

~~CHAPTER 1~~ [do not put page number on first page of text]*

Chapter 1

IntroductionINTRODUCTION

Purpose Statement

The purpose of this study is to understand an individual's experience of grief and loss related to the death of a loved one and ~~its~~ impact on psychological, spiritual, and physical levels. ~~Making use of~~Using a phenomenological approach, ~~the~~is researcher ~~has~~ investigated participants' experiences through the process of in-depth interviews. The researcher ~~has~~ analyzed the recorded interviews in order to determine underlying themes and unite meanings related to the experience of the various psychological, spiritual, and physical impacts of death and loss. In addition, a focus on the neurobiology of loss ~~was~~ maintained throughout. This study is based upon a depth psychological approach.

Additional theoretical models including psychoanalytic, attachment, and thanatological ~~models~~ ~~is~~ ~~are~~ used to ~~further~~ amplify and clarify this topic ~~further~~.

More specifically, ~~the~~is researcher ~~has~~ explored the manner in which the experiences of grief and loss affect the individual's perception of life and life experience. Through a holistic approach that allows for, and honors, the individual's internal and external experiences, ~~the~~is researcher ~~has~~ investigated ~~and understands~~ the wide-reaching impact of grief and loss related to the death of a loved one.

The goal of this study is to conceptualize and further understand and unify the various components underlying the participants' experiences ~~of~~surrounding grief and loss. The ultimate goal of the study is to clarify each individual's unique experience,

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while also revealing significant and fundamental commonalities that will offer a more profound understanding of grief and loss ~~into~~ the field of psychology.

Relevance of the Topic for Clinical Psychology

In undertaking this research study, I have reviewed a wealth of literature related to grief and loss as it relates to the death of a loved one. As a ~~m~~Marriage and ~~f~~Family ~~t~~Therapist licensed in California, it has been my privilege to assist individuals and families with their losses and grieving processes. In working with those affected by death's debilitating grip, I have been a witness to great pain and sorrow, as well as incredible rejuvenation and healing. Further, prior course-work at Pacifica~~a~~* Graduate Institute offered me the opportunity to engage ~~in~~ phenomenological research. One particular research project allowed me to ~~tentatively~~ explore ~~tentatively~~ my own experience of the death of my mother and its impact upon certain members of my family. Through all of these processes and experiences, I have come to ~~further~~ appreciate ~~further~~~~and honor~~ the incredible power of death. I have come ~~both to both~~ respect and regret death's capacity to devastate and even destroy the living.

Each individual faces the death of a loved one in a unique way. Certain individuals become so ruined by grief that unrelenting depression takes hold. Some face the loss with what seems to be ~~an~~ utter acceptance, often expressing a sense of continued connection to the love one. Others seem to have a capacity to mourn briefly, yet deeply, and then move on with barely a visible sign of their grief. Some come to terms with death slowly and cautiously, accepting it as a necessary, though unwanted, process of living. Still others tuck away their pain in the dark closets of the psyche, possibly seeking relief through substances or addictions. At the end of one's life, each individual ultimately

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faces death, yet most often a meeting with death occurs first through the loss of another. It is the individual's experience following an unenviable meeting with death that often seems to affect the person's outlook on life. If the experience impacts the individual deeply and significantly, it can alter the individual's perception of life on emotional, psychic, spiritual, and physical levels. The depth and breadth of such an impact is peculiar to each individual, yet certain commonalities exist.

Many clinicians are well-versed in theories surrounding the grieving processes associated with death and loss. The field of psychology generally acknowledges grief and loss as ~~a~~ critical areas in need of ongoing research and attention. These particular topics continue to be researched from many paradigms; ~~this research project contributed to~~ ~~have further enlightened~~ this particular topic ~~through by using~~ a lens that honors the individual's unique, holistic experience of, and reaction to, ~~the impact of~~ death. The research participants' grief and loss ~~were have been~~ explored through phenomenological interviews that addressed the wide-ranging psychological, spiritual, and physical components of the ~~participants'~~ experiences. Through this process, I have derived ~~to a~~ deeper understanding of both the commonalities and differences of such experiences.

It is my belief that additional qualitative research is both warranted and necessary in order to understand and thoroughly appreciate death's impact upon the living. The field of psychology will benefit from new insights that foster a healthy relationship with death, as well as a means to ~~effectively~~ cope ~~effectively~~ with the processes involved in loss and grief. Further, by more thoroughly understanding death, grief, and loss, unhealthy and destructive experiences associated with grief and loss may be addressed and remedied. In general, the field of psychotherapy may serve to benefit from the

results of this research study through (a) a deeper understanding of the interrelated impact of grief and loss on the individual's psychological, spiritual, and physical processes; (b) an appreciation for the uniqueness of each individual's experience of grief and loss; (c) ~~shedding light an analysis of~~ the commonalities found ~~among~~ between the individual's experiences of grief and loss; (d) an appreciation of the wide-reaching effects of the human experience of grief and loss; and (e) an appreciation of the manner in which the shared expression of the experience of grief and loss might, in its own way, ~~bear a offer~~ therapeutic quality.

Autobiographical Origins of the Researcher's Interest in Topic

As a young child, I was faced with terrifying circumstances that resulted in my family's flight from my birthplace of Iran. I was barely age ~~four~~ ~~four~~4, and the loss of my homeland and the fragmentation of my family were overwhelming and difficult to comprehend. Although my father ultimately settled us safely in the United States, the gripping, fearful experiences, and the immensity of my losses, never quite left my mind, body, and soul. Filled with a deep sense of grief and loss from such a tender age, my view of life became colored by my experiences of early bereavement. I felt fortunate, however, as my mother and father were anchors for me; with my brothers and extended family to support the transition, I faced my new homeland with the open, willing eyes of a child.

Fate, however, was not yet through with its early lessons for me. At the age ~~seven~~ ~~of seven~~7, a far greater, more devastating loss took hold of me against my will. My mother, the most exquisite, gracious woman I had ever known, fell ill with ~~a~~ mysterious and debilitating stomach condition~~s~~. Despite excellent medical care, her health worsened

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as I watched, confused and powerless to aid her. Cancer, the demon, began to consume her body while her mind and spirit relentlessly fought against this wretched force. I vividly recall watching her brush her long waves of dark brown hair; ~~s-~~She would laugh even as clumps of her silken locks fell into her lap. It was as though her soul and spirit remained above the physical changes and losses she was experiencing. A turning point came when my father returned to Iran to finalize personal and business affairs. In his absence, while under my elder ~~step-~~sister's watch, my mother deteriorated rapidly. As she moved further into the illness, the demon seemed to devour her. I watched with fearful eyes as her spirit, too, ultimately moved away from me. No longer was she the generous, abundantly giving mother I had known, but a pale, sickly woman who had no time or energy for her youngest child. Too soon, my mother was moved to the hospital, away from all that was familiar to us both. Deprived ~~from-of~~ her sacred presence, I moved into a surreal, otherworldly space where I quietly awaited her return. With a child's naïve perspective, I believed she would heal, that all I needed to do was to wait with loving patience.

Placing my faith in her recovery, I spent hour upon hour making her colorful drawings, childlike crafts, and an array of handmade cards. Even my schooldays were filled with ongoing art projects that were to make their way into the hands of any would-be visitor to my mother's bedside; I was told early on that she was in intensive care, where children my age were not allowed. As if it were just yesterday, I still clearly recall a classmate chiding me for wasting mounds of paper in my effort to get an art project "just right" for my beloved mother. A fight ~~had~~ ensued, causing me to ~~tearfully~~ cry out tearfully, "I don't want to live without my mother!" Terrified, the principal called my

stoic father for assistance; it seemed there was nothing that could be done to comfort me. Faced with the incomprehensible, continued absence of my mother, I felt an incessant drive to connect with her. I believed that my handiworks, the sweet evidences of my love for her, would unify our spirits, infuse my mother with my love, and bring her safely back to me where she was needed, where I felt that she belonged.

It was only ~~two~~^{two} years after my mother's actual death that I learned of her passing. My family, hoping to protect me, had not told me that she had died; instead, they had perpetuated the myth that she was still alive and recovering in the hospital, that she would soon be on her way home to me. Their attempt to shield me was well-meaning, yet it was a misguided effort that affected me profoundly. Only after a family conference of sorts determined that I should be informed, ~~did~~ a friend's aunt ~~had~~ gently and dutifully explained the circumstances surrounding the death of my mother. Without ceremony, I was taken to the cemetery, where an ordinary tombstone marked the grave of my extraordinary mother. Soft green grass had overgrown the mound under which her body had been put to rest ~~two~~^{two} years prior. The grasses' growth visibly marked the passage of the ~~twenty-four~~²⁴ months since her death, yet, at the young age of ~~eleven~~¹¹, I vividly recall my utter disbelief and the shocking sense of being transported above ~~ordinary~~ space and time.

Not having been given any sort of closure ~~or even and or even~~ the opportunity to attend a funeral or engage in any form of parting ritual, I could not accept my loss. I could not grieve, but secretly maintained a wild hope that my mother would come back to me. My childish imagination wove stories and thick plots of mysterious kidnappings and secretive dealings that would explain her absence, due to the early trauma that I had

witnessed escaping my country of origin. All my hopeful, private tales provided for her homecoming; each imagining kept her spirit alive and in this world. She was my mother, my other half, my spirit and my soul. On a visceral level, I felt that no man or God would ever dare take her, ~~my MOTHER,~~ away from me. With the persistence and courage only a child can muster, I yearned, pleaded, ached, and hoped for her return.

Writing of this now, some ~~30~~thirty years later, I still experience that same ache as it permeates my mind, body, and soul. At times, I actually feel the pain as it comes to rest and take hold in my spiritual ~~body~~ and ~~in my~~ physical bodies. I can often physically sense the pernicious unrest in my core, my abdomen, where my mourning has its seed. “Ah,” I think *and* feel, “I am so much like my mother, and I so much continue to suffer and grieve my loss of her, that I carry my grief with me as she carried her cancer.” My grief is so alive and pervasive that it continues to cause me both physical and psychic pain.

I have engaged in years of psychotherapy to address the internal pain related to my unresolved grief issues. I have undergone countless medical treatments to address unrelenting abdominal and uterine conditions while fearing death and the possibility of not having the opportunity to be a mother myself one day. All of these treatments have failed to ease the manifestations of the loss that I have never fully accepted and resolved. As yet another indication of my unresolved grief and the pain I carry within myself, my doctor again discovered a benign, grapefruit-sized tumor in my uterus that was recently removed. I believe to my core that this is ~~one~~ more evidence of ~~the my~~ long ~~line of~~ my history of internal pain manifesting itself through bodily conditions. I wonder, too, if this tumor was also symbolic of my unfulfilled yearning to have a child of my own, to be

a mother in my own right. I do not lose faith, for I realize that some internal healing occurs with each step I make in my journey to understand and address the loss of my mother. As I continue to mourn her, to feel and express my sorrow, I slowly move toward greater acceptance and a sense of freedom from the pervasive pain.

Yet despite my mourning of the physical loss of my mother, my emotional connection to her carries me through. I feel her spirit at every turn. I sense her aliveness and glorious presence through each butterfly that descends in my path. At the most unexpected times, I feel her heavenly presence by my side; she was an angelic figure in my childhood, and she remains as a guardian angel in my adult imagination. Despite my aching for her, my persistent grief, a unifying relationship with my mother continues to guide me on a spiritual level. I cannot touch her body; I cannot climb up and cry upon her lap; I cannot feel the sweet softness of her golden skin. I can, however, look skyward and sense that she is with me. I can close my eyes and imagine her long, sweeping skirts and wide, flashing smile. I can seek and find her in my deepest dreams, bringing her presence, the warmth of her loving embrace into the darkness of the night. I am not alone, I am not without her. I am quite steadfast in my belief that she is eternally with me, and I with her. A mother such as mine never truly leaves her child, and the time will come when we are together once again hand in hand.

The Researcher's Predisposition to the Topic

******As a result of my personal experience with immense loss and grief, I have been compelled to ~~further~~ explore further this often ruthless topic. I have side-stepped and danced around my sorrow for years; my fears and sadness have anchored me in pain. I want to find release, to move beyond the moorings that bind me. I have chosen to move

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forward, to look death in eye. I have dared to begin an open conversation with death, to allow the light of life to heal my own loss and grief by sharing the private journey of my own battle openly and to honor this process along with those that have had the courage to do the same for the purpose of this research. In doing so, I find that the psychological, physical, and spiritual manifestations of my sorrow come and go with more ease, much like the most gentle, cleansing waves of the ocean. In undertaking this process of healing, I can only become more empathetic, understanding, and desirous of aiding others on their own journeys with grief and loss. In bringing myself into a deeper awareness of my experiences with death, I am more present for others. My predisposition to this topic has not only led me to investigate grief and loss on a psychological level, but has brought me to explore the cognitive, intellectual manifestations and understandings of these particularly fundamental human processes.

Chapter 2

Literature Review CHAPTER 2

LITERATURE REVIEW

Voluminous and wide-ranging research ~~and writings~~ exists in relationship to the topics of grief and loss. However, it appears that no studies have yet been undertaken ~~in regard to using~~ a qualitative, phenomenological approach to the individual's holistic experience of grief and loss as related to the death of a loved one. In undertaking a review of research and literature, this researcher has found a substantial amount of highly relevant and supportive information. This substantive information is ~~herein~~ discussed ~~herein; the discussion, which form-forms~~ the basis for the need to conduct the present study.

Several studies have been conducted ~~in relation to~~ about grief as it relates to the individual, interpersonal, and cultural components of grief. As death is universally experienced, grief related to death has been explored since the first human grieved the passing of another. In clarifying the terms used in this research, loss is generally

considered to be the experience of the death. Grief is the emotional response to loss. Grief is often described in regard to the individual's internal processes, whereas mourning is considered the expression of the emotions experienced while the individual grieves.

Considerable research has been dedicated to understanding and enriching the human experience of grief. The field of psychology has developed wide-ranging, highly significant theories to explain and understand the emotional, psychological, and spiritual foundations of human grief. Grief has also been thoroughly explored through various religious and spiritual paradigms. The physiological effects of grief have been investigated and explored by a broad array of researchers and writers including Jung (1963/1989, 2002), Moore (1994), and Romanyshyn (2002, 2007). Due to the extensive writings and research on the subject of grief, only the most fundamentally important theories and authors will be addressed [here](#), and the significance of this research study will, in the process, be highlighted.

Grief and Loss

Grief is a natural response to loss, which is multilayered with physical, behavioral, and spiritual components. ~~The e~~Early work of Wolfelt (1983) defined grief as “an emotional suffering caused by death or bereavement” (p. 26). Wolfelt added that grief is a progression involving a chain of thoughts and feelings as an outcome of fear and sadness. For Wolfelt, grief is “an internal meaning given to an external event” (p. 26).

Grief is exemplified by a multifaceted set of cognitive, emotional, and social changes as a result of the death of a loved one. Individuals differ in the type of grief they

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experienced, particularly in terms of its intensity and duration, and how individuals express their grief ([AUTHORS NOT LISTED IN REFS AT C] Christ, Bonanno, Malkinson, & Rubin, 2003). Emotions that accompany grief may often be overwhelming and difficult, and there is no “right way” for individuals to experience and express grief (Corr, 2000). Most individuals demonstrate related arrangements of intense anguish, anxiety, longing, sadness, and fixation, ~~of which these symptoms~~ that eventually clear up over time. Studies ~~have shown~~ showed that most people demonstrate the ability to deal successfully with grief-related challenges and do not undergo serious grief-related health issues (Allumbaugh & Hoyt, 1999; Bonanno, Wortman, & Nesse, 2004).

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Grief is one of the most collective experiences of humankind. Humans inevitably lose an individual or a thing that is personally important to them. It is important, first of all, to define the terms most commonly associated with loss: *bereavement*, *grief*, and *mourning*. Bereavement ~~is viewed as having~~ occurs when one has lost a close person, including parents, partners, and friends, among others (Stroebe, Hansson, Stroebe, & Schut, 2001). Bereavement has been ~~defined as considered to be~~ “a state caused by loss such as death” (Wolfelt, 1983, p. 26). In this framework, bereavement is the experience of losing someone in your life, and ~~the term~~ *grief* refers to the feelings and emotions that go together with ~~the~~ loss.

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Grief is viewed as ~~a~~ the personal response to bereavement. The individual response may include an immense range of indicators, including emotional, cognitive, behavioral, and physiological reactions. ~~The term~~ *mourning*, though often confused with grief, refers to the social demonstrations of grief that are influenced by the particular culture in which the mourner lives. Mourning is an “affective state that follows the loss of

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a dear one through death or permanent separation; it may also be the product of a more abstract bereavement, such as the loss of an ideal or mode of relationship with another person” (~~AUTHOR NOT IN REFS AT P~~ Porret, 1994, p. 240).

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Grief is considered to be a normal part of the adjustment to the realism of a meaningful loss. Normal grief is described as an emotional reaction to bereavement, which conforms ~~to within~~ expected norms, as provided with conditions and implications of the death, with respect to time course and/or intensity of symptoms (Stroebe et al., 2008). The difficulty lies in defining those expected norms. Nonetheless, it is understood that extremes in the intensity, circumstances of the loss, and the amount of time devoted to grieving may lead to seriously impaired functioning. Since there ~~are is~~ a range of emotional reactions following a loss, researchers have begun to define levels of normal to extreme grief that proposed criteria for a new diagnosis of complicated grief disorder (Horowitz et al., ~~LIST ALL CO-AUTHORS FIRST TIME CITED~~ 1997). The criteria would include a period of bereavement of at least 14 months, intrusive symptoms related to the deceased, symptoms of avoidance, and maladaptive behavior.

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The term uncomplicated bereavement in the *Diagnostic and Statistical Manual of Mental Disorders IV* describes ~~as~~ the distinctive grieving process that children and adults go through to adapt to the death of a loved one (American Psychiatric Association [APA], 2000). It is normal for individuals to experience mental health symptomatology such as depression when adjusting to the death of a loved one. In extreme cases, diagnoses of complicated bereavement or major depressive disorder are not provided unless the person is still experiencing mental health symptomatology ~~two-two~~ months after the loss. Some individuals may experience complicated grief, which occurs when a

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person is overwhelmed with grief and his ~~or her~~ ability to ~~fully~~-function ~~fully~~ is hindered (Tonkins & Lambert, 1996). *Complicated grief* is a term that has mainly been applied to adults and ~~it is considered to include~~includes intrusive thoughts of the deceased, loss of security, and consistent searching for the deceased individual (Tonkins & Lambert, 1996).

