning in life even when confronted with a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one’s predicament into a human achievement” (Frankl 2006, 112).



Although it is vital for griever to reach out to others, they should not put off their grief in order to be strong for others. Investing in one’s grief is vital. When the process is stopped, a strong potential exists for grieving to prolong and griever to become stuck.



Expressing oneself through the emotional release of tears is a normal and necessary part of grieving. Giving personal attention to tears is important. One woman shared that after her husband died, each day after her son got home from school, they would spend time sharing tears together. Several weeks later, her son said, "Mom, I have no more tears." She communicated how healing it was for both of them to share tears together.

DISCUSSION QUESTION

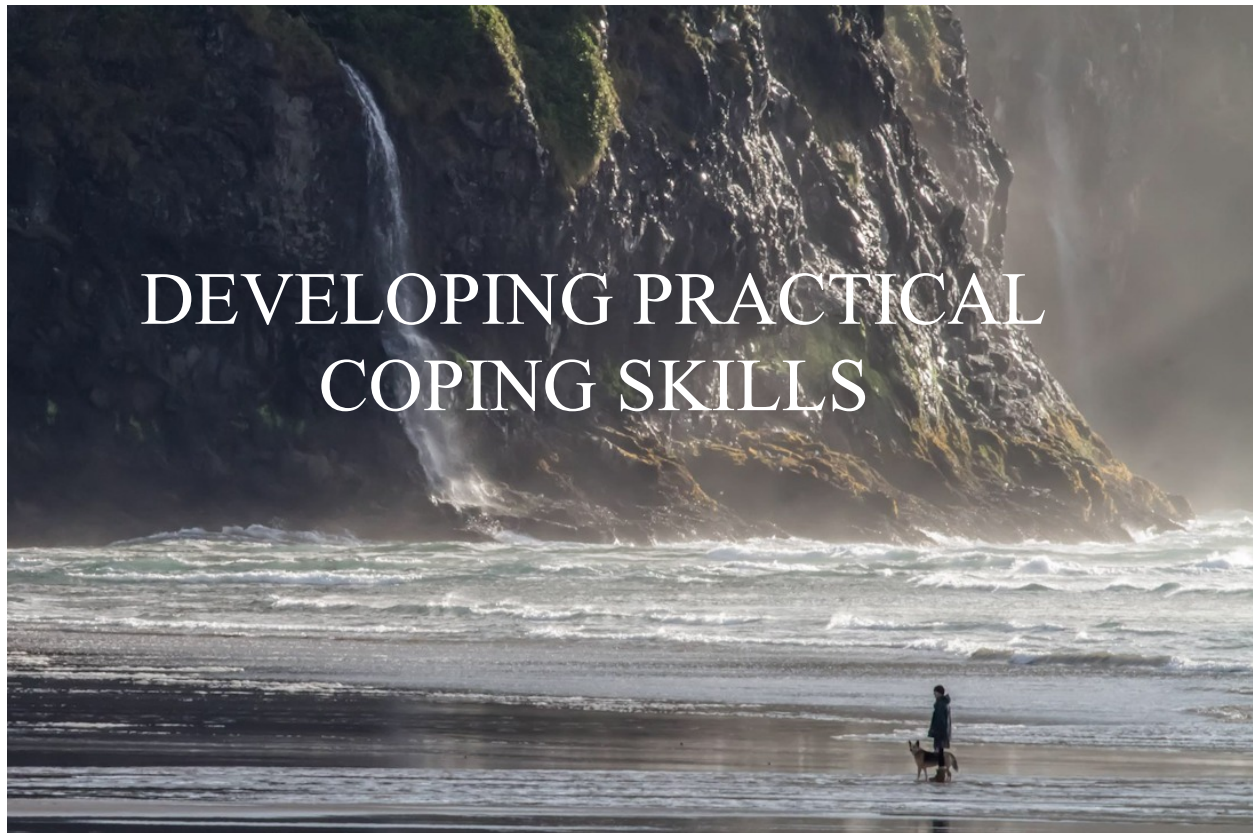
What are some common myths you have about grief?

Which of these myths are you able to identify with your experience?

CONCLUSION

- Give assignments to further reflect in their journal on the class discussion on myths and facts about loss.
- Explore how the discussion and personal reflection may contribute to experiencing resilience.
- Distribute handouts on the facts and myths of complicated grief.

RESILIENCE IN GRIEF SESSION THREE



DEVELOPING PRACTICAL COPING SKILLS

GOAL

To engage in discussion regarding emotional reactions to loss and to identify and explore common coping skills

OBJECTIVES

- Understand the emotional reactions associated with loss of a relationship.
- Identify and discuss effective coping skills to deal with complicated grief.
- Review what worked in the past and how it can be utilized in the moment to activate resilience.
- Acknowledge the value of tears.

INSTRUCTIONS

- Welcome and begin the session by checking in with the group. Participants are now beginning to get to know each other better and building trust in the process.
- Begin the session with breathing and stretching exercises, followed by prayer.

- Ask the participants if there are any thoughts or reflections they would like to bring to the group for discussion. Give each person the opportunity to bring any topic relating to grief experience or something that may need clarification.
- Discuss each of the stages of grief/common reactions to loss that most people experience in their journey with loss, interspersed with discussion and feedback. Participants will learn that even though everyone's experience is different, there are common and similar reactions to loss that most people will experience in their grief work.