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The topic of grief is handled differently among households, pop culture, peers, and religious backgrounds. As such, strong feelings and emotions arise for most grieving individuals, and these reactions ~~—~~including feelings of anger, sadness, confusion, or guilt ~~—~~are often misunderstood (Kastenbaum ~~*[AUTHOR NOT IN REFS AT K]~~, 2000).

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However, many theories of grief have been proposed over the years in the attempt to explain the phenomenon. Freud (1917/1957) developed the first systematic theory of grief. He stressed the need for grief work on the part of bereaved individuals to cope with ~~the~~ loss. The concept of grief work has been quite influential up to the present. Kubler-Ross (1969) proposed the first stage theory of grief in which an individual progresses through expected and orderly stages: shock, yearning, anger, despair, and acceptance. This theory gained popularity throughout the years and had a strong influence ~~on~~ver the current beliefs ~~regarding~~of grieving. Unfortunately, Kubler-Ross's stage theory has never been studied empirically (Zhang, El-Jawahri, & Prigerson, 2006). Bowlby (1980) asserted a stage theory of grief. As with Kubler-Ross, Bowlby claimed that individuals pass through subsequent stages in the grief process.

~~**~~Recently, stage theories of grief have come under criticism. Wortman, Silver, and Kessler (1993) stated that stage theories underestimate the range of emotional

responses that people experience following loss. They also stress the lack of empirical support for stages in the process of grief.

Disenfranchised Grief and Ambiguous Loss.

—Several specialized concepts of grief and loss have emerged that have relevance to the discussion. Ambiguous loss and disenfranchised grief have been identified by separate theorists but are very similar in their characteristics. Losses are often not as clearly identifiable as death is. Individuals experience various types of losses that involve people, experiences, relationships, or objects. Many of these losses are not acknowledged by society as legitimate sources of grief (Betz & Thorngren, 2006).

Unrecognized losses may include relationships that end, the loss of a job, physical or sexual abuse, physical disability, miscarriage, or chronic illness. According to Boss (1999), *ambiguous loss* refers to the incomplete or uncertain loss. She identified two types of ambiguous loss. An individual may be perceived as psychologically present when an individual is physically absent. Examples include a divorced mother who does not live with her children or soldiers who are missing in action. The second type of ambiguous loss occurs when an individual is perceived as psychologically absent, but they are, in fact, bodily present. Examples include loved ones with alcoholism or chronic mental illness. Ambiguous loss presents families with a confusing situation (Boss, 1999). Since the loss is incomplete, such as a family member with Huntington's disease, there is uncertainty about who is still part of the family, and thus the families' family's system of belief is threatened (Sobel & Cowan, 2003). Therefore, the family finds it difficult to make sense of the loss in the face of the ambiguity.

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According to Doka (1989), disenfranchised grief is the type of grief that individuals face when they obtain a loss that cannot be explicitly recognized, mourned openly, or supported by others. ~~Doka~~He went on to identify three broad types of disenfranchised grief: (a) the relationship between the deceased and the griever is not renowned ~~[recognized?]~~ socially, (b) the loss ~~isn~~ not recognized and acknowledged as important, and (c) the specific griever is excluded due to some specific characteristic of the individual. Social support and cultural rituals are acknowledged as important for the successful alleviation of grief symptoms (Doka ~~& Aber,~~ ~~OKAY? NO SOLE-AUTHORED WORK BY DOKA FOR THIS DATE IN REFS!~~ 2002). Therefore, when social support is not provided, one of the most powerful means of helping the griever is taken away. The griever may become isolated, and the grief may become chronic and unresolved.

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The concept of loss that is not socially recognized and acknowledged as significant is quite relevant to the present research. Doka (1989) ~~gave~~ives a number of examples of losses ~~which that~~ can be very profound for individuals but, nonetheless, are often dismissed by the social network of the person as relatively unimportant: perinatal death, abortion, giving up a child for adoption, ~~and~~ loss of a pet. All of these losses are actual physical losses. On the other hand, certain types of losses are not socially recognized; they are not even considered real. There are many occasions when individuals experience a significant sense of death and loss even while the person is still alive.

Doka and Aber (2002) ~~defined~~ ~~referred~~ *psychosocial deaths* as "those cases in which the psychological essence, individual personality, or self is perceived as dead,

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though the person remains alive” (p. 224). Because of the significant change in the individual, others may perceive the individual as dramatically different from the person they knew prior to the changes in that person. For example, the spouse of an individual affected by Alzheimer’s disease or severe mental illness may grieve the loss of the identity and personality of his or her loved one even though the individual is still alive.

The theoretical concepts of disenfranchised grief and ambiguous loss hold great appeal to the present research; however, ~~only~~ few studies have investigated the validity of either concept. Families ~~that~~~~who~~ have had children diagnosed with Long QT Syndrome (LQT), a form of irregular heartbeat, have ~~definitely~~ lost something of the child that they knew, ~~but~~, of course, the loss is incomplete. Therefore, ambiguity may be present in the family system. Likewise, the losses the family experiences may not be recognized by their social support system as valid. The family may feel isolated and left to attempt to cope with the loss without ~~its~~~~their~~ support network. Sobel and Cowan (2003) studied the experiences of disenfranchised grief and ambiguous loss in families ~~that~~~~who~~ received predictive DNA testing to identify the presence of Huntington’s disease. This qualitative study used grounded theory methods to identify themes related to disenfranchised grief and ambiguous loss through semi-structured interviews. They found that the families’ responses were consistent with Boss’s (1999) definition of ambiguous loss using semi-structured interviews.

~~E~~~~The~~ empirical research related specifically to the concept of disenfranchised grief includes Thornton, Robertson, and Mlecko’s (1991) study of disenfranchised grievers and the levels of social support they receive from others. In the study, college students read six descriptions of an individual’s experience of grief. The situation was the

result either of a traditional loss or disenfranchised death (miscarriage or abortion). The students reported less sympathy and greater social distance from the disenfranchised griever. Meanwhile, in a qualitative study of a pet-loss support group, Weisman (1991) reported that those whose pets had died were hesitant to discuss the loss with others for fear of criticism, of condescending statements, and of harmful suggestions. An element of disenfranchised grief was indicated by the individual's fear of reaching out for social support.

Psychological Theories Pertaining to Grief

Psychoanalytic theory.

-Sigmund Freud, generally accepted as the founder of psychoanalytic psychology, investigated the ramifications of the human experience of grief. Freud (1966) outlined his conceptualization of the mourning process in the following terms:

[single space all block quotes; fix throughout; I will not mark hereafter]A perfect model of an affective fixation to something that is past is provided by mourning, which actually involves the most complete alienation from the present and the future. But even the judgment of a layman will distinguish sharply between mourning and neurosis. There are, on the other hand, neuroses which may be described as a pathological form of mourning. (p. 342)

In the attempt to elucidate the psychoanalytic perspective on grief, Hope Edelman (2006), in *Motherless Daughter*, maintained that the true mourning, according to Freud, involves a gradual and entire extrasensory disconnection from the loved object, with the purpose of later reattach~~ingment~~ to another person. Edelman also noted that Freud's theory, ~~while~~ ~~although it~~ provides~~ing~~ a foundation for research on grief, has been recently questioned by scholars. Specifically, the individual's ability to ~~fully~~-detach ~~fully~~ from the loved object, and the benefit of such detachment, is now thought to confound the bereavement process.

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Jungian and depth psychology theory.

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-Carl G. Jung, viewing grief through theories emanating from his work in depth psychology, viewed the paradoxical aspect of the human experience of death. Jung's theory on grief was beautifully addressed in his description of one of his own dreams on death. In what he described as a dream that made a "devastating impression" upon him, Jung noted that he had been tossed back and forth between two disparate fields of emotions. One part of him felt warm and delightful, yet the other side of him was fearful and grieving. As noted by Jung (1963/1989):

This paradox can be explained if we suppose that at one moment death was being represented from the point of view of the ego, and at the next from that of the psyche. In the first case it appeared as a catastrophe; that is how it so often strikes us. (p. 314)

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Such a description offers a portal into a view of grief as the ego's response to death; the ego mourns and grieves what it perceives to be a terrible and devastating event. According to Jung, the psyche, however, would view the same death as a joyous event, not an occurrence to be grieved.

Memrie Gaddis (2002), in her unpublished study entitled, "~~When Little Girls Grow Up with Dead Fathers: A Phenomenological Study of Early Object Loss and Later Intimate Relationships.~~", offered substantial insight into the impact of the early loss of a father upon the individual's intimate relationships later in life. In interviews with five women ~~from~~^{with} 32 to 64 years of age, Gaddis delved into the phenomenology of these women's early father loss, uncovering deep and painful wounding that had been largely unexplored. Gaddis noted coalesced themes surrounding issues such as relationship difficulties, depression, motherhood concerns, lack of attachment to ~~step~~_fathers, fear of a

partners' death, and difficulties in relationships with their own mothers. ~~While Although~~ it is a phenomenological study similar in approach to this researcher's undertaking, Gaddis's work is unique in respect to theoretical orientation and its specific focus on the early loss of a father. This researcher's study is focused on the effects of ~~the~~ loss on later intimate relationships. Finally, this researcher has interviewed both males and females regarding the ~~as to a~~ significant loss of a loved one.

~~As well, Giuliana Zlatar (2009); in her study entitled "Discovering Mother: Embracing the Feminine An Imaginal/Archetypal Approach to the Loss of the Mother at an Early Age,"~~ focused on the individual's experience of the loss of a mother at an early age. Zlatar explored various women's ability to appreciate and understand the archetypal patterns surrounding the early loss of a mother. Zlatar found that a type of "scaffolding" ultimately acted as an ameliorative buffer between the archetype and the child who has experienced the loss. While making use of a depth psychological approach, ~~Zlatar~~ this researcher's study is important in its use of an alchemical-hermeneutic approach. Similar to the Gaddis's study, Zlatar's work focuses on the early loss of one particular parent. Zlatar's study focuses on the imaginal and archetypal psychological components of the loss.

~~In a phenomenological study. In his phenomenological work entitled *The Soul in Grief*, Robert~~ Romanyshyn (1999); further expanded the literature on the human experience of grief. Noting the impact of grief upon his own life, Romanyshyn recognized the overwhelming significance of the grieving process. It was through his personal encounter with ~~of~~ grief that his world changed and he realized that his own sense

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of meaning had changed as the result of the death of a loved one. Romanyshyn described his experience as follows:

Grief blew apart my familiar world and forced me to recognize that I am not as much the author of meaning as I had believed myself to be. Rather, I am more like an agent of meaning, the means by which the dusty dreams of the things of the world are realized. (p. 47)

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As highlighted by Romanyshyn, it is through life-changing encounters with grief that the individual's psyche is forever altered; the emotional, spiritual, bodily, and psychic lenses through which the world is viewed are far different from those in place prior to the grief experience. It is this researcher's intention to extend knowledge in this area by offering further insight into the holistic experience of grief and loss through a depth-oriented lens.

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Archetypal theory.

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From an archetypal perspective, Thomas Moore (1994), in *Care of the Soul*, discussed the importance of the grieving experience in furthering the overall human life experience. Moore stated:

Hades may pull us under by means of an experience of death, either a close call for ourselves, or the death of someone close. It takes a profound maternal affirmation of life to allow such deaths to affect us, to acquaint us with the mysteries of the underworld, and then to send us back into life, never to be the same again. (p. 48)

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From this perspective, the process of grief is seen as an important part of the individual's journey. It is through the experience of grief that one is more fully able to explore and understand deeper facets of the self. Adding yet a more depth to this paradigm, James Hillman (1991), in *A Blue Fire*, detailed the effects of death upon the psyche. Hillman, too, emphasized the importance of grief on the individual's personal journey:

Psyche must “die” herself in order to experience the reality of this beauty, a death different from her suicidal attempts. This would be the ultimate task of soul-making and its beauty: the incorporation of destruction into the flesh and skin...anointing the psyche by the killing experience of its personal mortality. (pp. 292-293)

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Attachment theory.

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-As noted in the *Handbook of Attachment*, Cassidy and Shaver (1999) stated that attachment theory is the most evident and empirically grounded conceptual framework in the fields of social and emotional development. This theory rests upon the importance of childhood attachment patterns as they affect short-term and long-range behavioral orientations. The death of a loved one may trigger immense feelings of grief regardless of attachment history. Even the most secure and well-adjusted persons may experience severe stress and trauma as a result of intense grief. Attachment theorists assert that an appropriate bond between a caregiver and a child allows the child to form a secure relationship with the caregiver (e.g., mother).

-According to Edelman (2006), attachment theorists categorized individuals who experienced a death of a loved one into three groups. The first group includes those individuals who form “secure” attachments with other adults. The second group includes people who are fearful or hesitant about their social and romantic relationships. The third group consists of individuals who stay away from being attached to other people (pp. 180-181). ~~While~~ Although attachment patterns are thought to be formed in early infancy, severe disruptions at any stage in life (e.g., through abuse, prolonged illness, or the death of a loved one) can deeply influence a person’s sense of attachment resulting in ~~the label~~ “insecure” attachment. This is supported by Edelman, ~~who as he~~ noted, “Even when an infant is raised by a loving mother and develops a secure bond with her... specific life

events can disrupt his sense of security” (p. 181). Throughout all stages of life, the theory of attachment explicates the manner, in which many individuals uniquely approach, and process, the experience of grief. This researcher’s study reflects upon the validity of this theory through the lived experience of those of my participants who have lost a loved one early in life.

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ThantologyThanatology: Stage theory.

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~~Elisabeth~~ Kübler-Ross (1969), in her preeminent work, *On Death and Dying*, described the five stages of grief as they related to individuals facing terminal illnesses. These stages were later found to be pertinent in critical personal life events including the death of a loved one, the ending of a marriage, loss or change of a job, persistent illness, or other events perceived as being catastrophic in nature. The stages include denial, anger, bargaining, depression, and acceptance. It is stressed that not all individuals pass through all five stages of grief; it is further noted that there is often a fluctuation between the stages. This theory, which is critical to a more fundamental understanding of loss, has had a substantial impact on the manner in which clinicians, and many individuals in the general public, come to understand and approach the process of grieving. In another study, her book entitled *Living With Death and Dying*, Kübler-Ross (1981) beautifully acknowledged the paradoxical aspect of grief: “Both birth and death involve great changes and adjustment, even inconveniences and pain, but also joy, reunion, and a new beginning” (ix). This researcher recognizes that these stages are reflected in the participants’ holistic stories.

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Psychological Theories Pertaining to Loss

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Psychoanalytic theory.

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-Loss is experienced by individuals on a continuum that ranges from relatively minor permanent effects to enduring psychiatric conditions. Noting that early parental loss has been strongly associated with the development of a bipolar disorder, Gabbard (2005) further offered, “From a Kleinian perspective, the fundamental psychotherapeutic task with the bipolar patient may be to facilitate the work of mourning” (p. 228). While acknowledging the debilitating aspects of loss, Freud generally theorized that loss, when appropriately channeled, could be used ~~to~~ as a force in generating psychic growth and creativity. As noted by Edelman (2006), “Ever since Freud described creativity as an attempt to compensate for childhood dissatisfaction and lack of fulfillment, psychologists and artists have been theorizing about connections between early loss, creativity, and achievement” (p. 292).

Jungian and depth psychology theory.

-Loss, as with grief, was viewed by Jung as a necessary component of life that could be used to further comprehend the self and explore undiscovered aspects of the self. The resulting sense of loss could be used by the individual to ~~further~~ understand the psyche further. Jung theorized that the self, as the internal regulator of the psyche, would strive to use life experiences in order to find greater balance and a sense of wholeness.

~~David Hart (2006), in “The Classical Jungian School,”~~ noted:

The conscious care which is always needed in the work of individuation: not reactive but steadily and persistently active in its attention to whatever goes on in the unconscious life. That kind of regular attention can turn apparent inner chaos into a sense of order and inner relatedness. (p. 98)

In the area of depth psychology, the experience of loss is one of the key life experiences that may be used to ~~more~~ deeply and powerfully explore and expand the self. It may be that intense changes within the psyche might even be noted as affecting the individual

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externally. As succinctly stated by Romanyshyn (2002), “Loss can lead to a transformation which is so profound that the bereaved one appears to those who have known him as another being” (p. 58).

Archetypal theory.

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-Archetypal theorists view loss from the perspective of the images and archetypes contained within the loss experience. From this paradigm, the individual who has suffered the loss of a loved one may find healing through allowing the psyche to reveal ~~the~~ unconscious meanings and previously hidden internal dynamics and yearnings. The life of the individual’s spirit—the soul—is paramount in the field of archetypal psychology, and the loss experience is viewed as an opportunity to ~~further~~ explore the depths of the soul further. As Moore (1994) offereds, “Renaissance philosophers often said that it is the soul that makes us human. We can turn that idea around and note that it is when we are most human that we have greatest access to soul” (p. 9). Even through the debilitating loss of a loved one—or, quite possibly ye, *especially in the face of such a loss*—archetypal psychology asks the individual to make use of the experience to further delve into the self and; thus; foster the expansion of the soul. “Care of the soul asks us to observe its needs continually, to give them our wholehearted attention” (p. 210).

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Attachment and object relations theories.

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-Millán and Millán (2004) ~~in their article, “Hidden Meaning of an Early Loss. The Common Ground of Attachment and Social Character Assessments and Their Clinical Applications,”~~ offered details s on the psychological importance of loss:

Bowlby’s theory is based on clinical accounts of cases of important loss experiences. A transcendental role is given in Bowlby’s theory to the experiences of loss. It stresses that the construction of mourning processes can be seen as a manifestation of search and as a general gradual mental reorientation. (p. 157)

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The impact of loss upon the individual is seen as having far-reaching implications.

Millán and Millán noted that the effects of loss are particularly noticeable when the loss occurs at an early stage in life, when the attachment bond is not secure, or when the loss—
—regardless of the age of the individual—is perceived as devastating. As underscored by theorists such as Bowlby, when a loved one dies, the individual may be profoundly affected by the loss, causing the individual to suffer from various psychiatric symptoms, interpersonal difficulties, and intrapsychic difficulties related to the severing of the attachment with the loved one. In such cases, the individual's intrapersonal and interpersonal relationships are affected through disruptions in attachment patterns.

In moving through the grieving process, the individual's attachment patterns serve an important role in the ability to integrate the necessary elements of the process. As noted by Horner (1979), *in Object Relations and the Developing Ego in Therapy*, “Bowlby (1973) observes that ‘whether a child or adult is in a state of insecurity, anxiety or distress is determined in large part by the *accessibility and responsiveness* of his principal attachment figure’” (p. 48). The effect of a caregiver's repeated failure to connect or of physical absence (whether through death or other separation) has a profound impact on the individual's formative patterns. The child perceives such situations as emotional or physical abandonments, and the resulting effects often endure through the individual's lifetime. Horner contends, “A gross deficiency in object relations leads to an arrest in the development of all sectors of the personality” (p. 51).

Accordingly, one would expect that the individual's ability to *effectively* manage loss and grief *effectively* as an adult would be related to foundational early childhood experiences.

Kohut (1987), *in The Kohut Seminars*, described the importance of being able to appropriately hold the memory of the loved one appropriately:

To elaborate the concept of an imago: if any one of us, as an adult, has to be absent from somebody he cherishes, needs or wants, or to whom we are very close, the memory image of this person remains in us. It becomes an object of longing, and we will think about this person. In the mourning process, by the way, this is also true. The memory process is there also. As a matter of fact, thinking about the dead individual and gradually withdrawing from the representation of that individual is one of the counterforces against identification. The individual becomes an internal object of affection, a memory from which one gradually withdraws. Therefore, one does not have to set the individual up in oneself as part of oneself. (p. 101)

******The ability to successfully hold a memory, to be able to view and embrace an internal image of the person who is not available, is one indicator of an individual's ability to let go of the deceased loved one in a healthy fashion. A sense of feeling securely attached to a loved one is often considered a prerequisite in being able to effectively manage various life challenges effectively; the individual who has a secure attachment is often able to function more successfully and autonomously in times of stress and difficulty. In the case of the loss of a loved one, the ability to internalize a sense of the loved one, to gradually process the loss gradually while maintaining a sense of the self as being whole, may allow the grieving person to move through the loss in a more fully integrative fashion.

The Nature of Grief

The process of grief is similar to a roller-coaster ride. A roller-coaster ride often begins with a big drop, similar to the initialbeginning response to a major loss. During the ride, the ups and downs occur with a variation of different emotions and degrees. The ride should eventually come to an end; however, the memory of the experience may still linger. A resurfacing of these memories may, in turn, bring up emotions of grief once

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again. As each individual's experience of a roller-coaster ride is unique, the experience of grief is just as exclusive.

There are several ways to look at how grief progresses. Theorists have proposed the idea that grieving ought to come to an end eventually through diathesis (Horacek, 1995). According to Freud (1917/1957), diathesis is a process that requires the grieved person to reduce ~~their-his or her~~ relationship with the deceased prior to developing new relationships. Bowlby (1980) outlined a four-stage process of grief:

1. Phase I is the stage where an individual contains extreme emotions such as numbness and disbelief.
2. Phase II entails restlessness and anxiety with episodes suggesting the return of the deceased.
3. Phase III is the stage where an individual feels ineffective and in despair, as one realizes that life will potentially not be similar to ~~how-the way~~ it was previously.
4. Phase IV is the stage of restructuring of one's life as a result of going past necessary change and disbelief.

Ward (1993) proposed four phases of grief: ~~into~~ shock and disbelief, denial, growing awareness, and acceptance, which are aligned ~~with~~ Bowlby's four-stage process of grief. According to Ward ~~(1993)~~, mourners undergo a process of going back and forth between the stages instead of a consistent and expected pattern. Various behaviors may be demonstrated through the process of grief and ~~is-are~~ exclusive to the individual (Freeman & Ward, 1998).

Horacek (1995) described and categorized grief responses into physical, psychological, and cognitive responses, which can last from days to years. These responses include:

1. Physical responses like tiredness, lack of appetite, and sleep problems;
2. Psychological responses such as guilt, fear, and depression;
3. Cognitive responses like sense of uncertainty, low drive, and fixated thoughts of the deceased.

Additionally, Freeman and Ward (1998) described 10 shared experiences of grief. These are (a) shock, (b) physical symptoms of distress, (c) depression expressed through feelings of helplessness and hopelessness, (e) emotional release demonstrated by strong instant emotions after the reality of the loss sets in, (f) fears that are many and varied, (g) anxiety and worry internalized through intense dreams or insomnia, (h) resentment towards others regardless of association, (i) guilt associated with alternative actions that could have been taken to change outcome, (j) healing using positive and negative memories, and (k) releasing, acceptance, and pain reduction not through the process of forgetting.

**The tasks of mourning are worked at a personal pace, not prescribed in sequential order, and can repeatedly be readdressed (Wolfelt, 1983; Worden, 1991). Studies have identified ~~the tasks of~~ ~~tasks during~~ the grief process. The first task involves coming to terms with the loss and realizing that the person will not be returning. The second task is comprised of emotions including anger, depression, and guilt. The third task consists of reviewing the previous relationship while current relationships are changed to support moving forward. In the fourth task, focus shifts to developing new

connections (Charkow, 1998; Doka & Martin, 1998; Freeman & Ward, 1998; Horacek, 1995).

In addition, a fifth task was added by Doka and Martin (1998) in which belief systems are restored due to loss. Being able to operate on a normal basis is most commonly achieved after an individual completes the tasks of grief effectively. Horacek (1995) clarified that continued grief is acceptable and not a devastating factor. In defining this concept, Horacek compared grief ~~as~~ to that feeling of loss ~~of~~ or removal of a limb and the associated feeling of something substantial missing. Continuing grief may also be experienced during significant occasions like anniversaries or birthdays.

Dysfunctional or complicated grief can arise as a result of tasks and ~~can~~ hamper ~~one's~~ ability to function successfully (Horacek, 1995). Socially unacceptable losses such as suicide or abortions can complicate the grieving process due to ~~the~~ lack of support (Freeman & Ward, 1998). *The term disenfranchised grief* refers to the experience of grief that involves sickness, or friends and lovers not overtly mourned or consoled (Doka, 1987).

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There are four factors that influence the way grief is exhibited to be considered as complicated (Freeman ~~and &~~ Ward, 1998). They include (a) the type of relationship (dependent, possessive), (b) the circumstances surrounding the loss (such as murder or accident), (c) challenges due to mental health, and (d) and personality characteristics with respect to how ~~they~~ adapt.

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Grief and loss can happen as a result of common life events (Lenhardt, 1997). These occurrences can include marital separation, loss of employment, relocation (Charkow, 1998), retirement, passing of a loved animal, illness, and other unexpected life

changes (Rando, 1984). ~~Because~~ ~~g~~Grieving is ~~an~~ illogical complex process that can take the bereaved through various phases at different points of time ~~(Freeman & Ward, 1998)~~. ~~Due to this~~, there is an understanding that the grief experience is exclusive to each person (Freeman ~~and~~ ~~&~~ Ward, 1998). The consideration of the factors including the length and magnitude of the experience supports in identifying typical ~~from~~ atypical grieving (Freeman ~~and~~ ~~&~~ Ward, 1998).

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▲ Types of Grief

There have been ~~a~~ number of proposals regarding typical reactions to grief (Bonanno & Kaltman, 2001; Jacobs, 1993). A study has investigated standard and complex grief and also clarifying ~~other~~ types (Stroebe et al., 2008) and available empirical support (Stroebe, Hansson, & Stroebe, ~~[add Schut? As you did earlier? Or you could just use Stroebe et al., as you do below, and add Schut to Refs entry. You only need to cite all authors the first time you cite their work. See typed note.]~~ 2001) focusing on the characteristics of the types of dysfunction (Bonanno & Kaltman, 2001). Studies have indicated ~~the presence of~~ an argument ~~as to~~ whether grief progresses in chronological stages (i.e., stage theories) (Maciejewski, Zhang, Block, 2007; Bonanno, 2004). Most literature categorizes different types of complicated grief separately from normal grief, such as prolonged grief or postponed grief (Bonanno & Kaltman, 2001; Stroebe, Hansson, Schut, et al., 2008; Stroebe et al., 2001). Evidence identified these occurrences by evaluating available empirical ~~support~~ (Bonanno & Kaltman, 2001) while seeking for confirmation that these grief reactions are exclusive rather than variations of other mental illness (Bonanno et al., 2007).

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Anticipatory grief.

-Anticipatory grief has been described as an individual's experience of the affective, physical, and cognitive responses associated with the expectation of the death of a loved one (Corr & Corr, 2000; Rando, 1986). The concept of anticipatory grief introduced by Erich Lindemann (1944) was focused in a study of persons' reactions to normal death. Lindemann focused on the process of grief work that a person engages in when anticipating a significant loss. Since the introduction of the concept, research on anticipatory grief has centered, to a large extent, on the experience of women dealing with the death of their husbands (Parkes, 1970; Parkes & Weiss, 1983) and parents dealing with children who are terminally ill (Bozeman, Orbach, & Sutherland, 1955; Richmond & Waisman, 1955).

Research has provided inconsistent results concerning whether anticipatory grief is an adaptive or a maladaptive response (Rando, 1986). Lindemann (1944) suggested that negative reactions to anticipatory grief may lead to early affective estrangement from the person who is dying. Fulton and Fulton (1971) found that the experience of anticipatory grief has the potential to minimize the normal grief response when the person actually dies. This may lead to social disapproval or ostracism by those who might provide support.

On the other hand, other studies have indicated that there are significant positive effects of anticipatory grief. The ability to anticipate the death of a loved one may allow families the opportunities to "say goodbye" to the dying individual and allow for completion of relational tasks (Byock, 1997; Corr, 1992). Therefore anticipatory grief has

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the potential to result in a healthier process of grief for the family following the person's death.

Rando (1986) provided a thorough analysis of anticipatory grief ~~in her book, *Loss and Anticipatory Grief*~~. In defining anticipatory grief, Rando emphasized the multidimensional nature of the concept. Since the significant loss has yet to occur, the grief is normally experienced from two different perspectives: the dying individual and those who ~~have~~ had a significant relationship with that person. ~~The Rando's~~ term ~~"anticipatory grief"~~ implies that a future loss is being grieved; in fact, grief is experienced by losses that have happened in the past, those that are presently occurring, and those that have yet to happen. Finally, the experience of anticipatory grief is influenced in complicated ways by psychological, social, and physiological factors.

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Rando ~~(1986) explained that defines~~ anticipatory grief ~~as~~ ~~consist~~ ~~ing~~ of processes of mourning, coping, interacting, planning, and psychosocial reorganization. These processes are enthused and begun in response to the awareness of the impending death of a significant individual. The process of anticipatory grief entails balancing the difficult needs of remaining attached and letting go of the dying person.

Cultural and developmental issues can affect the ability of individuals and families to process the news concerning the future loss and thus shape the overall trajectory of grief (DieTrill ~~[Die-Trill? As in refs?]~~ & Holland, 1993; Rando, 1986). The ages and developmental levels of the persons affected by the impending loss can interact with the specific types of illness in determining the experiences of those involved (Rolland, 1994). For example, the experience of grief in ~~a~~ ~~the~~ family of a young adult who is dying is likely to be very distinct from the experience for families of a young child

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who is dying. The level of communication and active involvement is likely to be higher for the family of the young adult because of the overall perceived level of maturity.

Futterman, Hoffman, and Sabshin (1972) found that, for parents of a terminally ill child, the process of anticipatory grief has the potential to lead to moderate amounts of detachment from the child. Separately, parents were able to maintain the overall care and nurturinge of their child.

Anticipatory grief occurs while expecting an impending loss (Casarett, Kutner, Abrahm et al., 2001). Anticipatory grief is the topic of debate and disagreement (Corr, Nabe, & Corr, 1997). The label *anticipatory grief* is often used when referring to ~~the patients and their family~~ who are about to die ~~and their families~~. Anticipatory grief encompasses similar symptoms of grief after a loss and represents the social, cultural, affective, ~~cultural~~, and cognitive responses of ~~the patients~~ and relatives when expecting death (Knott & Wild, 1986).

Anticipatory grief can be a means of relief for caregivers and families. On the other hand, the person who is dying can potentially be flooded with grief and overwhelmed, resulting in introverted and isolative tendencies. For instance, it has been found that dying husbands' surviving wives stay ~~with~~ them until they pass on (Silverman, 1986). This suggests it would be abnormal if ~~the~~ widows began to experience and display grief prior to the death of their husbands; ~~if they did, because~~ they could not give the same level of assistance. It is clear in this case, that mourning should only occur post-death.

There are several misconceptions ~~about~~ anticipatory grief. One significant misunderstanding has been found to be confusion between anticipatory and predictable

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grief. Theoretical discussion implies that there is a limited amount of grief that can be experienced, which signifies that the expectation of the loss will lessen the outstanding grief that will be suffered after the death (Corr et al., 1997). As a result, anticipatory grief should not be experienced solely due to the understanding that terminal illness exists or a long enough period of time has passed to forget from the beginning of the sickness up to the death.

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However, some researchers noted that anticipatory grief seldom occurs. It was found that acknowledgement and healing occurred relatively earlier in the process of grieving and even prior to the death (Corr et al., 1997). The researchers reported that grief indicates that there has been a loss. As such, it would be beneficial for the bereaved individuals to accept that death will inevitably occur. If not, the bereaved individuals may blame themselves for not being fully present or available to the dying person.

Research demonstrates that the expectation of loss often builds attachment to the dying person (Corr et al., 1997).

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Normal grief.

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Normal grief often encompasses some disbelief, shock, denial, and/or emotional numbness and usually happens shortly following death, especially if the death is sudden.

Standard grief responses are apparent by continued advancement in the direction of acknowledgement of the loss. Emotional suffering is centered on the anxiety of detachment from the deceased, which often promotes longing, seeking, and fixation with the deceased and disturbing thoughts of death (Stroebe et al., 2008).

A number of bereaved people will feel anger, will reject the fact that the loss has occurred, and will have considerable periods of sadness, despair, insomnia, change in

appetite, fatigue, guilt, and loss of interest, all of which have that has a negative effect.

Grief reactions may also involve hallucinations of the loved one and searching for items or locations related to the person (Stroebe et al., 2008).

Highly intense, time-limited periods of distress, which is called grief bursts or pangs, that lasts up to a half an hour can also be experienced. This type of Such feelings are is a response to things that remind the individual of their loved one and usually is are unpredictable (Stroebe et al., 2008). Given a long enough time, the majority of the bereaved would experience reduced symptoms, symptoms with less force, and shorter period of being symptomatic. While-Although recovery is not time specific, the typical time period for experiencing grief at a lower level ranges from one half of a year to two years following the death (National Cancer Institute, 2011).

Researchers have proposed a variety of models of normal grief (Bowlby, 1980).

The majority of models categorized the normal grief process as being different from the number of different forms of complicated grief. Of those, some utilize phases which indicate ing-that there are some stages of grief that include stage-specific characteristics. Kubler-Ross (1969) noted tThe stages of denial, anger, bargaining, depression, and acceptance among of those who were aware that they were about to die, were noted by Kubler-Ross (1969).

Jacobs (1993) developed a stage model of normal grief, which organizes psychological responses into four phases, which include: numbness-disbelief, separation distress, depression-mourning, and recovery (Maciejewski et al., 2007). JacobsThe author noted that “it is important to emphasize that the idea that grief unfolds inexorably in regular phases is an oversimplification of the highly complex personal waxing and

waning of the emotional process” (Jacobs, 1993). Although other researchers have questioned these findings (Bonanno & Boerner, 2007; Silver- & Wortman, 2007), there is statistical evidence ~~for~~ these findings (Maciejewski et al., 2007).

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According to Shear and Shair (2005), normal grief ~~is the condition that happens~~ occurs when people “are deeply saddened by the death of an attachment figure during a period of weeks or months of acute grief” (p. 253). They recognize that the personality of grief; and ~~the~~ grief reactions differ. The individual characterizes normal grief experiences ~~as~~ “an intense yearning, intrusive thoughts and images, and/or a range of dysphoric emotions” (p. 253).

The attention and commitment in everyday behavior is transformed, and the death of a loved one is incorporated into the bereaved individual’s day-to-day life as the initial reaction subsides (Shear & Shair, 2005). While this integration occurs, “painful feelings lessen and thoughts of the loved one cease to dominate the mind of the bereaved” (Shear & Shair, 2005, p. 253). A normal grief adjustment does not occur for a minority of people.

Complicated grief.

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Several researchers found that complexities exist with respect to grief. Researchers do recognize that the terms; ~~used~~ utilized to explain complicated grief (CG) were reliable (Prigerson & Maciejewski, in press; Walter, in press). Approximately 10- to 20% of people found out that coping is painful and difficult (Byrne & Raphael, 1994; Prigerson & Jacobs, 2001 [a or b?]; Middleton, Burnett, Raphael, & Martinec [Martinek?], 1996). Shear and Shair (2005) noted that “integration of the loss does not

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occur and acute grief is prolonged in the form of CG” (Shear & Shair, 2005, p. 253). For the last 20 years, the diagnostic ~~term phrase for~~ “complications that arise from grief” has been defined ~~with using~~ a large number terms ~~utilized to that~~ indicate ~~a number of different other~~ experiences ~~other~~ than ~~those associated with~~ normal grief. Some of these are “*absent, abnormal, complicated, distorted, morbid, maladaptive, atypical, intensified and prolonged, unresolved, neurotic, dysfunctional, chronic, delayed, and inhibited*” (Parkes & Weiss, 1983). However, other modifications were implicit and could be found in studies using such words as “*delayed or absent grief, inhibited or distorted grief and chronic grief*” (Parkes & Weiss, 1983; Raphael, 1983).

Individuals who suffered from the complicated grief experience have a sense of “persistent and disturbing disbelief regarding the **death**” (Shear & Shair, 2005, p. 253). In complicated grief, there are emotions of “anger, bitterness, and resistance to accepting the painful **reality**,” in addition to longing for the person who has died (Shear & Shair, 2005). According to Shear and Shair, “Thoughts of the loved one remain preoccupying often including distressing intrusive thoughts related to the death, and there is avoidance of a range of situations and activities that serve as a reminder of the painful loss.” (p. 253).

Several authors have proposed various examples of complicated grief (Bonanno & Kaltman, 2001; Jacobs, 1993), including patterns from extensive clinical observation (Bonanno & Boerner, 2007), ~~ss~~ such as psychodynamic defense responses and characteristics connected with patterns of attachment (Prigerson, Shear, & Jacobs et al., 2000). Findings have shown that the occurrence of a small- ~~g~~ grief reaction with the possibility that the patterns of **inhibited**, absent, or delayed grief can be better explained

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as types of human hardiness and flexibility (Bonnano, 2004). This pattern entails a person experiencing a number of factors such as distress or a cease in ability to function. This experience was found to occur in 15% to 50% throughout the first ~~two~~² years following a death (Bonnano, 2004).