Grief can be physical. The bereaved experiencing physical symptoms “may experience an increased heart rate, deep sighing, muscular tension, sweating, dryness of the mouth and bowel and bladder changes,” while those experiencing cognitive symptoms may experience “confusion, or the mind may race with all sorts of questions, and suicidal thoughts where the bereaved wants to join the deceased” (Mallon 2008, 20).

DISCUSSION QUESTION

What are some of your personal responses to your loss?

Are they similar or different to what has been presented?



Discussion Question

What are some
of your
transitional
objectives?



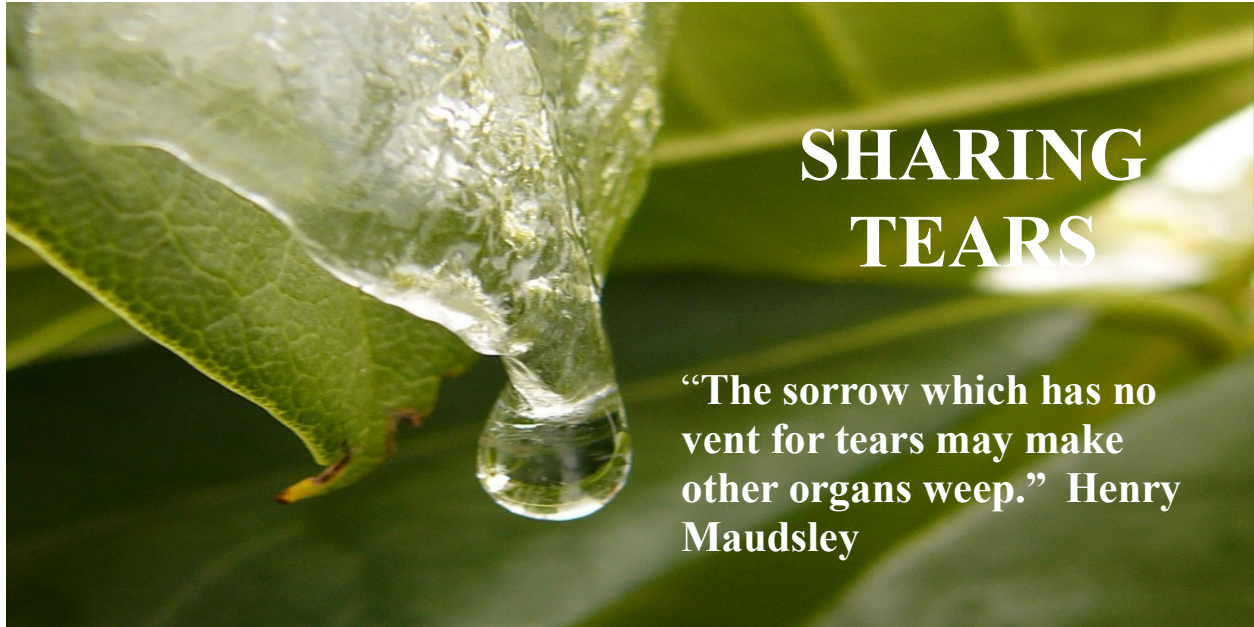
The bereaved may also exhibit emotional symptoms such as “anger, guilt, sadness, depression, irritability, while behavioral symptoms may include withdrawal, impatience, aggression or a lack of competence (Thompson 2009, 11). Since anger is often a challenge for people in grief, the facilitator can invite participants to explore some healthy ways to deal with anger. Sharing it with the group will be instrumental in the process of coping with loss.

- Ask the group to provide their ideas on some healthy ways to cope with anger.
- Write their answers on the board for all to see each other responses. This will reinforce the various options they have to cope with anger.



Discuss these healthy ways of coping:

- **Relationships with others**
- **Daily exercise**
- **Proper nutrition**
- **Spiritual nurturing**
- **Talking about your grief**
- **Seeing a doctor**
- **Supportive community**



SHARING TEARS

“The sorrow which has no vent for tears may make other organs weep.” Henry Maudsley

Weeping and crying in a safe environment can be a positive outlet to assuage the intense impact of grief. Grievors often are good at trying to hide their tears due to the hidden messages around crying in public. By addressing the value of tears, they will learn how it can help in the process of moving through grief.

CONCLUSION

- Give handouts on the stages of grief and various methods of coping. (Use information provided above to make the handouts.)
- Assign participants to write a letter to the one who has died and to include all the feelings and reactions that they are experiencing.

RESILIENCE IN GRIEF SESSION FOUR

RESILIENCE THROUGH CREATIVE ART



GOAL

To experience resilience and healing through creative art

OBJECTIVES

- Actively engage in grief work through drawing.
- Participate in discussion regarding the art work presented.
- Confront the reality of grief by looking deeper through the utilization of art and personal sharing.