The ensuing descriptions of these patterns are as follows:

1. Inhibited or absent grief: ~~A~~^{The occurrence of an} individual displaying ~~ing~~ few characteristics of normal grief.
2. Delayed grief: ~~The occurrence-n individual displays~~^{where} symptomatic feelings ~~that~~ happen later than is most common.
3. Chronic grief: ~~There is an occurrence of an~~ elongated period ~~of being~~ symptomatic of experiencing grief.
4. Distorted grief: ~~An individual displays~~^{The occurrence of} strong and unusual symptoms.

Support exists on a pattern of for chronic ~~grief~~, which responds where people experience common grief for periods significantly more than is standard. This type of grief has been shown to exist in approximately 15% of the target population of bereaved people (Bonnano, 2004), which may be similar to significant mental illnesses symptoms such as anxiety, post-traumatic stress (PTSD), and depression. Further, significant emphasis was put on separating normal and complicated grief (National Cancer Institute, 2011).

Prigerson previously used the term *traumatic grief* to explain the essence of the first edition of the Inventory of Complicated Grief developed in 1995. The importance of recognizing the difference between PTSD and grief was most recently indicated in a wide

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spread fashion following the terrorist attacks of September 11, 2001 (Prigerson, 2006[not in refs at P]). Consequently, *complicated grief* was used as the appropriate terminology to reduce the uncertainty between the grief response and PTSD.

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An essential difference between complicated grief emanated in interpersonal attachment issues and PTSD was grounded of imminent hazardous events feared to hurt one-self or others. The choice to regress back to the term *complicated grief* noted suggested the difference amongbetween these two disorders (Prigerson, 2006[not in refs]). Differences inof beliefs about complicated grief focus on the “specifics of the diagnostic criteria and their categorization, determination of the boundaries between normality and pathology, concerns about social coercion and issues of stigmatization” (Prigerson & Vanderwerker, in press).

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Scholars have speculated that CG is a form of depression brought on by loss (Brent [not in refs at B] et al., 1993; Kim & Jacobs, 1991). Symptoms of grief comingle with depressive symptoms along with other DSM-recognized illnesses like PTSD and anxiety. Complicated grief reactions exhibit adequate distinctive inconsistency to affirm separate consideration (Horowitz et al., 1997; Kim & Jacobs, 1991; Marwit, 1991; Marwit, 1996[date not in refs for Marwit, 1997?]; Prigerson et al., 1995, Prigerson et al., 1996).

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Several studies have established a description of CG that goes fuarther than the typical clinical notation, which allows for better statistical validity (Horowitz et al., 1997; Prigerson et al., 1995; Prigerson [& Jacobs? As in refs? Delete et al.] et al. 2001[a or b?]; Raphael, 1983; Raphael and- & Martinek[not in refs at R], 1997). Most researchers have identified CG by the classification of Prigerson and Jacobs (2001[a or b?]), which is

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based on the existing disorders listed in the DSM (Prigerson & Jacobs, 2001[a or b?]).

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According to Prigerson and Jacobs (2001[a or b?]), it would be appropriate to label CG as a different diagnosis if there is the propensity for a distinct illness.

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Prigerson and Jacobs (2001[a or b?]) classified the symptoms and diagnostic criteria for CG. The authors listed the symptoms as: (a) issues related to feelings of distress, which include pangs of longing, ~~and~~ thoughts of the deceased, and feelings of traumatizing distress, ~~the latter of~~ which include shock, anger, detachment, and disbelief ~~from others~~. This representation allows the identification of CG-Revised, which was altered to accurately measure these symptoms and takes these symptoms into account (Prigerson & Jacobs 2001).

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In addition, Prigerson and Jacobs (2001[a or b?]) ~~p~~ proposed diagnostic criteria for complicated grief. These criteria were not adopted; there still was not any group for formally diagnosing grief disorders that lasted significant periods of time in the *DSM*.

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Despite this, criteria assisted in identifying symptoms, indicating the severity of those symptoms, and separating CG from normal grief. ~~These criteria include:~~

In criterion A, ~~an individual~~s ~~went through the~~ experience ~~the~~of a loss of a partner, and their reactions encompass 75% of the following symptoms that can be felt on a day-to-day basis or ~~to~~be of a significant degree. These symptoms include disturbing thoughts about the individual who passed on, a yearning for that person, looking for that person, and an extreme sense of loneliness since the death.

In criterion B, 50% of the following eight symptoms are required to be experienced on day-to-day basis: loss of purpose, sense of lack of being in the moment or being detached, disbelief, a feeling that there is no more meaning in life, a feeling that the

individual has lost a portion of self, a breaking of an individuals' view of the worked such as the loss of control or trust, engaging in negative behavior, and demonstrating irritability.

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In criterion C, the symptoms should last half a year. Finally, in criterion D, there is a loss of social functioning, loss of the ability to work, and loss of the ability to function in other areas. However, there is disagreement regarding the length of time of these symptoms: that some believe that the length of time of half of year is the most appropriate measurement and period of two years would be more suitable (Gibson, 2003).

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General Experiences of Grief and Loss

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The unexpected and untimely death of a loved one can influence the complexity of a person's reasoning and mental capabilities (Lifshitz, 1976). This can be related to more pronounced problematic actions including poor life choices (Bowser, Word, Stanton, & Coleman, 2003; Lifshitz, 1976; Thompson et al. [include all authors first time cited; after that et al. is fine], 1998). A variety of psychological struggles were associated with the death of a loved one. These feelings include guilt, anxiety, fear, anger, helplessness, scores of reminiscent of depression and distress, as well as other psychological issues and symptoms (Holland, Currier, & Neimeyer, Holland et al., [include all authors first time cited; after that et al. is fine] 2006). These experiences can indicate alterations in one's self-perception, view of self.

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The passing of a close person close to an individual can often impact that person's expression of emotions towards others, in addition to the regularity and style of that

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person's social behavior (Martinson & Campos, 1991; Meshot & Leitner, 1993). Though the instant grieving phase separates "the bereft from previous social networks" (Handsley, 2001, p. 4), individuals are ultimately required to reinstate relational patterns with others.

According to Handsley (2001), researchers were found to provide evidence for the findings that people who experienced ~~the~~ death of a loved one need to go through a period of reorganization of their concepts connected to self-identity (Aron, Aron, Tudor, & Nelson, Aron et al., ~~[include all authors first time cited; after that et al. is fine]~~*1991; Handsley, 2001; ~~&~~-Meshot & Leitner, 1993). This finding is especially true when familial losses are involved (Krause, 2007; ~~&~~ ~~and~~ Handsley, 2001). The ensuing reevaluation affects the person's ~~ability~~~~social abilities in how the person~~~~o~~ relates to others. However, sometimes there ~~is~~~~was~~ a negative outcome socially. Some research found that experiencing such traumatic experiences was related to ~~the~~ increased probability of isolating one's self from social interactions (Hammen [~~&~~ ~~Peters~~? ~~As in Refs?~~], 1978; Hawthorne, 2008). The loss can then result in detachment from others.

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In addition, people who feel depressed after a significant loss can experience more ~~of a~~ negative social impacts than individuals who are not depressed. Depressed people can regularly experience more frequent rejections ~~by~~ and reduced enjoyment ~~with~~~~from~~ peers (Connolly, Geller, Marton, & Kutcher, 1992). Young individuals who experienced the loss of a parental figure moved towards such relationships with feelings of insufficiency (Cait, 2005). Grieving nursing students were found to show a reduction in emotional directness, and widows and other females who recently lost a close relation

changed their friendships to a style that was likely to be one-way and ~~to a display of~~ lack of closeness (Cait, 2005).

Some research conducted on the elderly and the widowed found noteworthy reduction in both involvement and interaction in the social scene after ~~the~~ loss of a significant person (Bennett, 1997; d'Epinay, Cavalli, & Spini, 2003). Female youths who ~~lost experienced a loss of~~ their maternal figures while young had the propensity of responding to loss by “seek[ing] out stronger bonds with peers, family members, and older women who [could] act as maternal substitutes” (Schultz, 2007, p. 36).

Schultz (2007) found that for teens, “bereavement can serve as a catalyst for the development of richer meanings, more satisfying relationships, and greater individual maturity and personal growth” (p. 20). Other research found that relationships can be a stable and long-term result. For example, it ~~was~~ found that teens ~~who~~ lost a brother or sister to cancer ~~7seven to 9nine~~ years previously were unlikely to view death experiences as having a ~~long-term~~ long-term negative effect. Most were able to be involved and develop relationships, especially with their family (Martinson & Campos, 1991).

Some research concentrated on the important role of a supportive social structure in assisting people who experienced loss to get past the sometimes debilitating effects, deal with their symptomatic feelings, experience self-esteem, and perform well in scholastic achievements (Chapman, 2004; Gray, 1987; Martinson & Campos, 1991). During the time that connecting socially becomes more crucial, individuals who can acknowledge this need and do their best to fulfill it, may experience genuine and fulfilling feelings that are more pronounced than before ~~due~~ to their experience of loss. In

addition, a person's need for support was found to increase during the ensuing year after the death. It was found that some exhibit a more pronounced need for connection after a loss, including adolescents, which may indicate a yearning for recovery. These findings can also reflect the need to fill a void experienced after a loss (Schultz, 2007).

The development of isolating behavior was also found to be impacted by reasons such as age, ethnicity, sex, employment status, and income (Hawthorne, 2008). Those who went through the process of losing a loved one may go through a period of experiencing symptoms and adapting in a way that varies across components such as sex, race, religion, age, how they are with parental figures that survived, and their ability to deal with and accept the experience of loss (Holland et al., 2006; Lifshitz, 1976; Park & Cohen, 1993; Raveis, Siegel, & Karus, 1999; Thompson et. al, 1998).

Those who were found to experience and recover from significant loss could have been better able to deal and assist with the needs of other people. Rask, Kaunonen, and Paunonen-Ilmonen (2002) concluded that "The adaptive recovery from the death of a loved one improves social and cognitive resources" (p. 138). These individuals are more likely to be in touch with the need of social engagement and attending events and will be more likely to be able to benefit from these experiences. As a result, the recognition that grief and loss vary among people due to a large number of factors is important.

Spiritual components.

Spiritually, grief has been addressed throughout the history of mankind. As emotional, psychologically minded beings, humans seek to understand death. The loss of a loved one often results in a deep grieving process that may lead the individual to searching for spiritual meaning and understanding. While

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Although there is often a religious component within ~~the~~ individual's spirituality, it must be noted that some individuals maintain a spiritual connection that is devoid of any particular religious affiliation. In this sense, spirituality is often viewed as a sense of being connected to the self, often with a connectedness to a greater reality. The experiences of grief and loss, when viewed through a spiritual lens, may ultimately offer the opportunity for a profound sense of interconnectedness.

Through a spiritual lens, ~~Lionel~~ Corbett [not in refs at C] (2007) ~~in *Psyche and the Sacred: Spirituality beyond Religion*~~ described a man named Lewis and his individual foray into a spiritual investigation of grief:

It suddenly comes home... that the worst spiritual crisis that can result from such suffering and grief is not the loss of faith but the realization that this is what God is really like—a torturer. In struggling with these feelings, Lewis achieves a new perspective on his situation as he comes to realize the element of selfishness in his grief. In the end, he arrives at the position that lived and embraced suffering is what raises humans above animals and makes them divine. (p. 170)

It is through such spiritual experiences that the individual may come to further understand and explore the grieving process and its overarching impact upon the psyche. With a great appreciation for the importance of the sacred during times of suffering, the individual's spiritual experience of grief might be used for personal transformation. Moore (1994) offered, "The Christian doctrine of original sin and the Buddhist Four Noble Truths teach that human life is wounded in its essence, and suffering is in the nature of things" (p. 166).

The soul, in the course of this research, will be defined as the essence of the individual that is connected to others on a timeless and universal level. As such, the soul, when viewed in concert with the individual's unique spirit, is an important aspect of the spiritual component of the grief and loss experience. The individual who has lost a loved

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one can feel the loss on a profoundly soulful level. Along with the loss, there continues to be a “soul-connection” to the person who died. When the experience of loss promotes connectedness to the self and the greater web of life, the impact upon the individual can be profoundly moving and experienced as a vitally significant event of the soul. For a variety of reasons, many of them psychosocial in nature, many individuals are unable or unwilling to explore loss on a spiritual or soul-based level. Yet, for those who are ultimately able to embrace the loss and the grieving process as a natural, life-developing journey, the impact of the loss can be transformative. *In The Wounded Researcher*, Romanyshyn (2007) offered:

Mourning, then, is not just the experience we have after loss. On the contrary, mourning is natural to soul. It is the way of the soul, the soul’s way of knowing and being, the activity of the soul that challenges the ego-mind to hold onto what it possesses by letting go of it. (p. 14)

It is through such deeply spiritual and soul-filled approaches to loss that the individual is often able to release, and yet remain connected to, the loved one who has passed.

Emotional components.

 -The individual normally reacts to the grieving process with intense emotions.

Emotional components are part of the psychological reaction that is strongly constellated in grief. Kubler-Ross’s (1969) five-stage theory of grief describes the oft-seen progression of denial, anger, bargaining, depression, and acceptance. The individual who has lost a loved one may experience various emotional responses including rage, anger, depression, sadness, anxiety, and melancholy. Noting that those in the process of grieving often appear unemotional and detached, Edelman (2006) found that such behavior may indicate an underlying sense of overwhelming grief and anxiety. Edelman offered, “The more composed a teen appears, however, the greater her risk of

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experiencing long-term, unresolved grief, and researchers now know that unresolved grief in turn places individuals at risk for depression, physical illness, and drug and alcohol abuse” (p. 57). ~~While-Although~~ Edleman’s comment relates to adolescents, such emotional experiences related to grief and losses are common reactions in individuals of all ages.

An individual’s ability to cope with loss and grief on an emotional level is based, in large part, upon learned behaviors. ~~While-Although~~ emotional patterns formed in childhood can be adjusted through conscientious attention and concerted effort (e.g., through personal psychotherapy efforts), individuals are often unaware of the dynamic power of historical patterns. When looking at family systems, the multigenerational role of emotional processes, many of which are formed through family relationships, becomes evident. Individuals who become aware of dysfunctional patterns and move toward differentiation from familiar, historical modes tend to function more adaptively in general. Particularly in situations of high stress or significant life changes such as the death of a loved one, emotional patterns learned in childhood may unconsciously move to the forefront.

~~In Family Evaluation,~~ Kerr and Bowen (1988) stated:

When multi-generational emotional process results in individuals and family branches high on the scale of differentiation, the excellent adaptiveness of those individuals and families results in their having a low incidence of clinical symptoms and other problems (stable in most aspects of functioning). (p. 236)

When addressing issues of grief and loss, it is essential to hold a deep awareness of the highly significant importance of familial patterns. Whether the deceased person is from the family of origin or is unrelated by birth, the emotional experience of the loss is contextualized by intergenerational patterns. By maintaining an awareness of the often

unspoken and unconscious historical family patterns and messages surrounding emotions in general, the individual's unique emotional experience surrounding loss and grief is able to be more fully understood and acknowledged.

~~**~~As noted, emotional reactions due to the loss of a loved one vary considerably in depth and nature. Depending upon the individual's emotional and relational connections to the loved one, as well as a plethora of other individual psychosocial and neurobiological factors, the loss of a loved one might result in a deep, yet curative, progression through the grieving process. ~~In her work entitled *New Passages: Mapping Your Life Across Time*,~~ Sheehy (1995) noted, "Involuntary losses can become the catalyst for voluntary changes in the practice of our lives, altering the efforts we make to connect with others, the values we choose to make congruent with our actions, the habits we change . . ." (p. 142). Such an attitude is indicative of a sense of being emotionally grounded; it also evidences a healthy willingness to embrace even deeply difficult losses with an attitude of awareness and acceptance.

In cases where the loss is faced with a profound sense of openness, a willingness to embrace the often intensely devastating and life-altering manifestations of the loss, the deeply emotional aspects of the grieving process can be viewed as markers of the journey. Romanyshn (2002), ~~in *Ways of the Heart*,~~ investigated the importance of restoring emotional connections during the course of grieving the loss of a loved one.

~~Romanyshn offered~~With profoundly thoughtful prose he offers his personal perspective on the process:

—The journey home through the pathetic heart awakened by grief is a journey of —remembrance . . . ~~[NOTE: THE ELLIPSES IN THIS BLOCK QUOTE ARE CORRECT. MAKE SURE ALL ELLIPSES IN YOUR DOCUMENT ARE FORMATTED THIS WAY, WITH SPACES BETWEEN~~

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THE ELLIPSIS POINTS. EARLIER ELLIPSES LACKED THESE SPACES.]*

The heart awakens to its imprisonment within a world that has —lost its vision of the visible order of things Because the heart cannot bear —this absence of the invisible world . . . its journey becomes one of grieving the —broken connections between itself and nature, a grieving which in its —remembrance of those connections begins the process of restoring them” (p. 172).

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The emotional sensations and connections that are, at first, anesthetized as a result of the loss, must be attended to, given space, and allowed to unfold through the process of remembrance. In undertaking such a journey, the connections with the loved one are restored in a new way, and the impact of the loss may naturally and more beautifully resolve. Individuals who are able to explore the emotional components of a loss, rather than avoiding or cutting off the surrounding emotions, ultimately metabolize the profound effects of the loss more fully.

It is the emotional and spiritual lessons to be discovered within the grieving process that allow for a more fully realized understanding of one’s own humanity, as well as one’s interconnectedness to the greater whole of life. As Sheehy (1995) stated ~~ds: with~~ ~~elegance:~~

Oedipus, blind and bedeviled on all sides by vengeful gods, has one of the most triumphant Aha! Moments in all literature: “Despite so many ordeals, my advanced age and the nobility of my soul makes me conclude that all is well.” He recognizes that he would not have discovered his full humanity without his mistakes and suffering. (p. 173)

Some of our greatest suffering occurs when we experience ~~thea~~ loss of a loved one.

However, it is through such losses and the resulting painful emotions such as anger,

sorrow, and ~~depression, that~~ ~~depression that~~ we learn more fully who we are and what it is to be human.

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Physical Components.

-The physical body, as an extension of the psychic and emotional body, may carry the experience of loss and grief. It is common for the grieving individual to sense physical changes. Experiences of sleeplessness, lethargy, anxiety, and an overall deadening may overtake the grieving individual. *In Freeing the Soul from Fear (1999), Robert Sardello (1999) said, “Body and soul are more like two sides of a leaf than like two discrete entities. The body is the soul’s expression in the world...if the body becomes dulled the soul has limited means of engaging the world” (p. 66). To the extent that the psyche is not allowed to express the pain and sorrow carried so deeply within, the manifestation of pain and increasingly appear in the increasingly appear in the individual’s body. Moore (1994) noted, “Illness offers us a path into the kind of religion that rises directly from participation in the deepest levels of fate and existence” (p. 167). The body, whether expressing the soul’s grief and loss through physical symptoms such as anxiety, depression, soreness and aching, or insomnia, seeks to express that which it carries within. Culture in the United States often allows little room for the soulful expression of a wide range of reactions to our most difficult human experiences. With such repression in mind, Sardello (1999) further said:*

We not only become filled with anxieties but also find ourselves more uncomfortable in our body... We may feel tired for no reason... an ongoing sense of exhaustion. A dim but pervading sense of depression accompanies us... unlocatable pains, stirrings of hunger... We may find ourselves eating to try to restore comfort, taking medication, sleeping too little or too much. Such measures may alleviate discomfort, but they do not restore a sense of well-being to the body; they merely obscure discomfort and allow us to perform our duties, but our body is not enthusiastic about being in the world. (pp. 44-45)

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Psychosomatic manifestations of grief are often undetected or misdiagnosed. Unresolved grief may be commonly labeled as depression or anxiety, and prescription medications become a readily accessible and inexpensive tool to ~~temporarily~~ ease distress temporarily.

However, underlying causal factors often remain ignored and untreated. ~~With beautiful clarity,~~ Moore (1994) offered:

The human body is an immense source of imagination, a field on which imagination plays wantonly. The body is the soul presented in its richest and most expressive form. In the body, we see the soul articulated in gesture, dress, movement, shape, physiognomy, temperature, skin eruptions, tics, diseases—in countless expressive forms. (p. 155)

Society might be far better served by approaching experiences such as grief from a whole-body perspective. Noting that modern medicine often fails to include the emotional and psychic body in its diagnosis and treatment of disturbances in the physical body, Moore suggests, “Imagine a medical approach more in tune with art, one that is interested in the symbolic and poetic suggestiveness of a disease or malfunctioning organ” (p. 155). When working with the emotional and psychological components of grief it is also important for those within the mental health community to include an understanding of, and appreciation for, the physical effects of grief.

The Neurobiology of Grief and Loss

Research has clearly indicated that such events also affect the individual on a physiological level. It is no surprise, then, that the loss of a loved one triggers myriad complex neurobiological processes. The individual is often not conscious of the innumerable physiological changes that result from experiences such as loss; it is the basic emotional manifestations (e.g., sorrow, anger, and sadness) that are often at the fore of the individual’s conscious experience of loss and grief. In reviewing the underlying

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neurobiological changes that occur during such life-altering events, several core aspects are deserving of particular attention. The impact of loss and grief on attachment, emotions, coping mechanisms, memory, integration, guilt, and trauma will be discussed from a neurobiological perspective.

Attachment.

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Naturally, the loss of a loved one results in a deep sense of being abandoned or cut off from a significant source of attachment and connection. A multitude of factors affect the level and nature of this feeling of disconnection. When the loss is sudden or unexpected, the inability to gain a sense of closure often makes the loss more deeply felt as a cutting, open wound. ~~Additionally, s well,~~ when the attachment bond was originally secure, a loss can often be better managed due to the historical bond of intimate connection. In such cases where the attachment history was dysfunctional, the actual loss can initiate an unfolding of issues that were repressed. According to Cozolino (2002) ~~in~~

The Neuroscience of Psychotherapy:

Attachment schemas are implicit procedural memories of caretaking experiences. These memory networks become evoked in subsequent interpersonal experiences throughout life. Attachment schemas serve to direct our attention toward or away from others by providing us with ongoing and unconscious input about approach/avoidance decisions. (p. 183)

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Therefore, in cases where an original attachment pattern was insecure, the individual experiencing the loss may find that childhood patterns are evoked, and physiological changes can occur as older memories are unconsciously triggered. Memories held within the social brain may be activated by current events such as loss, and these experiential changes may parallel neural network shifts that are generated by the activation of memories. An upwelling of emotions and bodily sensations can result as historical

patterns are reactivated and experienced in the current situation. In discussing the impact of environs that negatively impact the growth of the individual, Allan Schore (2003) ~~in~~

~~*Affect Dysregulation and Disorders of the Self*~~, asserted that such environments

negatively influence the ontogeny of homeostatic self-regulatory and attachment systems. Social environments that provide less than optimal psychobiological attunement histories retard the experience-dependent development of frontolimbic regions, areas of the cortex that are influenced by the attachment experiences and prospectively involved in homeostatic functions. (pp. 32-33)

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Clearly, a disruption in early attachment systems will impact the individual on a multitude of neurobiological levels. As a result, the individual may struggle with self-regulation and basic homeostatic functions in general; when faced with stressful situations such as the death of a loved one, such difficulties can be exacerbated and result in significant disturbances.

Of course, individuals with secure attachment histories also face substantial personal and psychosocial issues following a loss and through the course of the grieving process. However, those who experienced a lack of appropriate attunement and positive attachment-based interactions in childhood will often be faced with a greater degree of and variety of difficulties due to underlying patterns of dysregulation (Cassidy & Shaver, 1999).

Comment [A54]: Disregulation?

In cases where a death results in the child being left motherless, research has shown significant neurobiological effects (Cozolino, 2002). When a child is separated from the mother at any early age, whether through death or other intervening events, research has shown that such events are extraordinarily stressful for the child. Increased hypothalamic-pituitary-adrenal activation results, and the child's developing brain may be severely impacted. As Cozolino (2002) maintained, "In unavoidable situations such as

illness or death, the ability to lessen the impact of stress hormones via interpersonal and chemical interventions may create the possibility of avoiding yet more difficulty and stress later in life” (p. 312). Many children do not receive appropriate interventions following the loss of a loved one. In such cases, a physical separation from the mother affects the child’s attachment experience with concomitant, pervasive changes on a neurobiological level (Cozolino, 2002). The impact of such events is often profoundly persistent; even when the experiences are generally repressed, subsequent losses often unconsciously trigger the unresolved and emotionally-laden formative attachment experiences.

Emotions.

-As the ability to regulate emotions is a critical aspect of basic human interactions, an understanding of the basic neurobiological factors involved in emotional regulation is of vital concern when exploring loss and grief. For most individuals, the loss of a loved one can generally be managed with levels and ranges of emotion that do not interfere considerably with their ability to function. Those who have been negatively impacted by dysfunctional childhood environments and relationship patterns may experience significant difficulties accessing, experiencing, and expressing appropriate emotions.

Schore (2003) offered, “Early failures in dyadic regulation therefore skew the developmental trajectory of the corticolimbic systems that mediate the social and emotional functioning of the individual for the rest of the lifespan” (p. 33). If an individual experiences appropriate early affective communications, the organization of the related control systems in the child’s developing right brain are affected positively. In cases where the individual receives an insufficient or inappropriate level of such

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interplay, the ability to ~~successfully~~ regulate affective communications successfully is hampered. As the right brain plays the key role in processing somatic and psychosocial information, situations that negatively affect the development of the right brain will affect the individual's ability to ~~appropriately~~ regulate ~~emotions~~ emotions appropriately.

In times of crisis or stress, any resulting dysfunctions may be particularly evident. For example, an individual who has learned to suppress feelings of sadness may laugh uncontrollably during a funeral. On the opposite, but related end of the spectrum, another individual who is unable to sense and exhibit appropriate affective regulation may be unable to shed tears even at the loss of a loved parent or child. The ability to access and display appropriate emotions can be a critical manifestation of a lived experience. When an individual is unable to regulate emotional states, particularly during times of significant disturbances, it is possible that the underlying psychosocial causes (e.g., grieving the death of a parent) will not be fully acknowledged and processed (Schoore, 2003).

Avoidance and repression as coping mechanisms.

For a variety of reasons, whether situational or psychological, individuals are often unable to ~~fully or effectively~~ cope fully or effectively with ~~the~~ loss. Avoidance is commonly used to defend against experiencing the depth of the loss and the patterns will intensify in order to control the increase in intensity of the emotion related to the loss. Particularly in cases where the individual historically defended against experiencing certain emotional states, a strong tendency will exist to continue those same patterns when a loss is experienced. Cozolino (2002) stated, "The neural networks that organize emotions are shaped by early experiences to guide us away from thoughts and feelings

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for which we . . . are made uncomfortable, or led to neglect by others . . . leading us to remain on tried-and-true paths and avoid situations that trigger our unremembered past” (pp. 49-50). As such, the individual may repress memories, emotions, current thoughts, experiences, and bodily sensations related to the loss.

When the individual is unable to make appropriate sense of emotions, whether due to patterns learned in childhood or other events, coping strategies and defense mechanisms are developed by the brain. These strategies are affected on an unconscious level within the brain’s circuits of unconscious memory, the circuitry that controls anxiety and fear and serve to alleviate anxiety and allow the individual to function. As a result, a degree of distortion in reality occurs when defense and coping mechanism are employed. Depending upon the nature of the individual, the stressor, and the type of defensive mechanism or coping strategy employed, the distortion in reality may be experienced to a lesser or greater degree. The patterns are then perpetuated by the cortex, that area of the brain that engages in higher-level functioning; it is the cortex that rationalizes both our thoughts and resulting behaviors. Such processes are then continued on an unconscious level. The defense mechanisms and coping strategies to which the individual becomes accustomed are precisely those measures that are characteristically employed by the individual during anxiety-inducing and stress-provoking events such as the death of a loved one.

Memory.

-During times of anxiety and stress, the individual’s neurochemistry reflects an increase in stress-related hormones such as adrenaline and cortisol (Schore, 2003). A substantial increase in these hormones affects the memory due to the impact upon the

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hippocampus, as well as other regulatory areas of the brain. In certain situations, the brain, operating protectively to afford homeostasis, ultimately blocks out memories through dissociation. Referencing current information, Schore (~~2003~~) notes that current “early emotionally negative childhood events and prolonged stress lead to a dissociative (functional) amnesia” (p. 219). In such cases, it was also noted that pernicious brain dysfunction can be induced by subsequent sporadic environmental stressors. As such, individuals who are prone to dissociation may experience an even greater degree of memory loss and memory instability during times of acute stress and anxiety such as is often experienced when facing the loss of a loved one.

Individuals who are facing high levels of stress and emotional overload may employ dissociation as a defense mechanism. During intensely difficult life challenges such as ~~the~~ unexpected, traumatic loss of a loved one, an individual may unconsciously dissociate as a coping strategy. Schore (~~2003~~), referencing a 1992 study by Powles, (~~1992~~) discovered highly interesting connections that link dissociation, elevated emotional states (e.g., stress resulting from fear), and numbing induced by endogenous opioids.

Recall traumatized infants are observed to be staring off into space with a glazed look, and the child’s dissociation and vagal tone in the midst of terror result from elevated levels of cortisol and vagal tone, while opiates induce pain numbing and blunting. The state of conservation-withdrawal occurs in hopeless and helpless contexts, and is behaviorally manifest as feigning death. (~~Schore, 2003,~~ p. 217)

It is interesting that the states of hopelessness and helplessness, both of which are common responses in the loss and grieving processes, result in a response that evidences a death-like posture. It appears that the individual, when faced with states of high stress or fear that are often intrinsic aspects of the separation, loss, and grief cycles, finds

temporary relief in adopting a numbed, lifeless posture similar to that of a corpse. While the study noted references children, it is possible that many aspects of the research can be extrapolated to that which is experienced by individuals at other life stages.

During times of loss, the memory of historical events can be either soothing or traumatizing to the individual. ~~Given~~Based-upon personal experience, ~~the~~ history of interactions with the deceased, memories, and individual neurobiology, the triggering of memories may be experienced by the individual as curative or disruptive. From a neurobiological paradigm, Cozolino (2002) offered, “Given that the organization of memory is encoded among neurons and within neural networks, the malleability of memory is a behavioral manifestation of the plasticity of neural systems” (p. 100). Viewed from this perspective, it is the brain’s very plasticity that allows us to re-work and re-frame traumatizing memories to alleviate suffering that stems from such memories. An individual’s affective reactions to a historical experience can be modified by the introduction of information that allows the memory to shift toward a positive or neutral status. By altering the nature of the memories and creating a beneficial narrative, the very neurons and neural networks within which the memories are contained are changed. If such structural changes are made, particularly with the assistance of a trained psychotherapist or other intervention specialist, the individual is able to experience the loss and the grieving process without perpetuating a pattern of trauma through the re-experiencing or repression of negative or difficult memories. Through capitalizing on the brain’s unique malleability, memories that trigger suffering, and thus compound the grief process, can be re-framed in a fashion that allows the individual to release negative associations.

Integration.

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-A key aspect of the ability to move toward acceptance of the loss is the ability to integrate various aspects of the historical relationship with the loved one. As noted by Romanyshyn (2002):

The rituals of psychotherapy are rituals of mourning, and language, which holds such a key place in the talking cure, is central to these rituals, to this practice of letting go. . . . [W]e practice a way of speaking which holds onto the meanings and stories made by letting go of them. (p. 59)

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Healing can be found in integrating the historical aspects of the relationship with the deceased into the grieving individual's sense of personal life history. ~~Additionally well,~~ successful integration ~~also~~ affords a restructuring of one's outlook in order for one to cope effectively with the loss. Acknowledging that acceptance is the final stage of Kübler-Ross's five-stage grieving process, the importance of integration is clearly significant.

From a neurobiological stance, Cozolino (2002) notes that, when compared to those with insecure attachment schemas, adults who have more secure attachments* histories are able to utilize and organize both emotional and cognitive memory to a greater degree. Historical incidents of trauma and general life experiences appear to be more readily and fully integrated by such persons. A high level of psychological integration is achieved through the successful processing and integration of childhood experiences and, subsequently, general life experiences such as loss. As neurological integration is an intrinsic aspect of psychological integration, a higher level of neural integration between cognitive and emotional processing networks naturally results when appropriate integration occurs. In general, when compared to those who utilize primitive defense mechanisms to cope with difficult life experiences, individuals who are able to

integrate emotional materials appear to have a higher degree of affect regulation and emotional availability. Accordingly, integration serves an important role in more thoroughly understanding the effective processing of the loss and grief experiences.

Guilt.

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 -In many cases, the grieving process is worsened by an individual's sense of guilt for being responsible for some aspect of the death. Whether conscious or unconscious, self-blame can heighten and extend the grieving process considerably. Often, such guilt is connected to the feeling that the individual did not act appropriately or sufficiently while the loved one was alive; this may be connected to historical circumstances, or to a feeling of being helpless or inept at staving off the actual death. ~~As well, the~~ griever may also feel a sense of guilt from letting go of the loved one. The individual may feel that releasing the deeply felt presence and memory of the loved one is a form of emotional abandonment or betrayal. Thus, a strong sense of guilt may often be unconsciously attached to the idea of releasing the loved one and moving forward with life. On a neurobiological level, the right hemisphere of the human brain has a laterality bias toward negative emotions and distrust (Cozolino, 2002). It is thought that this right hemisphere bias may perpetuate a human tendency toward emotions such as guilt and shame. Shame, while related to grief, is considered as a primary socializing affect stemming from internalized aspects of early childhood experiences. Bradshaw's research in 1990 found that individuals who operate from a base of shame may "find criticism, rejection, and abandonment in nearly every interaction" (Cozolino, 2002, p. 99). Due to an increased sensitivity determined by early learning history, individuals who are shame-based may then experience not only greater degrees of guilt, but also a heightened level of

abandonment as the result of a loved one's death. Thus, the experience of loss and the grieving process may be more difficult and disruptive due to the destructive nature of the historical emotional and cognitive distortions that accompany the tendencies toward both guilt and shame.

Trauma.

-Although most individuals encounter substantial difficulties when facing the loss of a loved one, the experience of the loss as a traumatic event can be affected considerably by an individual's psychosocial history. There is a tendency for those who have a history of unresolved trauma to experience similar events as being more traumatic than those who have a history of no trauma or resolved trauma. Those with trauma histories have a tendency to respond to stressful situations far differently from non--traumatized persons. ~~In his article entitled "The Body Keeps the Score: Memory and the Psychobiology of Post-Traumatic Stress," Bessel Van der Kolk (1994) noted, "Under pressure, they [traumatized individuals] may feel or act as if they were traumatized all over again. Thus, high states of arousal seem to selectively promote retrieval of traumatic memories (9, 10)" (p. 6). Under normal circumstances, such individuals normally are fairly well adjusted psychosocially, yet traumatic events, (e.g., the death of a loved one) can trigger historical trauma-based psychological and physiological response patterns. Referring to properties of early social trauma, the effects of which can be pernicious and experienced throughout life, Schore (2003) maintained:~~

The resulting psychobiological disequilibrium is expressed in a dysregulated and potentially toxic brain chemistry Indeed, this same interaction between high levels of catecholamines, excitatory transmitters, and corticosteroids is now thought to mediate programmed cell death, and to represent a primary etiological mechanism for the psychophysiology of neuropsychiatric disorders. (p. 253)

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Clearly, whether an individual is traumatized as a child or as an adult, the effects of unresolved trauma, particularly trauma that is foundational to the person's core sense of self, will pose additional difficulties when life stressors arise. The impact of loss and the grieving process will often be much greater for the individual who has a history of unresolved trauma. In such cases, the death of a loved one will often activate the individual on countless conscious and unconscious levels. Neurobiologically, such ~~as~~ an individual is predisposed to a variety of psychological and biological issues based upon response patterns to trauma that were never properly resolved. The loss of the loved one triggers the previously unresolved psychological, cognitive, and behavioral patterns, and the original trauma is often re-experienced along with the current traumatic loss. In the midst of the psycho-social ~~st~~ stressors that accompany the loss of a loved one, the traumatized individual is often entirely unconscious of the complex nature of their responses. Without appropriate intervention and support, the loved one's death becomes yet another layer on ~~the~~ mound of ~~the~~ historically unresolved traumas. Such individuals have substantial difficulty going through the grieving process appropriately and satisfactorily unless attention is given to the underlying issues.