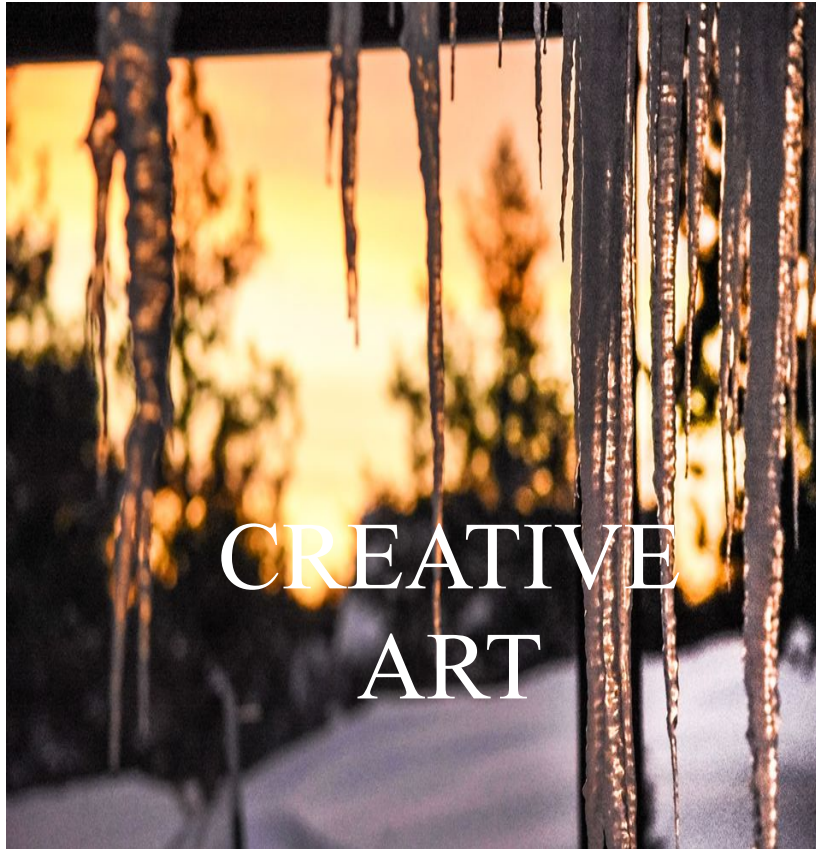
INSTRUCTIONS

- You will need pencils, blank sheets, and crayons for this session.
- Begin the group with a brief prayer.
- Review the goal for the session.
- Check in with the group to see how their journeys are progressing thus far with intentionally working through their grief. Each person will have the opportunity to share. It's ok if some don't have anything to share.
- Invite the participants to take a moment and reflect upon their journey with grief, and to secure a space where they feel comfortable to draw a picture of their grief to be shared with the group (see details under GROUP ACTIVITY below).

- Invite each person to share their drawing with the group while they listen and offer reflections and feedback. This is a meaningful exercise because it allows griever to see their own experience. They will understand the value of engaging in art as a method of coping with loss and developing resilience.



The emotional upheaval surrounding loss can be overwhelming and distressing, leading to disruption of one's security, especially when resources to cope are limited; but when access to available resources are available, studies show "social support is the prime example of social resource that may be particularly relevant for times of stressful events and thus for resilience in the face of stress (Smith et al. 2013, 169-170). Resilience is seen as a reintegration of self that includes a conscious effort to move forward in an insightful, integrated, positive manner as a result of lessons learned from an adverse experience (Southwick et al. 2014, 3). All humans have the capacity to become resilient, but not everyone has the motivation to engage in experiences that promote resiliency, especially when confronted with difficult life challenges. It implies readiness to put effort into regaining one's own level of functioning or sense of value, if it is diminished or partially lost (Spidell 2014, 23).



GROUP ACTIVITY TOOLS

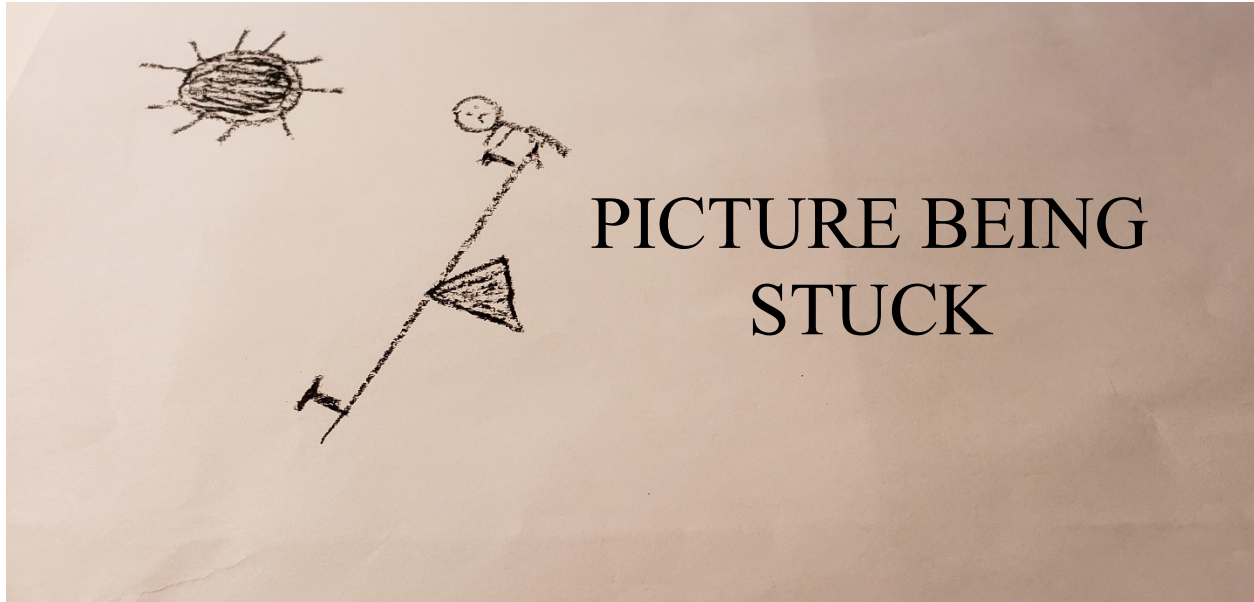
- Pencils
- Blank Sheets
- Crayon

Studies reveal that the effectiveness of social support depends on the match between the source, type, and timing of the social support and the needs and developmental level of the individual or system (Sippel et al. 2014, 10). High levels of social support can be a buffer against stress and trauma, preparing one to be more resilient (Agaibi and Wilson 2005, 195-216). One of the ways in which social support can be a buffer against stress is through the integration and expression of creative art.

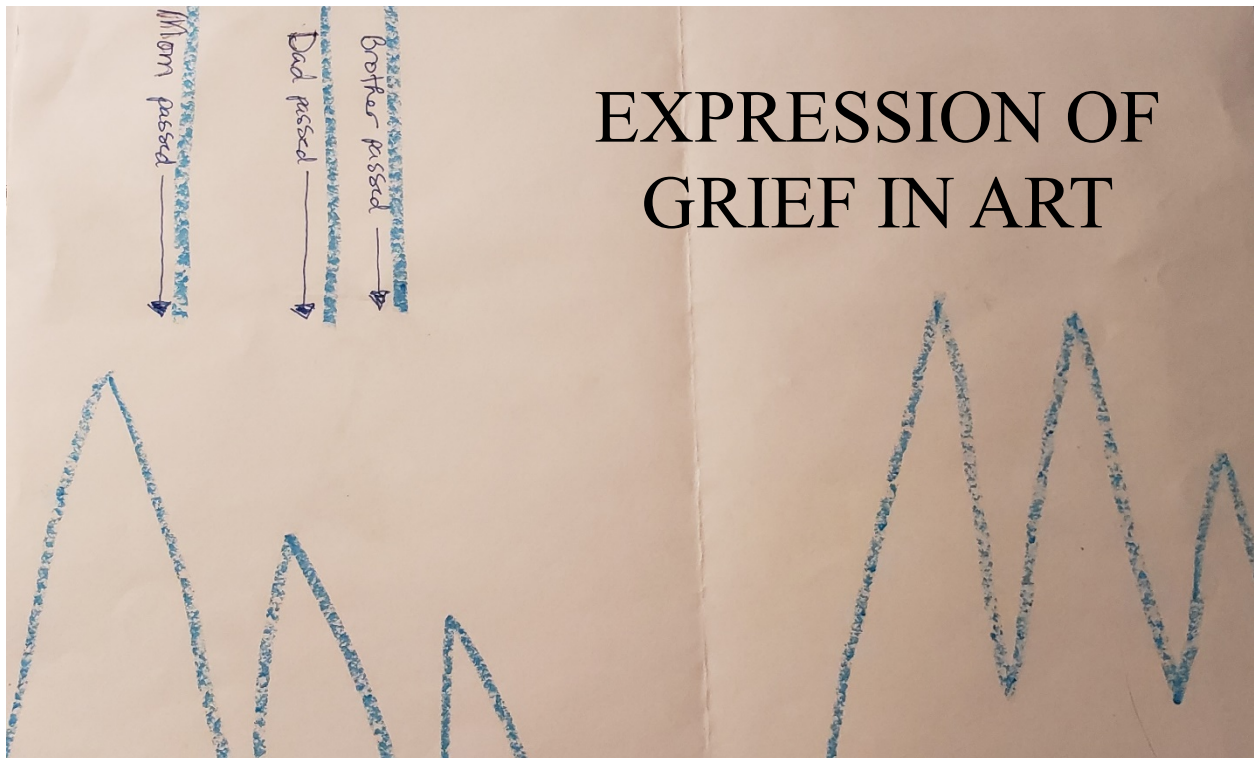
GROUP ACTIVITY

Grievors will be invited to participate in simple drawing activity which will aide in enhancing growth and development in their grief work. This is often a fun exercise which can generate meaningful discussions and integration of loss into one's life.

- Give the participant blank sheets of paper to draw a picture of their grief. Allot 7-10 minutes for this activity.
- Each person shares their drawing with the group while the others listen and participate with feedback.



Examples of being stuck



The heartbeat of grief is never stable; there are constant ups and downs. Support through art has the potential to build community, engage in meaningful social interactions, and creation of significant meaning making for participants (Ettun, Schultz, Bar-Sela 2014, 1-7). Art can yield

opportunities for griever to disclose personal story derived from a deep and intimate place that was not shared before. These stories can be healing for the sharer and those who listens. Mary Rockwood writes, “Art gives us the ability to journey inward into a place of our own creativity, a mind-body state that can be profoundly healing. In our imaginations, we can glimpse images that help to heal us. We can then externalize these images and make art. As art forms emerge, they are healing expressions of a lived experience” (Rockwood 1999, 16).

RESILIENCE IN GRIEF SESSION FIVE



GOAL

For participants to activate resilience through spiritual nurturing and the ability to experience hope in grief.

OBJECTIVES

- Explore the question of faith and spiritual coping
- Engage in discussion on searching for meaning
- Identify factors that bring hope and meaning to life
- Participate in group activity by sharing spiritual experiences

INSTRUCTIONS

- Invite the group to explore the meaning of hope by reflecting on what is it that brings them hope. Share education on the subject of spirituality and how it assists in embracing hope.
- Display various pictures on the table. Pictures can be obtained from any free photo website.
- Let participants take a moment to review the pictures and choose two that speak to their experience of nurturing their spiritual experience.
- Let participants reflect on how nurturing the spirit can help in developing resilience.