Interventions Supporting Grieving

With regards to grief counseling, there have been some psychological articles that portray a pessimistic view of grief counseling which suggested that grief counseling may be more harmful than beneficial. For example, ~~an article that was published in a journal by~~ Neimeyer (2000) claimed that grief counseling is ineffective. Larson and Hoyt (2007) did an extensive review of ~~Neimeyers~~ Neimeyer's work and discovered that ~~there was~~ an understudied statistical analysis was used to interpret his data and that his empirical

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findings were doubtful. Larson and Hoyt (2007) suggested that a study by Allumbaugh and Hoyt (1999) ~~has been was~~ one of the most thorough and expansive meta-analyses to date that ~~has~~ yes examined the outcome of grief counseling. ~~T and~~ their results suggested that there are positive effects with regards to grief counseling. However, grief is a difficult topic to study, and there remains a deficiency in the literature. According to Leighton (2008), there is no primary theory that will benefit all grieving individuals. As discussed, individuals perceive loss in a variety of ways depending on their culture, age, and background. It is important for practitioners to be aware of these factors prior to implementing a therapeutic intervention, because although ~~an one~~ intervention may prove to be therapeutic for one person, it may be detrimental for another.

~~[HS EDIT OKAY? THIS SENTENCE WAS NOT CLEAR IN ITS ORIGINAL FORM:]~~ Not all individuals who are impacted by death are in need of psychotherapy and professional help, but all grieving individuals s need support when coping with the loss of a loved one (Schuurman, 2000). Some individuals receive support from their family and community and do not need intervention from mental health providers. Nevertheless, it is important for individuals s to understand the concept of death and encourage any communication or questions about death and the process of grief (Willis, 2002).

Interventions for Children Depending on Developmental Stage ~~[level 3, but not formatted like other level 3 headings. All level 3 headings need reformatting. See typed notes for samples.]~~

After ~~the loss of an infant loses~~ a parent, caregivers should try to maintain a routine schedule and keep the infant in his or her own home (Johnson, 1999). The infant

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should have a consistent caregiver and should receive additional affection and human interaction. Caregivers for children in the pre-operational stage (~~between two-2~~ and ~~seven~~ ~~7~~ years old ~~HS EDIT OKAY? ORIGINAL UNCLEAR~~) should be honest about death and communicate with children using age-appropriate language (Johnson, 1999). Caregivers should answer questions, explain what death is, and discuss the feelings that the child may be experiencing (Johnson, 1999). Children should be told that it is ~~OK~~ acceptable to cry, and the caregiver should make the ~~m~~ ~~child~~ aware that ~~he~~ ~~they~~ did not cause the death (Johnson, 1999). Hooyman and Kramer (2008) indicated that due to children's inability to express their feelings using language, they may best be able to express these emotions through nonverbal behaviors such as the use of art. Since children in this stage partake in magical thinking, it is important to use concrete language when communicating about the death (Willis, 2002). Lastly, for children in the pre-operational stage, the caregiver should prepare the child for the funeral and involve the child in the funeral planning.

In reference to children in the concrete operational stage (school-age children between the ages of ~~seven-7~~ and ~~eleven-11~~), caregivers should answer any questions that ~~child~~ ren may have and let the ~~m~~ ~~child~~ know that ~~he~~ ~~they~~ did not cause the death (Johnson, 1999). In addition, children in this stage should be encouraged to talk about their fears and encouraged to use play as an emotional outlet. Moreover, children should be encouraged to assist with the deceased individual's memorial (Johnson, 1999).

Children in the formal-operational stage should also be encouraged to communicate their emotions. Caregivers should be honest and open and provide the

children with a journal (Johnson, 1999). Children in this stage should be involved in the funeral planning or encouraged to be a part of the memorial (Johnson, 1999).

There are many similar tasks in regards to developmental stage that caregivers partake in to help children cope with the loss of a loved one. No matter what developmental stage the child is in, the caregiver should provide the child with love, support, and encouragement throughout the bereavement process.

Client-Centered Interventions

Client-centered therapy (CCT) views each patient as unique and diverse.

According to Roger's theory of personality, individuals are the center of their persistently changing world, and each individual experiences and perceives the world differently (Rogers, [not in refs at R]1995). The approach leads to the resolution of stress due to the therapeutic alliance and the co-created, unique, and healing human interaction (Joseph & Worsley, [not in refs at J] 2007). CCT incorporated some important models that Rogers [not in refs at R] believes must exist in order for effective transformation to occur. His approach focuses on the individual, rather than the intervention as the focus of efficient change (Rogers, [not in refs at R]1995). According to Rogers, these straightforward models include:

1. *Unconditional Positive Regard*. The therapist needs to perceive people as good and believe that without unconditional positive regard, the client will not feel safe enough to share private information, could feel undeserving, and may grasp onto undesirable aspects of the self. (Rogers, 1995).

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2. *Non-Judgmental Attitude.* Clients are viewed as being worthy and the therapist should not permit judgment ~~(Rogers, 1995)~~. ~~Roger's Rogers (1995)~~ believes that people have the capability to see their faults and know what they need to alter even if they may not acknowledge it at first.
3. *Reflection.* The emphasis of this concept is on gaining insight ~~self~~ through reflection. Reflection one to understand thoughts and feelings while allowing the client to perceive ~~his or her~~their own thoughts in a diverse way ~~(Rogers, 1995)~~.

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By following these ideas, therapy provides space for self-exploration, where the therapist is athe guide instead of an instructor. Rogers (1995) ~~[not in refs at R]~~ said that when clients are troubled and are struggling with personal difficulties, the therapist must first create a relationship with ~~the~~ clients and provide them with a safe place to share their difficulties ~~(Rogers, 1995)~~. Secondly, Rogers (1995) suggested that in CCT, the therapist should try to understand the client's inner world and accept the client.

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In a study by Goodman, Morgan, Juriga, & Brown ~~(et al. *[list all authors first time cited] (2004))~~ the researchers suggested that the use of CCT helps in restoring children's positive sense of self and helps to rebuild trust in themselves and others when coping with grief. Goodman et al. ~~(2004)~~ incorporated a treatment evaluation using questionnaires that are completed without informing the treating clinician, and there is a thorough post-treatment evaluation conducted by an independent blind evaluator. This study focused on a single case study implementing CCT with a 15-year-old teenager who lost her father in the 9/11 terrorist attacks. The study implemented the Schedule for Affective Disorders and Schizophrenia (K-SADS) for a thorough diagnostic interview,

the Behavioral Assessment System for Children (BASC), the Child PTSD Symptom Scale (CPSS), the Family Environment Scale (FES), and the GAF were completed by the clinician. The child's mother completed the Maternal Social Support Index (MSSI), the Brief Symptom Inventory (BSI), and the Post Traumatic Symptom Scale-Self Report (PSS-SR). A thorough pre-treatment and post-treatment assessment was completed. The pre-treatment assessment measures suggested that the girl endorsed feeling extremely distressed and ~~she~~ endorsed several symptoms of PTSD, but she did not meet the criteria. She reported frequent feelings of betrayal and powerlessness, different from peers due to losing her father on 9/11. The mother also exhibited some symptoms of PTSD. A brief mid-treatment evaluation was implemented and the researchers found little decline in both the mother and daughter's PTSD symptomatology; however, they both acknowledged that it was beneficial to have someone to talk to. By the end of the 4-month CCT treatment study, both the mother and daughter did not endorse nearly as many distressing and PTSD symptoms as they originally had. For the 1-month follow-up, both mother and daughter maintained more positive functioning and interpersonal interaction. The study concluded that CCT is an effective theoretical modality to implement with children who are experiencing grief as well as traumatic grief because it allows the child's story of grief to unfold under the client's control (~~Goodman et al., 2004~~). The study found that the child's overall grief symptomatology consisting of depression and trauma-associated symptoms decreased throughout treatment.

 -More research needs to be undertaken in order to obtain additional information in regards to CCT and grieving children. A larger sample size and more case studies should be implemented to continue to evaluate the treatment effects of CCT with grieving

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children. Moreover, the comparison among different theoretical modalities, developmental groups, and the treatment of childhood grief would provide clinicians with a more solid foundation when it comes to treating grieving children.

Cognitive, Behavioral, and Affective Interventions

Cognitive Behavioral Therapy (CBT) is a treatment approach that may also be applied with grieving children. ~~Cognitive Behavioral Therapy~~^{BT} integrated the cognitive restructuring approach in Cognitive Therapy with the behavioral modification technique of Behavioral Therapy (Heimberg, Ledley, & Marx, 2005). ~~According to Heimberg et al.,~~ ^tThe goal for CBT is to correct faulty information processing in order to aid the individual in altering assumptions that perpetuate maladaptive emotions and behaviors (Heimberg et al., 2005). The CBT approach looks at how problematic beliefs and behaviors take part in the creation of psychological problems and the continuation of these problems over time (Heimberg et al., 2005). CBT also requires the essential formation of a therapeutic connection with the implementation of therapeutic homework techniques (Heimberg et al., 2005).

Dunning (2006) published an article identifying preventative interventions that may be used when an individual parent dies. Dunning (2006) presented a cognitive, affective, and behavioral frameworks that make the grieving process less difficult and prevents the potential development of traumatic grief. Dunning (2006) suggested that the cognitive framework is the first framework clinicians and caregivers should tend to. Dunning (2006) also recommended the investigation of the individual's perception about the loss before giving accurate information to correct any false beliefs. According to Dunning (2006), the affective framework is another important area that needs to be

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addressed with individuals who are coping with the loss of a loved one. Children need more help with labeling and identifying their feelings and ~~the children~~ should be approached in a non-direct fashion because when approached directly, children may exhibit resistance (~~Dunning, 2006~~). Moreover, Dunning (~~2006~~) suggested the use of art as an effective intervention with young children; ~~and~~ one particular intervention introduced involves drawing six circles on paper and asking the child to fill in the circles with faces. The faces should be considered “feeling faces” and the child is asked to fill the faces in, showing the kinds of feelings one experiences when someone dies (~~Dunning, 2006~~). The activity described by Dunning can allow for the therapist to obtain a better grasp of the child’s current emotional state. Lastly, the behavioral framework is another aspect that needs to be addressed with children who are coping with grief. Children may act out in a variety of ways due to the loss of a loved one, and Dunning (~~2006~~) indicated that caregivers should inform children that although they have strong feelings, it is important for them to not act out in harmful ways. Children should be provided with materials to express their behaviors such as a punching bag, heavy-duty markers, and play-dough, (~~Dunning argued/believes, 2006~~). In such a scenario, c-Encourage children should be encouraged to do activities such as picking out their “mad color” and using it to scribble on a piece of paper or draw a picture about what is making them angry. In summary, ~~the article of~~ Dunning’s study (~~2006~~) pertaining to appropriate cognitive, behavioral, and affective interventions provides d readers with a variety of CBT methods that make it easier to express ~~their~~ emotions related to the death of a loved one and informss caregivers onwith appropriate expectations for grieving children.

Interventions for Childhood Traumatic Grief

There is currently limited literature and research pertaining to childhood traumatic grief because it is a relatively new construct introduced to the field of psychology. A study designed by Layne et al. (2001) examined interventions for childhood traumatic grief among 55, 15 to 19 year-old Bosnian youth who survived the civil war. The sample was recruited from 17 secondary schools throughout Bosnia and Herzegovina. The sample size endorsed average to severe levels of grief or depression. The study implemented group psychotherapy that was trauma-focused and grief-focused with no random assignment included. In the study by Layne et al. (2001), the trauma-focused and grief-focused psychotherapy was based on a treatment protocol developed by the researchers that spanned across 20 sessions and divided into four modules. Module 1 consisted of six sessions targeted at decreasing distress, increasing group cohesion, psycho-education, relaxation training, and grief-focused therapeutic work. The second module consisted of eight sessions that were dedicated to the therapeutic processing of traumatic experiences. The third module consisted of approximately three sessions and focused on adaptive grieving to loss, and the fourth module consisted of three sessions and focused on promoting developmental progression. Program evaluations were collected two times throughout the course of the school year. The pre-treatment measure data was taken from a classroom survey measuring post-traumatic stress, depression, and grief. In regards to assessment measures, the Reaction Index-Revised (RI-R) was used to focus on post-traumatic stress experiences within the past month, the Grief Screening Scale (GSS) is a self-report inventory that was used to assess grief symptoms, the Depression Self-Rating Scale (DSRS) is an 18 item self report questionnaire used to assess for

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depressive symptoms; the Child-Self Rating Scale (CSRS) is another self-report questionnaire that was used to examine social-emotional adjustment; and the Self Satisfaction Survey is a 10-item self-report questionnaire used to assess general satisfaction. An experienced Bosnian psychologist translated all measures. Layne et al. (2004) found that those who obtained both trauma-focused and grief-focused treatment appeared to make improvement in PTSD and childhood traumatic grief symptomatology. Post-traumatic stress scores showed a significant lessening in distress over time. The researchers' results suggested the combination of trauma-focused and grief-focused treatment are effective in treating childhood traumatic grief. Results also indicated that decreases in post-traumatic stress were certainly linked with classroom rule adherence and school adherence and adversely connected with school nervousness and withdrawal. The assignment of the treatment group was not randomized, and there was no control group. In addition, only pre-treatment and post-treatment evaluations were implemented, and there were no further outcome studies. Furthermore, not all assessment measures implemented were culturally sensitive or normed on Bosnian youth.

Brown, Pearlman, & Goodman (et al. [list all authors first time cited] (2004) suggested that CBT assists in treating children who are coping with childhood traumatic grief. Brown et al. (2004) completed a single case study that examined the effects of CBT on a child who lost his father in the 9/11 terrorist attacks. The study employed CBT with the child and implemented a pre-treatment, mid-treatment, and post-treatment assessment with a 6-month follow-up. Brown et al. (2004) administered a variety of assessments including ranging from the Behavioral Assessment Scale for Children (BASC), the Student Teacher Relationship Scale (STRS), A Demographics Form, the Brief Symptom

Inventory (BSI), the PTSD Symptom Scale Self Report (PSS-SR), and the Family Environment Scale in order to assess the child's mental health symptomatology. Brown et al. (2004) then proceeded to employ Grief Cognitive-Behavioral Therapy, a treatment modality developed by Judith Cohen and Anthony Mannarino. The treatment followed the Traumatic Grief—CBT manual that provided a step-by-step movement of skills growth, cognitive and emotional handling of the traumatic event, and participation in bereavement tasks (Brown et al., 2004). The treatment modality used by Brown et al. focused on any traumatic symptomatology initially in the first eight sessions, and the treatment involved psycho-education about grief and the relationship between thoughts and behaviors, relaxation training, cognitive restructuring, and the creation of creating trauma narratives (Brown et al., 2004). The next part of treatment addressed grief symptoms and implemented memory making, social skills building, and making meaning of the loss (Brown et al., 2004). Brown et al. (2004) found that the child became more symptomatic over time throughout treatment. Whereas and initially the child's grief symptoms were masked, and there was a reduction in the child's symptomatology following grief cognitive-behavioral therapy. The limitations of this study include a very small sample size that does not allow generalizability of the treatment of cognitive-behavioral therapy to other children coping with Childhood Traumatic Grief (CTG); however, the study is the initial beginning of the study, and it is an ongoing empirical evaluation that will continue to work with other grieving children (Brown et al., 2004). In summary, the Brown et al.'s study opens the door for additional empirical studies examining treatment options for Childhood Traumatic Grief (CTG) and the results suggested that CBT is a useful therapeutic modality for treating this target population.

~~**Salloum and Overstreet [not in refs at S]~~ (2008) explored the use of community-based grief and trauma intervention ~~inwith~~ children experiencing traumatic grief after Hurricane Katrina made landfall in August of 2005. Fifty-six children between the ages of 7 and 12 with reported symptoms of traumatic grief in combination with PTSD symptomatology were assessed. The researchers employed a treatment program called LAST (Loss and Survival Team) which a 10-week treatment community-based intervention established for elementary-age children experiencing grief and trauma due to the death of a loved one. The intervention ~~ustilized~~ specific methods and ecological perspectives. Techniques of Cognitive-Behavioral ~~T~~therapy and Narrative Therapy were also implemented to help trauma. Each treatment session lasted one hour, and during the group, children were pulled out individually to discuss any sensitive material one on one with a mental health counselor. The study employed an experimental project where children were randomly allocated to two treatment groups, an individual treatment group and a group treatment group. Pre-test, Post-test, ~~YOU HYPHENATED THESE WORDS ABOVE. GENERALLY THESE PREFIXES DO NOT TAKE HYPHENS, BUT STYLE GUIDES ALLOW YOU TO ADD THEM IF CONFUSION COULD RESULT OR WHERE NOT USING A HYPHEN RESULTS IN DOUBLE VOWELS OR CONSONANTS, AS IN POSTTEST~~ and a 3-week outcome measure were administered. In treatment, clinicians registered responses to open-ended questions connected to coping, interest, and social systems. The clinicians who performed the assessments were not aware of the randomized treatment assignments. The study implemented assessments consisting of a traumatic event questionnaire with a yes-or-no format that assessed the type of loss the child experienced during Hurricane Katrina, the

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UCLA Posttraumatic Stress Disorder Index was ~~ustilized~~ to gage post-traumatic stress responses, the Mood and Feelings Questionnaire-Child Version was ~~ustilized~~ to measure for symptoms of depression, the UCLA Grief Inventory-Revised was used to assess grief symptomatology, a one-item measure of distress was used to measure ~~the children~~'s insight ~~intoof~~ their overall level of distress, and a measure of treatment satisfaction was used to explore the ~~children~~'s view of the intervention. Salloum and Overstreet ~~[not in refs at S]~~ (2008) found a noteworthy connection between post-traumatic stress scores and depression scores, traumatic grief scores, and overall distress scores. Salloum and Overstreet ~~[not in refs at S]~~(2008) concluded their study with 30 children who completed all assessment measures (15 individual therapy participants and 15 group therapy participants), and a recurring measures ~~AVNOA~~ specified ~~an~~ important reduction in the mean traumatic grief scores. Salloum and Overstreet ~~[not in refs at S]~~ (2008) did not find significant effects between individual and group treatment modality. The study has a reasonable sample size, and it implemented valid and reliable assessments. In addition, the groups were randomized and assessment evaluators were blind. This study had limitations in that there was no control group and thus symptoms may have just declined over time, and there was little follow up on the participants. Moreover, the treatment model's effectiveness is unclear.