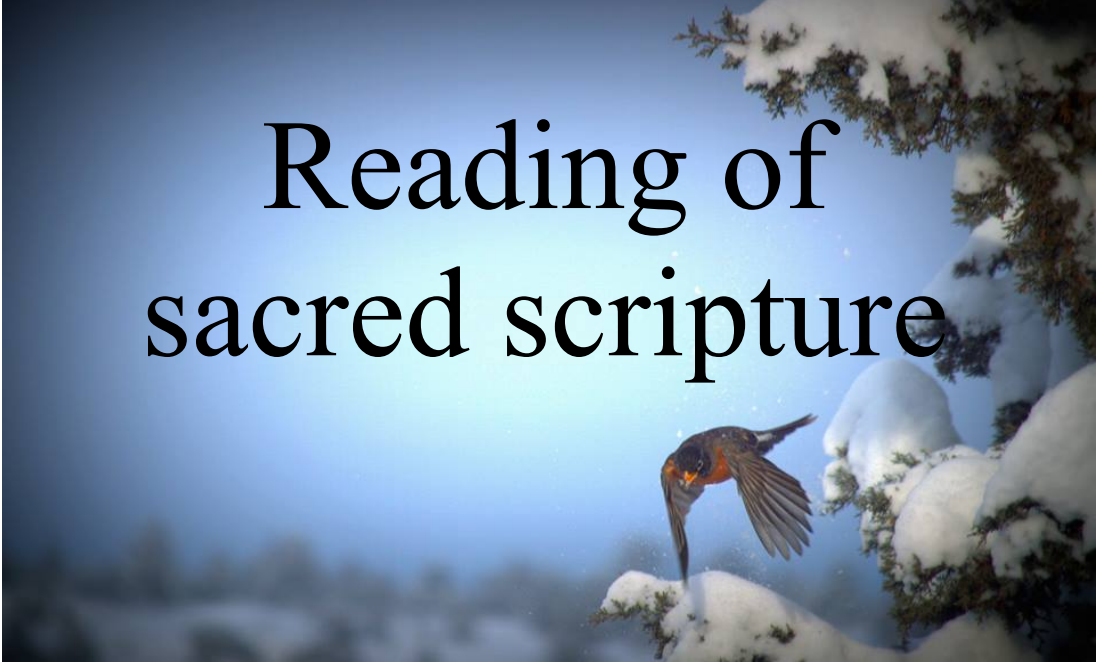


It is important to understand that spirituality is a part of being human. It is quite common for those in the midst of grief to turn towards religious resources to cope in order to discover meaning beyond the limit of this world (Kelly and Chan 2012, 199–227). Religion and spirituality are often explored to manage the painful experiences in the aftermath of a critical life event. Nurturing the spirit has the potential of helping to place our losses into perspective and offers resilience in grief.

TRUST IN GOD



Many individuals struggle to trust when confronted with the inevitable, especially surrounding the death and separation of a loved one. Questions that many wrestles with are “Why is this happening to me?” or “Why has my loved one died?” Grievors can find resolution to their search through talking and sharing loss stories in a safe, non-judgmental environment, listening and sharing reflections and feedback, connecting with a support group or community that is inspiring and inviting, asking relevant questions that will facilitate meaningful growth, connecting with a clergy/pastor, and exploring and researching relevant topics that point to a positive outcome. God can be trusted in the dark as well as during the light.



Reading of sacred scripture

Many people have found tremendous comfort and hope in looking towards sacred scripture. Scripture has the ability to offer, comfort, hope, and peace. Since people from all cultural affiliations will be present in the group, it is important to explore the various ways in which participants may find meaning and comfort from their sacred books or scriptures.

COMFORTING SCRIPTURES

- **Isaiah 41:10**
- **Psalms 46:1-3**
- **John 14:27**
- -----



EMBRACING PRAYER

© Meri Lee Photography

Prayer has the power to produce significant spiritual benefits when grievors reach out to the power of God. Prayer is helpful because it illuminates and brings about calmness, and it helps with the matters at hand, thereby producing peace (Gunnestad and Thwala, 176). Prayer offers opportunities to transcend the current milieu with assurance of God's intimate presence during distresses and sorrows. Cultivating time and space to engage in prayerful meditation can allow the Spirit to gain access to the heart, offering hope to grievors that tomorrow will be brighter than today. Prayer can be done in various ways. Some of those ways include personal prayer, group prayer, prayer walks, journaling, and partnering with another person.



Taking time to relax in an atmosphere of peace and quietness can be one of the greatest gifts to soothe and comfort the soul during the stressful time of dealing with loss. Invite participants to identify a space where this spiritual exercise can occur for them, and encourage them to take advantage of it as a springboard to cope. There are various types of meditations and the group will have the opportunity to share different types of meaningful meditations.

DIFFERENT TYPES OF MEDITATION

- **Guided Meditation**
- **Quiet Meditation**
- **Meditation in Solitude**
- -----



Religious coping is designed to assist people in the search for a variety of significant ends in stressful times: a sense of meaning and purpose, emotional comfort, personal control, intimacy with others, physical health, or spirituality (Pargament et al., 1998, 711). Some dominant religious beliefs hold to the notion that there is life after death and they will be reunited with their loved one again, while others believe that the soul persists, allowing for the possibility of having contact with the deceased. There is a deep sense of peace that many find in these beliefs. Regardless of one's beliefs and practices, all have the potential to experience resilience in grief after loss. Some ways in which grievers can experience resilience in the religious community are through

- seeking support from clergy,
- embracing hope through worship and music,
- fellowshiping in community,
- reading Scripture or religious literature, and
- praying.

Invite participants to share their personal ideas of coping in community.

EMBRACING HOPE



Hope is seen from the perspective of embracing or possessing something in the future that is not yet gained but claimed through the lens of faith in God's sovereign and omnipotent qualities. The community of faith provides vital and necessary emotional and socio-cultural support, sense of belonging and togetherness, solidarity during severe troubles, spiritual confidence and enduring hope, and a renewed fortitude for the future (Alawiyah et al., 2011, 294–319). Hope makes all the difference in the journey of healing because it perceives the light at the end of the tunnel. Hope can be understood as the invisible oil that keeps the torch burning, giving the sufferer resilience while trekking through the dark valley of sorrow. In the wisdom of the psalmist, "Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me" (Psalm 23:4). It is important to know that ultimately, our hope is in God. Hope gives peace and strength to continue living with loss and to face the future with comfort and fortitude. It makes all the difference in the world.



DISCUSSION QUESTION

How do you experience hope?

- _____
- _____
- _____
- _____

- Invite participants to participate in a discussion that focuses on their personal experiences that aid in finding hope in their grief.
- Let each person take a turn in sharing their experience while the rest listen and learn from each other.
- Share how hope gained can be passed on in a simple way to others who are also dealing with loss. Since grievers can get stuck in their grief, helping someone else can also help the griever to step outside of self to help others.
- Share a hope basket with various items to demonstrate this practical reality of offering comfort to others (see list of items below).
- Ask participants to think of other creative ways in which hope sharing can be done.



Hope Basket Items

- Scripture
- Candle
- Prayer shawl
- Poem
- Box of tissues
- Journal
- Information on grief
- Brief letter of comfort
- Chocolate

Conclusion

- Assign participants to pay close attention to different factors that nurture their spirit and bring comfort in hope during the week.
- Assign participants to reflect upon these factors in their journal.
- Assign participants to bring pictures of their loved one who has passed to be shared at the last class session.

RESILIENCE IN GRIEF SESSION SIX

MOVING FORWARD

A silhouette of a bird, possibly a dove, in flight against a light blue background. The bird is positioned on the right side of the frame, with its wings spread wide, moving towards the left. The background has a soft, ethereal glow.

GOAL

To reflect back on the past five sessions and to develop a strategy how to move forward with loss

OBJECTIVES

- End the group.
- Explore feelings about the end of the group.
- Engage in sharing pictures of the loved one who has died.
- Establish ways to continue the connections developed in the group.

INSTRUCTIONS

- Welcome the group and offer a brief stretching exercise and prayer.
- Review the goals for the last session.
- Check in with the group regarding their feelings relating to the end of the last session.
- Give each person time to share their feelings if they choose, without pressuring.
- Remind the group that grief is ongoing and that the end of a six-week session doesn't mark the end of their grief experience.
- Encourage them to continue exploring opportunities to build self-care, encourage growth, and develop resilience.



The death of a loved one is incredibly painful, but there is hope beyond death, and hope beyond life with painful losses. The wise man, Solomon, reminds us of something very powerful in our experience with death. He shares that “love is as strong as death (Solomon 8:6). Our loved ones have died, but our love for them is as strong as death, if not even stronger. It’s a love that can carry you through each day while living with loss.

INSTRUCTIONS

- Give each person the opportunity to share the picture of their loved one who has died. They can share whatever they want the class to know about their loved one. This should take about 5 minutes per person, depending on the size of the group.
- After each person completes sharing the picture of their loved one, let them pass it around for each person to see.
- Discuss and explore with the group some ways for continued support.

Discussion Question

What kinds of continuous support do you need?

What concerns do you have as the group comes to an end?



“The way forward may not be lucent, but we move ahead with courage and strength with one foot in front of the other.” P. Strachan-Proudfit

CONCLUSION

- Give the group an opportunity to exchange numbers and further connect with each other, if they chose to continue the connections established in the group.
- Distribute evaluation forms for the participants to share their feedback on the Resilience in Grief support group (see Appendix C for evaluation form).
- Close the session with a spiritual blessing and prayer to anchor hope, resilience and continuous spiritual nurturing.

An Old Irish Blessing

May the road rise up to meet you.

May the wind be always at your back.

May the sun shine warm upon your face;

the rains fall soft upon your fields

and until we meet again,

may God hold you in the palm of His hand.



Though we cannot see who tomorrow holds, we can trust the One who holds tomorrow securely in the palm of his hands.

APPENDIX A: RESILIENCE IN GRIEF SESSION ONE

REGISTRATION INFORMATION

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Who or what are you grieving?

How long ago was your loss (or losses)? _____

Religious/Spiritual Affiliation

How did you hear of this group? _____

Are there special subjects you would like the facilitator to address? _____

INTRODUCTION TO SHARING GRIEF NARRATIVE

My name is _____

Briefly share the specific loss that brought you to this support group.

How can this group help you to cope with your grief?

What do you expect at the end of the six weeks?

What are you currently feeling?