Cohen and Mannarino (2004) extensively explored trauma-focused and grief-focused literature further with children experiencing childhood traumatic grief. Cohen and Mannarino (~~2004~~) defined trauma-focused and grief-focused therapy as involving "affective expression skills, stress management skills, cognitive triangle, creating a child's trauma narrative, trauma processing and joint parent-child sessions" (p. 824)".

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Furthermore, Cohen and Mannarino (2004), as illustrated in Table 2, identified components of trauma-focused therapy and grief-focused therapy for grieving children.

Cohen and Mannarino (2004) expanded Trauma-Focused and Grief-Focused components necessary for treating CTG. Cohen and Mannarino believed that Religious and cultural experiences are considered to impact childhood bereavement and that it is significant-important for treating clinicians to explore and acquire each child's religious traditions and cultural beliefs because they may be used as a tool in treating CTG. (Cohen & Mannarino, 2004). In addition, they asserted, the therapist ought to explore what parents and children believe occurred after someone dies (Cohen & Mannarino, 2004). Cohen and Mannarino (2004) encouraged children to talk about death in general because children they may not have had a chance to ask question or explore the topic further. Moreover, Cohen and Mannarino (2004) indicated that children must also acknowledge what they have lost, and the therapist should support the child in experiencing the pain and facing the loss. Cohen and Mannarino (2004) recommended addressing ambivalent feelings the child may have towards the deceased, and the child should be reassured that ambivalent feelings are normal because all people are human and have flaws. Furthermore, Cohen and Mannarino (2004) recommended maintaining positive recollections of the deceased and redefined the relationship with the deceased by accepting that the relationship has changed. Lastly, children should commit to current and new relationships and make sense of traumatic losses by integrating their personal experiences and acknowledging the strength they had to get through the difficult event (Cohen & Mannarino, 2004). Upon completing treatment for children experiencing CTG, Cohen and Mannarino (2004) recommended joint parent-child grief sessions, so that the

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family as a whole share ~~their~~ feelings about loss, warmly remember the loved one, and acknowledge the love and support each family member has for one another.

Overall, the current research examining ~~g~~Grief-~~f~~Focused and ~~t~~Trauma-~~f~~Focused treatment suggest that the combination of these two interventions is beneficial in treating Childhood Traumatic Grief. There currently remains little research pertaining to various treatment modalities for Childhood Traumatic Grief, and most clinicians must collect literature pertaining to children who have been exposed to trauma or grief. Current research should collect more data and explore treatment options for children experiencing traumatic grief.

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Support Groups

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Support groups appeared to be beneficial for grieving children. The Dougy Center was founded in 1983 by Beverly Chappell, and it is considered to be the first peer support group for children who are impacted by death (Schuurman, 2000). Schuurman explained that Chapell was a nurse who observed the positive impact of children helping children cope with death, and she also noticed that often siblings of dying children and children with critically ill parents were often not included in the process of death ~~(Schuurman, 2000).~~ After the development and success of the Dougy Center, grief support groups for children started to appear throughout the United States. In a study by Tonkins and Lambert (1996), the researchers found that following the attendance of support groups, the children's grief symptomatology was significantly reduced, and children who attended the groups experienced a greater relief in symptoms versus the children who were on the waiting list for the support group. Tonkins and Lambert ~~(1996)~~ employed

discussions about the deceased and the unfairness of death. The groups completed art projects and play therapy that focused on ~~the~~ positive memories about the deceased. Overall, the grief group treatment researched by Tonkins and Lambert (~~1996~~) was found to be a positive intervention for grieving children and resulted in a significant decrease in a child's grief symptomatology.

Eppler (2008) promoted appropriately responding to children's feelings of loss and grief and encouraged support groups for grieving children. Support groups, Eppler believed, should focus on processing emotions of fear, anger, and sadness related to grief and highlights positive strengths such as social supports and a healthy self-concept (~~Eppler 2008~~). Support groups help children to see that the emotions they are experiencing are normal, that they are not alone, that others are concerned about how they feel, and that their feelings matter (Schuurman, 2000). Due to different developmental stages and cognitive frameworks, Schuurman asserted, grief support groups should be organized based on a child's age (~~Schuurman, 2000~~). In addition, Schuurman continues, most grief support groups are time limited; however, children can attend a new group cycle if they so desire (~~Schuurman, 2000~~). Curriculum-driven groups tend to work better when an activity like a memory box or memory drawing are implemented because they promote an outlet for discussion (~~Schuurman, 2000~~).

Grief Camps

Therapeutic summer grief camps can also provide children with a positive experience where they can process the recent loss of a loved one. A therapeutic summer weekend camp called Camp-Forget-Me-Not is a grief camp that made the grieving

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process for many children less difficult. Farber and Sabatino [Sabatino? As in Refs?](2007) looked at a ~~two~~2-year, theory-driven assessment of a therapeutic seasonal camp. In response to much feedback and data from the first summer camp, the researchers altered clinical interventions that were ~~us~~tilized the following summer. According to Farber and Sabatino [Sabatino?] (2007), the alterations in the clinical interventions for the second year of the summer camp resulted in empirical findings. The study looked at the camp model, children's participation in bereavement activities, and psycho-social response, and the study found that ~~the~~ Camp-Forget-Me-Not delivers grieving children with positive therapeutic experiences. ~~(Farber & Sabatino, 2007).~~ The limitations in this particular study pertain to using a non-experimental group strategy, no pre-test assessment measure for parental ratings of a child's grief symptomatology, absence of a randomized control group, and little instrument validity. Although there are many limitations to the grief camp study, caregivers observed that Camp-Forget-Me-Not appeared to show some positive results in decreasing a child's grief symptomatology. The many limitations in the study should be explored and addressed in future research. The grief camp may be viewed in many ways as an intensive support group, and due to positive impacts of support groups on grieving children, one can assume there is a possibility that the grief camp produces similar positive results.

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Play and Expressive Therapy

The use of play and expressive therapy is important when facilitating therapy sessions for grieving children because children lack the cognitive ability to express their emotions and experiences associated with loss (Webb, 2003). The goal of play therapy

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with bereaved children is to help facilitate ~~the child's~~their bereavement and help clarify any cognitive confusion surrounding the death (Webb, 2000). In many cases ~~a~~children will attempt to maintain a “comfort zone” between their play content and real life circumstances, and the therapist should respect this (Webb, 2000). The play “disguise” permits ~~the child~~ren to act out personal emotions like anger, sadness, fear, or jealousy (Webb, 2000). Webb (2003) indicated that play therapy is used with both children and adults and refers to non-verbal methods such as art, music, writing, and movement. Items such as games, puppets, books, and sand are all used for play therapy (~~Webb, 2003~~). Play therapy consists of an interaction of symbolic play between a child and a trained play therapist where there is an attempt to reduce the child’s emotional distress (Webb, 2000). It is important that professionals and specialists employing play therapy with grieving children be properly trained. The therapist should provide the child with a choice of toys and not encourage or direct a child to any one particular toy (Willis, 2002). Certain toys that may be employed in play therapy are family-related nurturance toys such as doll houses and dolls; aggression-related toys such as a bop bag, dart gun, or small plastic soldiers; or expressive and construction toys such as coloring utensils, play~~dough~~deh, blocks, and sand (O’Connor & Schaefer, 1997). Children will use the toys in the playroom to express their emotions (O’Connor & Schaefer, 1997). Play therapy provides a safe environment for children and allows them to enhance the development of emotional and motor skills (Willis, 2002). Often adults may believe that children are too young to understand death, but according to Webb (2000), children show us their understanding of death and loss through arts rather than verbal communication. Moreover, children should not be forced to share and discuss their artwork, because the

activity should be considered to be fun for the ~~childm~~, and the simple process of playing is considered beneficial (Willis, 2002). Children on some occasions will talk directly about the deceased person, and the therapist is encouraged to ~~supportively~~ listen supportively; however, on other occasions children may start to express their emotions and become vulnerable and revert back into the world of play (Webb, 2000).

Music Therapy and Narrative Therapy

Music may also be used as an effective intervention for grieving children. Music therapists ~~uslize~~ the components of music to stimulate personal inspiration, promote awareness, and encourage communication and expression (McFerran & Hunt, 2008). Willis (2002) indicated that some children benefit from being able to spend time alone listening to personal song choices, and some have a therapeutic response from listening to music.

Narrative therapy is a collaborative approach that focuses on the stories of people's lives while separating the person from the problem. The use of narratives also may help children process grief and loss. According to Leighton (2008), narratives help children put their feelings into words, and the therapist should try to facilitate the story-telling process. Eppler (2008) found that sadness is a dominant theme in many stories about grief and death; however, the themes and experiences expressed in the stories contained a range of emotions. Eppler ~~(2008)~~ encouraged narrative interventions because they foster resilience and positive growth. ~~Corr (2004) completed~~ In a study ~~in which he~~ ~~examined~~ children's grief narratives, ~~Corr (2004[a or b?]) and he~~ identified a number of themes that he found present in children's books. ~~Corr~~~~He~~ ~~(2004)~~ found that many

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children's books that focus on childhood loss and grief include themes of "meaningfulness, connectedness, and transcendence." (p. xxx). Corr (2004) suggested that many of the narratives on childhood grief are a good way to foster communication between the caregiver and the child and often-times provides a-children with constructive ways to cope with their grief. Carefully selected stories can open up the lines of communication between the child and caregiver. Although there are many beneficial therapeutic narratives available for grieving children, there are also narratives that may be confusing or upsetting. It is recommended that the caregiver or therapist review the book prior to sharing it with the child. Therapists and caregivers should steer away from narratives that contradict the child's spiritual or personal beliefs (Heath, & Leavy, ~~list all authors first time cited~~ et al., 2008). Moreover, the language and content should be appropriate for the child's age.

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Spirituality and Rituals

Spirituality is a coping mechanism that is beneficial to both adults and children. According to Leighton (2008), spirituality is considered the human pursuit for the meaning of life. Bereavement can provide individuals with an opportunity for spiritual growth and understanding. (Leighton ~~explaineds, 2008~~). Adams and Hyde ~~[not in refs at A](2008)~~ reported that grieving children often reported having dreams about the deceased, and the dreams offered a sense of reassurance accompanied by a spiritual connection. Many children ~~in their study~~ viewed dreams about the deceased as a message that the deceased person's soul has lived on ~~(Adams & Hyde, 2008)~~.

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In regards to funeral participation, Kubler-Ross (1981) recommended that parents and caregivers do not exclude children from funeral and memorial services. If children

are sent away during the memorial to spare children ~~the~~ grief, children often end up believing that they may have done something wrong (Kubler-Ross, 1981). Alternatively, children should be given the choice about whether they would like to be involved and participate in memorial services (Kubler-Ross, 1981).

Andrews and Marotta (2005) examined the connection between spirituality and children coping with loss. The study examined six children between the ages of ~~four~~ 4 and ~~nine~~ 9 ~~that who~~ had experienced ~~thea~~ loss of a family member within 18 months. A semi-structured interview was completed with children and their caregivers at the beginning of the study and at the end of the study, which lasted 3 months (Andrews & Marotta, 2005). Some of the questions that the interviewers asked the parents were “How has the child made meaning of the loss?” and “What objects bring your child comfort.” and some questions asked ~~of~~ the children consisted of “What things help you feel better” and “Who makes you feel better?” (Andrews & Marotta, 2005). The researchers used a type of software identified as the NUD*IST software to analyze responses to interview questions and introduce common themes identified by children and their caregivers. The results were not considered to be empirical; but ~~rather~~ transcendental due to individualized responses and spiritual components being examined. Three instruments were used in this study. ~~T and~~ the first was a game called the ~~imagination game~~, where the children ~~were~~ asked to imagine the deceased person, the funeral, and ~~themselves~~ ~~himself or herself~~; after imagining the three topics, the children ~~were~~ asked to imagine a future time and God or a higher power (Andrews & Marotta, 2005). Once the imagination technique was completed, the children ~~were~~ asked to rate the intensity of ~~their~~ ~~their his or her~~ emotions and to describe what ~~they are~~ ~~they arche or she is~~ feeling.

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▲ Visual stimulus cards were the next assessment measure implemented. Each child was shown a series of cards that had pictures ranging from sunsets to rainbows, and the child was asked to share any thoughts or feelings while examining these cards. Lastly, an

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investigator journal was kept where the researcher kept notes and data in reference to each session and assessment. Andrews and Marotta (~~2005~~) found that primary attachment figures such as caregivers, friends, and pets served as a source of comfort for the grieving children ~~and; and they found~~ that continued family routines and maintaining the relationship with the deceased all reduce the challenges of the grieving process for the child. Additionally, Andrews and Marotta (~~2005~~) found that linking objects ~~were~~ provided a beneficial way for the child to preserve their connection with the deceased. A linking object may be defined as an object that the grieving child places power in to maintain the illusion of an external connection with the deceased individual. Toys, clothing, jewelry, items in nature, or pictures are all examples of linking objects (Rando, 1993).

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Moreover, Andrews and Marotta (2005) discovered that God or a higher power was a consistent theme found throughout the children's responses. ~~Tand~~ their emotions towards God ranged from happiness to sadness, but overall spiritual connections evolved in relation to the death of a loved one. Lastly, Andrews and Marotta (~~2005~~) pointed out that through play and imagery, children identified that toys and playing often made them feel better. In summary, the study has limitations in response to the small sample size and the subjective interpretation of children's responses to interview questions and assessment measures; however, ~~the study~~ it does ~~suggested~~ that if children are encouraged to keep a connection with the deceased through spiritual constructs such as a linking

object, and if the child~~ren~~ has~~es an~~ attachment figures that encourages communication and provides a safe and comforting environment for the child~~ren~~, then the grieving process may be less difficult.

Another positive intervention or way of coping with the loss of a loved one is to implement rituals that remember the deceased person and provide those still living with a sense of comfort. Rituals preserve the memory of the deceased and ~~they~~ provide children an outlet to express grief in a therapeutic and healing manner (Norris-Shortle, Young, & Williams, Norris-Shortle ~~list all co-authors first time cited~~ et al., 1993). According to Doka (2000), a ritual is a “special activity that extends meaning to a set of actions” (p. 29). Examples of rituals, ~~Doka explaineds~~, are public gatherings, funerals, lighting a candle, eating a particular meal, or attending a spiritual service (~~Doka, 2000~~). Rituals may be spiritually based or may simply pertain to something the deceased person used to enjoy (~~Doka, 2000~~).

Nature can also be used with rituals. The use of nature may also be incorporated in helping children process and cope with grief. According to Willis (2002), the use of flowers, rain, and trees may have a therapeutic effect on a child, because the task of planting a plant or starting a bird feeder allows a child to keep a living connection with the deceased individual. Rando (1993) suggested that rituals are very powerful because in the chaotic time of loss, a ritual provides a sense of structure and control. ~~According to Rando, r~~Rituals generate social support, spiritual soundness, and a sense of connection ~~with~~ the person who has passed away (~~Rando, 1993~~). Doka (2000) indicated that rituals date back to ancient times and were used as a therapeutic tool well before we arrived on this earth. ~~Doka (2000)~~ argued that it makes sense to continue to implement

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something that has proven to be therapeutic and meaningful for centuries. Rituals may be generalized to many other situations and events and do not need to be isolated to

~~someone's death when someone dies.~~

The Need for Research on the Topic in Clinical Psychology

~~While-Although~~ research exists in relationship to the topics of grief and loss as they relate to the death of a loved one, said information often ignores or discounts the full spectrum of effects experienced by the individual. To address this issue, this researcher has gathered data through personal interviews with participants in order to ~~more richly and fully~~ appreciate fully the unique grief and loss experiences of those who have lost a loved one. This researcher has delved into the individual's highly personal experiences by conducting semi-structured face-to-face interviews with those who have faced the death of a loved one. A phenomenological approach, coupled with an interpretive theoretical lens that will blend psychoanalytic, Jungian, archetypal, attachment, and stage theory modalities was ~~utilized~~ in order to offer a highly unique and beneficial perspective. Through reviewing, deconstructing, and coalescing each participant's interview data, this researcher has revealed the common themes and dissimilarities in the interview data. The data from this study will help clinicians be able to approach bereaved clients with a greater depth of understanding regarding the holistic experience of grief and loss that includes thoughts, emotions, body, and spirit.

In general, the field of psychotherapy will benefit from this research study through (a) a more thorough understanding of the interrelated impact of grief and loss on the individual's emotional, psychological, spiritual, and physical processes; (b) a strong appreciation for the uniqueness of each individual's experience of grief and loss; (c)

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insight into the commonalities between individuals' experiences of grief and loss; (d) the wide-reaching effects of the human experience of grief and loss; and (e) a fuller and deeper appreciation of the fashion in which the shared expression of the experience of grief and loss might, in its own way, act as a curative force.

As Moore (1994) succinctly stated, "The ancient Greeks taught that the god who heals is the same god who brought the disease in the first place" (p. 167). This researcher has undertaken this research study with Moore's quote as a reminder of the importance of appreciating that which the past has taught us, that which the collective unconscious might offer, and all that new research might illuminate. It is vitally important to unite and integrate ancient wisdom with current thoughts and experiences.

Summary

Despite the ~~huge and~~ wide-ranging research and writings on the topics of grief and loss, no studies have yet been undertaken ~~in regard to~~ that use a qualitative, phenomenological approach to the individual's holistic experience of grief and loss as related to the death of a loved one. The purpose of this study is to understand an individual's experience of grief and loss related to the death of a loved one and its impact on psychological, spiritual, and physical levels. The field of psychology has developed wide-ranging, highly significant theories to explain and understand the emotional, psychological, and spiritual foundations of human grief.

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Grief has been thoroughly explored through various religious and spiritual paradigms. A majority of individuals experiencing grief show parallel forms of significant distress, anxiety, yearning, and sadness, and although focus on these symptoms reduces over time. ~~[EDIT OKAY? ORIGINAL SYNTAX UNCLEAR]~~

However, individuals vary in the type, intensity, duration, and style of expressing their grief (Christ ~~et al.~~, ~~Bonanno, Malkinson, & Rubin,~~ 2003). Usually people do not encounter adverse bereavement-related health issues, and the most people to respond efficiently with to bereavement-related distress (Allumbaugh & Hoyt, 1999; Bonanno ~~et al.~~, ~~Wortman, & Nesse,~~ 2004). Several theories are discussed in the literature on psychological theories pertaining to grief: psychoanalytic theory, Jungian and depth psychology theory, archetypal theory, attachment theory, and ~~thantology~~ ~~thanatology~~: stage theory. In addition, the literature also discussed psychological theories pertaining to loss: psychoanalytic theory, the Jungian and depth psychology theory, archetypal theory, attachment and object relations theories.