APPENDIX B: RESILIENCE IN GRIEF SESSION TWO

TIPS FOR JOURNAL WRITING

- Develop your own routine
 - Morning? Evening? Daily? Weekly? — Find the rhythm that works for you.
- Make it easy to express yourself in writing
 - Write in your own natural, genuine voice.
 - Give yourself permission, if you can, to forget about misspellings, grammatical mistakes, etc.
 - Guard the privacy of your journal.
- As much as possible, express whatever is within you
 - Don't hold back. Write what you think and feel; be whoever you are.
 - Be reflective if you wish; contemplate.
 - This is the place to express your feelings about anything and everything.
 - You have suffered a loss; this is your place to verbalize anger, sadness, etc.
- Allow your journaling to lead you
 - Follow your inner urgings as you write, whether you understand them at the moment or not.
 - Listen to your inner voice; meditate or pray before you begin.
- Write honestly
 - It may be hard to write what's true but do so anyhow.
 - Some feelings are painful to acknowledge.
- Give pen to your soul
 - A journal allows you to write from yourself to yourself and that can be the first step in communicating beyond yourself.
- Experiment
 - It is okay and even good to “color outside the lines” in your journal.
 - If you are a free form writer, try writing poetry.
- Go back through your journal from time to time
 - Reviewing your past writings will reveal much about how far you have come.

Writing can be very therapeutic. It provides an outlet. For example, anger, kept inside, becomes stress. But writing can keep us close to our loved one. We can later go back and see how our grief (and our writing) have evolved.

<https://www.kidney.org/content/writing-way-dealing-grief-and-loss>

APPENDIX C: RESILIENCE IN GRIEF SESSION THREE

EMOTIONAL REACTIONS TO GRIEF

The process of grief is never an easy process. There will be moments of chaos and calm, and other times the process will be messy and untidy. However, researchers over the years have noticed specific patterns with grief.

Numbing/shock. In this phase, the bereaved person seems incapable of comprehending the loss. A person will say such things as, “I can’t believe this has happened” or “It can’t be true.” In the beginning, the shock of the loss insulates griever from the new reality of what has happened and is still happening. But slowly that reality begins to emerge, eroding that shock and initial denial (Doka, Kenneth J. 2016, 120).

Disorganization. This phase emerges soon after griever become aware that their loved one is permanently gone. During the funeral of my uncle earlier this year, I recalled hearing my mother repeatedly saying, “the person in the coffin is not my brother.” Her thinking process became disorganized and forgetful which triggered some concerns for my siblings and I. It is not unusual for griever to become disorganized in their thinking and find it difficult to function normally.

Yearning. In this phase, the bereaved person seems preoccupied with thoughts and feelings about the deceased. Sounds in the house will prompt thoughts that the person has returned. Someone who resembles the dead person may lead the bereaved individual to think they are seeing the one they miss. The phone will ring, and the person will initially think the call is from the person they miss (Balk, D. 2014, 119).

Transitional objects. Belongings of the person who died have taken on a deep significance. They often can give comfort. Objects such as clothing, books, or prized possessions can help griever feel close to someone missed. <https://www.centerforloss.com/2016/12/youre-not-going-crazy-youre-grieving/>

Anger. It is a common reaction to loss and is expected to occur in the grieving process. Sometimes the anger is directed at an individual and other times it is directed toward God. God is able to handle the anger of those who grieve and welcomes the griever to come to him with it. Although anger is a normal and natural part of grief, it can be isolating, especially when support is needed (Doka, Kenneth J. 2016, 34). Some healthy ways to deal with anger are talking it out to a friend or family member who is willing to listen, taking part in happy activities, screaming into a pillow, praying, seeking advice from a trained counselor, engaging in self-care, being gentle with self, and journaling.

Guilt. Guilt is a common emotional response to grief. It can be crippling and shows up at unexpected times, affecting the griever’s psychological and physical health. Guilt can create pain and troubling memories. Once guilt is identified, griever can ask themselves, is my grief realistic and what could I have done differently given the circumstances surrounding the loss?

(Doka, Kenneth J. 2016, 33). Guilt can be resolved through talking and sharing stories of the deceased, becoming involved in support group connections and the spiritual community, praying, journaling, and participating in creative art.

Acceptance. Given the opportunity to grieve, the griever may accept his fate, which may lead to a period of quiet reflection, silence, and contemplation. During the acceptance stage, the struggle is over, and there comes a time for the “final rest, before the long journey,” according to one patient (Kubler-Ross, 1969, 85-113). Coming to a place of acceptance does not mean that grief will never surface again. Grief will surface repeatedly, but the griever has come to a point where they have found a way to cope and work through grief.

EFFECTIVE COPING SKILLS

Relationship with Others

It is not unusual for griever to isolate when grief becomes too much to undertake. A lady called to share concerns for her friend who had totally cut herself off from the group support she had initiated and also from her personal support system. She asked if I could check in with her, since she refused to respond to any calls. I reached out and she communicated that her friends were not the issue, she wanted to deal with her pain alone. Relationship is vital when working through grief but there are moments when griever prefer to have time alone to sort out their own emotions around their grief.

Daily Exercise

Exercise can boost energy levels by raising energy-promoting neurotransmitters in the brain. Researchers suggest that as little as 20 minutes of aerobic activity three days a week can help sedentary people feel more energized (*Harvard Men's Health Watch*). There are various types of exercise that can boost one's energy level. Some of those include walking, jogging, weight lifting, stretching, gardening, playing tennis, basketball, and racket ball.

Proper Nutrition

Griever often struggle with their appetite; therefore, it is imperative to nourish your health with good nutrition, drink plenty of water, and get adequate rest. Practicing healthy eating habits and having good nutrition can make a significant difference in helping you obtain a healthy and productive life. In fact, studies have shown that a healthy diet is linked to increased energy and brain function and a reduced risk of heart disease, diabetes, and cancer, among other diseases. (<https://blog.adventisthealthcare.com/2013/03/13/the-benefits-of-good-nutrition>)

Talking About Your Grief

This is one of the most effective ways to cope with grief. To find a person who is willing to offer a listening ear is a great treasure. One researcher noted that “the primary treatment in grief recovery is talk therapy. Through communicating one's thoughts and feelings with a compassionate and skilled person, the grieving individual is able to express himself or herself and experience renewed connection (McCall 2004, 199). In addition, some researchers have claimed that stories can bring emotional relief, make grief more manageable, offer meaning

making, and increase social support by bringing people together. The shared experience of storytelling is known to ease the pain and loneliness of mourning (Sedney, Baker, Gross 1994, 287–296).

Seeing a Doctor

Grief is known to have a range of emotional, cognitive, physical, and spiritual responses. Due to the significant impact of grief, griever are encouraged to seek medical attention six months after a significant loss. One lady shared that after the death of her husband, the stress of grief became so overwhelming and burdensome, it resulted in a medical crisis in which she had a heart attack.

Supportive Community

Various types of supportive community can assist griever in coping with loss. One that provides remarkable strength is within the spiritual/religious community. Some ways in which griever can experience resilience in the religious/spiritual community are through

- seeking support from clergy,
- embracing hope through worship and music,
- fellowshipping in community,
- reading Scripture or religious literature, and
- praying.

Also, “the support that individuals receive from family, friends, colleagues, organizations, and community has a profound impact on their psychological health, physical health, and on the ability to deal with adversities and challenges” (Sippel, et al. 2015, 10).

APPENDIX D: RESILIENCE IN GRIEF SESSION SIX

GRIEF SUPPORT EVALUATION

1. What has been the most helpful to you in this Resilience in Grief support group?
2. What has been the least helpful?
3. What suggestions would you offer for areas that can be helpful?
4. How did you experience resilience in your grief experience?

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Old Irish Blessing (Traditional Gaelic Blessing).

IMAGE CREDITS

Slide 1: "Water Lily Nuphar Lutea." Adopted from
<https://pixabay.com/en/water-lily-nuphar-lutea-1592771/>

Slide 1: Cooper, Russell (2015) "Portland Photographer."

RESILIENCE IN GRIEF SESSION ONE

Slide 1: "Silhouette of a Woman" adopted from
<https://www.pexels.com/photo/dark-darkness-loneliness-mystery-1446948/>

Slide 2: Cooper R. (2018).

Slide 3: "Grayscale Photography of People Hand." adopted from
<https://www.pexels.com/photo/grayscale-photography-of-people-hand-1266005/>

Slide 4: Proudfit-Strachan, Elizabeth. (2017) "Handpicked flowers to honor her mother who had recently died." Portland, Oregon.

Slide 5: Cooper, R. (2018) "Picture of nature."

Slide 6 Cooper, R. (2018) "Ocean view."

RESILIENCE IN GRIEF SESSION TWO

Slide 1: Cooper R. (2018) Oregon.

Slide 2: Proudfit-Strachan, Elizabeth (2017) "Back Yard Daisy." Gresham, OR.

Slide 3: Lee, Meribeth (2018) "Racoon Stuck in Cage." Oregon.

Slide 4: Chase, Carol (2018) "Biking Trip." Oregon.

Slide 5: Cooper, R. Oregon.

Slide 6: Chase, C. Oregon.

Slide 7: Copper, R. Oregon.

RESILIENCE IN GRIEF SESSION THREE

Slide 1: Cooper, R. (2018) Oregon.

Slide 2: Cooper, R. (2018) Oregon.

Slide 3: Cooper, R. (2018) Oregon.

Slide 4: Cooper, R. (2018) Oregon.

Slide 5: Proudfit-Strachan, E. (2010) Lincoln City, Oregon.

Slide 6: Cooper, R. (2018) Oregon.

RESILIENCE IN GRIEF SESSION FOUR

Slide 1: Proudfit-Strachan E. (2014) "Garden Lilly Sketch."

Slide 2: Lee, M. Oregon.

Slide 3: Lee, M. Oregon.

Slide 4: Moye, Lori (2018) "Drawing of Being Stuck in Grief."

Slide 5: Bernaise, Erin (2018) “Expression of Grief After Several Losses”

RESILIENCE IN GRIEF SESSION FIVE

Slide 1: Lee, M. Oregon.

Slide 2: Teal Cross Décor. Adopted from

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Slide 3: Lee, M (2018) Oregon.

Slide 4: Lee, M. (2018) Oregon.

Slide 5: Lee, M. (2018) Oregon.

Slide 6: Adopted from <https://pixabay.com/en/monk-hands-faith-person-male-pray-555391/>

Slide 7: Blue Ox Studio, Seattle, WA, United States.

Slide 8: Proudfit-Strachan, Elizabeth (2015), Oregon.

Slide 9: Lee, M. (2018) Oregon.

Slide 10: Proudfit-Strachan, Elizabeth (2018), Oregon.

RESILIENCE IN GRIEF SESSION SIX

Slide 1: Lee, M. (2018) Oregon.

Slide 3: Proudfit-Strachan, E (2015) “World Trade Center.” Manhattan, New York.

Slide 4: Cooper, R. (2018) Oregon.

Slide 5: Cooper, R. (2018) Oregon.