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The death of a loved one can be related to an increase of in behavioral challenges, such as restlessness and the tendency to make dangerous life decisions (Bowser ~~et al.~~, ~~Word, Stanton, & Coleman,~~ 2003; Lifshitz, 1976; Thompson et al., 1998). The death of a significant person while one is at an early age can result in the difficulty of affect one's cognitive and perceptual abilities (Lifshitz, 1976). Moreover, the individual is affected by the death of a loved one on a profound emotional level. Research has clearly indicated that such events also affect the individual on a physiological level. It is no surprise, then, that the loss of a loved one causes myriad complex neurobiological processes. The individual is often not conscious of the countless physiological changes that result from

experiences such as loss; it is the basic emotional manifestations (e.g., sorrow, anger, and sadness) that are often at the fore of the individual's conscious experience of loss and grief. In reviewing the underlying neurobiological changes that occur during such life-altering events, several core aspects are deserving of particular attention. The impact of loss and grief on attachment, emotions, coping mechanisms, memory, integration, guilt, and trauma were discussed from a neurobiological perspective.

~~While-Although~~ a wealth of literature and research exists ~~in relationship to~~ the topics of grief and loss as they relate to the death of a loved one, ~~said information~~ ~~these~~ ~~works~~ often ignore or discount the full spectrum of effects experienced by the individual. The results of the study will contribute to the field of psychotherapy through (a) a more thorough understanding of the interrelated impact of grief and loss on the individual's emotional, psychological, spiritual, and physical processes; (b) a strong appreciation for the uniqueness of each individual's experience of grief and loss; (c) insight into the commonalities between individuals' experiences of grief and loss; (d) the wide-reaching effects of the human experience of grief and loss; and (e) a fuller and deeper appreciation of the method in which the shared expression of the experience of grief and loss might, in its own way, act as a curative force.

Statement of Research Problem and Questions

Research Problem.

This researcher is interested in exploring and further understanding the individual's unique responses of grief and loss following the death of a loved one.

Specifically, this researcher finds it valuable to investigate the impact of the grief and

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loss as related to the individual's psychological, spiritual, and physical experiences. By approaching this study with a holistic perspective, this researcher hopes to ~~further~~ understand further the overarching effects of grief and loss ~~as it affects on~~ the individual's life and life perspective. It has been noted that phenomenological research is wanting in regard to this researcher's specific topic. Beneficial, yet disparate information on the effects of grief and loss exists, yet descriptions and interpretations of ~~the~~ the holistic effects on the complex interrelationship between the emotions, mind, body, and spirit from grief and loss following the death of a loved one are lacking. As such, it is necessary to offer a systematic, qualitative investigation of the individual's experiences of grief and loss following the death of a loved one. Moreover, valuable insights and understanding can be uncovered by interpreting the data through a depth psychological lens, which will add to the body of literature and to clinical approaches used in working with those affected by death, grief, and loss.

Research Question

The research question for this study is: Following the death of a loved one, how do the experiences of grief and loss impact the individual on emotional, psychological, spiritual, and physical levels? A sub-question is: From a holistic perspective, in what ways do the experiences of grief and loss affect the individual's perception of life and life experiences?

Definition of Terms

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In the particular research approach and design being used, a descriptive outline of several core concepts and terms is necessary. As defined and outlined in relevant literature, the following terms will be described: *aggregate essential description, archetype, aspects, association, bracketing, collective unconscious, common aspects, complexes, consciousness, ego, essential description, images, natural meaning units (NMUs), personal unconscious, phenomenology, phenomenological data analysis, second order profile, themes, and verbatim description supporting themes.*

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Aggregate essential description. The qualitative data analysis portion of the phenomenological research process requires careful review of the verbatim interview transcriptions for each research participant. During the course of this review, recurring themes common to all transcriptions are noted. These common themes are summarized to form the aggregate essential description. According to Creswell (1998), “These transformations are tied together to make a general description of the experience, the textural description of what was experienced” (p. 55).

Archetype. The concept of the archetype is core ~~of~~ the understanding of universal themes and images that may arise in the course of researching fundamental issues such as grief and loss. A succinct definition of the term is as follows:

The “archetype” is a hypothetical construct posited by Jung to explain the manifestation of “archetypal images,” i.e. all images that appear in dreams and fantasies that bear a striking similarity to universal motifs found in religions, myths, legends, etc. . . . Archetypes are universal because human emotions are universal. (Young-Eisendrath & Dawson, 2006, p. 315)

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Aspects. When using the phenomenological approach to qualitative data analysis, the themes and common meanings upon which the natural meaning units (NMUs) converge are known as *aspects*. As Creswell (1998) ~~describes~~explains, “The units are

transformed into clusters of meanings expressed in psychological and phenomenological concepts” (p. 55). These aspects form the second foundational stage for understanding the qualitative phenomenological data.

Association. When working with psychological material, certain thoughts or images naturally arise as processing occurs. The associations made by individuals are united via common, shared emotional motifs. According to Young-Eisendrath and Dawson (2006), an association is “an idea or image spontaneously suggested by a trigger word or image” (p. 315).

Bracketing. In conducting interviews with study participants, it is necessary for the researcher to set aside any personal judgments or preconceived notions; this process is known as bracketing. Creswell (1998) indicates, “The researcher also sets aside prejudgments, bracketing . . . his or her experiences” (p. 52). Bracketing is an essential component of phenomenological qualitative data analysis, for the use of bracketing allows for a greater degree of objectivity on the part of the researcher.

Collective Unconscious. Certain shared cultural patterns and motifs appear throughout the history of mankind. Especially in the field of depth psychology, it has been concluded that this common, shared aspect of the psyche is held and manifested in the collective unconscious. Jung (2002) noted that the collective unconscious “is the preconscious aspect of things on the ‘animal’ or instinctive level of the psyche. Everything that is stated or manifested by the psyche is an expression of the nature of things, whereof man is a part” (p. 82).

Common Aspects. As noted, aspects are the general themes and meanings upon which ~~the~~ natural meaning units converge. Common aspects are the themes and meanings

that are collectively shared in the data that arises from all participants. The common aspects arising from the participants' information yield the aggregate data that provides an overarching, cohesive understanding of the participants' collective experiences.

Complexes. In depth psychology, the complexes, which form during psychological development, are considered the foundation of the human psyche. Every individual's psyche is structured into various unique complexes. Samuels (1999) offers an integrated view of complexes as follows:

Outer experiences in infancy and throughout life cluster round an archetypal core. Events in childhood, and particularly internal conflicts, provide this personal aspect. A complex is not just the clothing for one particular archetype . . . but an agglomerate of the actions of several archetypal patterns, imbued with personal experience and affect. (p. 47)

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Consciousness. In addressing the importance of being aware of individual issues and interrelated patterns, consciousness is an important concept. Consciousness is generally considered to be that which is known to the individual and that psychological material of which the individual is aware. According to Jung (2002), "Psychic reality still exists in its original oneness, and awaits man's advance to a level of consciousness where he no longer believes in the one part and denies the other but recognizes both as constituent elements of one psyche" (p. 197).

Ego. Various definitions of the term *ego* exist in the field of psychology. Operating from a depth psychological stance, Young-Eisendrath and Dawson (2006) offer an encompassing explanation of the ego in the following definition:

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Jung used the word "ego" to describe two significantly different phenomena: (1) to define that complex to which the sense of "I" is attached, at whose core is the archetype of the self; and (2) as the center of consciousness. Jung inferred a dialectical relationship between the ego and other complexes of the unconscious. This relationship, while depicted in dreams, is unconscious. (p. 316)

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The ego, then, can be considered as the individual's conscious sense of personhood or self. As well, the ego, when viewed as the core aspect of the individual's consciousness, may be considered a force between the ego and the unconscious complexes.

Essential description. The essence of each participant's personal experience as revealed in the interview process is known as the essential description. Compared to the actual interview text, this essential description offers a more succinct, coalesced outline of the individual's unique experience. As Creswell (1998) stated~~s~~, "Researchers search for the essential, invariant structure (or essence) or the central underlying meaning of the experience" (p. 52).

Images. In depth psychology, images are viewed as an integral aspect of the psyche that allow~~s~~ material to arise into consciousness in a form that can be understood. As uniquely individual material, images provide a method of communication within the individual, yet the images, as archetypally shared psychic structures, also allow for shared communication with others. Kugler ~~[not in refs at K]~~ (2006) notes that "Jung opted . . . to approach imaging as a primary phenomenon, an *autonomous activity of the psyche*, capable of both production and reproduction" (p. 80).

Natural Meaning Units. Natural Meaning ~~U~~nits, also known as NMUs, are critical elements of speech that are extracted from original texts or interviews. These units of speech form independent, discrete meanings related to the subject material. As described by Creswell (1998), Moustakas maintained ~~that~~, "From the individual descriptions, general or universal meanings are derived, in other words, the essences of the structures of the experiences" (pp. 52-54).

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Personal ~~u~~Unconscious. The personal unconscious is the aspect of the individual's psyche which is unknown to the individual. The elements of the psyche of which the individual is personally unaware are contained within the personal unconscious. According to Jacobi (1973), "The personal unconscious . . . is an accumulation of contents that have been repressed during the life of the individual and is continuously being refilled with new materials" (p. 35).

Phenomenology. The qualitative tradition of inquiry known as phenomenology can be described as the process of exploring the frameworks of consciousness in global human experiences. As Creswell (1998) indicates, the phenomenological study, then, would involve an investigation of "the meaning of the *lived experiences* for several individuals about a concept or *the phenomenon*" (p. 51).

Phenomenological data analysis. Core to this research study is the particular method of qualitative data examination termed phenomenological data analysis. As Creswell (1998) ~~noted~~s, this unique method of data analysis "proceeds through the methodology of reduction, the analysis of specific statements and themes, and the search for all possible meanings" (p. 52).

Second-order profile. The data analysis process results in the researcher carefully reviewing the original interview transcription for each participant. The natural meaning units noted, once compared, are condensed into aspects. The aspects noted are then listed and result in the formation of the second-order profile. Creswell (1998) ~~stated~~s, "all experiences have an underlying 'structure'" (p. 55), and the purpose of the second order profile is to ~~further~~ clarify and coalesce this structure ~~further~~.

Themes. In reviewing interview text, the researcher seeks to determine commonalities and differences in the material provided by various research participants. In comparing data within and between participants' interview texts, the researcher notes common themes (i.e., ideas, motifs, or concepts) that arise. These shared themes often reveal inherent archetypal components.

Verbatim description supporting themes. Using each individual's unique interview transcript, specific verbatim quotes are selected by the researcher for the purpose of supporting the themes developed by the researcher.

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Chapter 3

Methodology

CHAPTER 3

METHODOLOGY

Research Approach

This researcher has adopted a qualitative phenomenological approach for this study. As a highly personal research approach, phenomenology has allowed this researcher to investigate and understand the wide-reaching impact of grief and loss related to the death of a loved one through individual interviews. Qualitative studies, while-although not as empirically grounded as quantitative studies, have gained regard and acceptance for the unique benefits offered by the significance of the individual's own experiences and the resulting wealth of personally insightful data. According to Golafshani (2003), "If we see the idea of testing as a way of information elicitation then the most important test of any qualitative study is its quality" (p. 601). A depth psychological approach is central in the research; additional theoretical approaches

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(psychoanalytic, attachment, and ~~thantology~~thanatology: stage theory) are used to ~~further~~ interpret, amplify, and augment the researcher's investigative approach further.

Research Methodology

Data collection.

-Nine participants have been selected for this study, and each has participated in a face-to-face interview that has been recorded. The interviews have provided the participants with an opportunity to explore the phenomenology of their lived experiences of grief and loss with a focus on spiritual, psychological, and bodily impacts. Participant solicitation and selection is discussed below.

Data analysis.

-Following the personal interviews, this researcher began the portion of the phenomenological research process that involved data analysis to discover themes and constructs that had arisen. The researcher first listened to each interview in order to gain a deep sense of the feeling, tempo, and content of each interview. The researcher then transcribed and analyzed the recorded interviews in order to determine underlying themes and coalesced meanings related to the experience of the various emotional, psychological, spiritual, and physical; impacts of death and loss. This researcher has also explored ~~noticeable~~ dissimilarities noted in the data. The overarching purpose of this study is to ~~richly~~ brighten each individual's unique experience; while also revealing significant and fundamental commonalities. Throughout the data analysis process, this researcher has focused on "The Experience of Grief and Loss Resulting from the Death of a Loved One as it Impacts the Individual Psychologically, Spiritually, and Physically." After the analysis of the data, a further magnification of the interviews were made

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through viewing the lived experience of the participants with a focus on a depth psychological perspective. The following additional theoretical lenses have been utilized: psychoanalytic, attachment, and stage theory. This has brought added insight and psychological understanding to the experience of grief and loss of a loved one.

Participants

Participant solicitation and selection.

-In undertaking this study, this researcher has obtained ~~nine~~ 9 adult volunteers (male and female individuals over 18); as voluntary research participants. All participants have experienced ~~the~~ loss of ~~a~~ loved one. A minimum of ~~one~~ year has passed since the death of the loved one, giving the participants enough time to be able to ~~initially~~ process the grief ~~initially~~, and, for the purposes of this study, to be able to reflect on the effects of the experience of the loss and the grief. Prospective participants were gathered through referrals from practicing psychotherapists; however, no participants were ~~a~~ current or past clients of a therapist. Respect was given to all participants who were in the grieving process, and thus a heightened sensitivity to this issue was present in this researcher when invitations to participate in the study were presented. The level of sensitivity was ascertained through asking questions as outlined (See Appendix E, “Grief Sensitivity Scale”). A letter of invitation describing the study was provided to participants; a copy of this letter is attached in the ~~a~~ Appendix. The pool of participants was from contacts and clinical associates who had recommended a person who might be both well-suited for the study and also potentially benefit from the research study processes. Such persons were invited to contact ~~the researcher~~ me if interested in participating.

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-Through initial phone contact, potential interested participants were screened for suitability via the “Grief Sensitivity Scale.” ~~and suitability for the study.~~ Those selected were provided with the ~~i~~Informed ~~c~~Consent form that provides full details as to the nature of the researcher’s project and the data collection process; a copy of this document is included in the aAppendix. This form offers pertinent details such as possible risks, benefits, confidentiality, and important contact information. Any questions that arise in the course of reviewing the ~~i~~Informed ~~c~~Consent form were discussed beforehand. The ~~i~~Informed ~~c~~Consent form was signed, and the participants were given a copy for their records. Those interested in participating arranged a convenient date and a mutually agreed upon location for the private, recorded interview.

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General selection criteria.

-General selection criteria (e.g., race, sex, marital status, ethnicity, education level, and socioeconomic status) were random except for the following criteria: (a) participants must be age 18 or over and ~~are~~ voluntarily participate~~ting~~ in the study; (b) participants must possess the ability to speak, read, and comprehend English; (c) participants must have experienced the loss of a loved one, and a minimum of one year’s time must have elapsed since the death; (d) participants must possess appropriate mental health status and emotional stability (to be assessed through the interview process and the related “Grief Sensitivity Scale” and “Study Sensitivity Survey”); (e) participants ~~must~~shall indicate an interest and willingness in engaging in further personal exploration of the topics of grief and loss through preliminary discussions and voluntary participation in this study; and (f) individuals with a DSM diagnoses such as an Axis ~~-II~~ disorder,

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psychotic disorder, or compromised cognitive functioning would not be included in this study.

Further, several additional factors were considered and monitored due to the sensitive nature of the research topic and the possibility of triggering reactions within the pool of interested participants. These factors were ascertained through personal discussion and completion of the “Study Sensitivity Scale.” These factors are as follows:

- (a) possible confusion or misunderstandings resulting from language issues in cases where the participant’s English is rudimentary, or in cases where English is the second language;
- (b) personal, spiritual, or religious factors that may affect the individual’s understanding of the topic and personal bias toward the topics;
- (c) level of understanding (sufficient emotional and intellectual ability);
- (d) concerns or barriers related to the ability to disclose and discuss personal data due to social, cultural, and personal issues such as race, ethnic background, or sexual preference; and
- (e) significant personal issues that might cause participant distress that may require additional support or psychotherapeutic services.

Those who were still having a significant response to the grief and loss and were experiencing anxiety, depression, or PTSD were screened by the researcher for suitability ~~and/or~~ were given the opportunity to decline participation.

All potential participants were clearly informed that they may discontinue their participation in the study at any time and for any reason; this researcher stressed that there is no consequence involved ~~infor~~ any such action. All potential participants were informed that they will be contacted following the actual interview in order to review transcriptions of the interviews, refine personal information and details, and to offer any appropriate support and follow-up communication required. This researcher’s contact

information was supplied to all participants. No information regarding the participants will be shared with therapists, referring persons, or any other entity. No participant will be a current or prior client of any referring therapist.

Materials

For the semi-structured interview, this researcher had compiled a list of significant interview questions (copy attached in the [Appendix](#)). In order to ensure that the interview is as natural and free-flowing as possible, the participants were not shown this actual list. All of the questions were or were not asked, and other questions not included in the list came up as the interview unfolded. The questions outlined in the original list were merely intended as a general guide for the researcher, and natural deviations from this list ~~were~~ welcomed and allowed. Although the focus remained on loss and the grieving processes, supplementary information was expected.

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Procedures

Procedures for ~~d~~Data ~~c~~Collection.

Following ~~the~~ receipt of referrals for possible research interview candidates, the prospective participants were initially contacted by this researcher via telephone. General details of the study and the potential participant's prospective role as an interview subject were described. The discussion also included a brief review of suitability criteria as detailed in the "Grief Sensitivity Scale" and the "Study Sensitivity Survey." For those participants who appeared to be interested, willing, and suitable, a preliminary personal meeting was arranged in order to ~~more thoroughly~~ discuss the study ~~more thoroughly~~. At the time of the initial face-to-face meeting, the prospective participants were given the

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detailed “Letter to Participants,” and the parameters of the research study were reviewed in greater depth. Details such as ~~the~~ audio recording of the interviews, the nature of the interview questions, and the follow-up procedures were discussed. Due to the sensitive nature of the research topic, the researcher made use of this meeting to conduct a more thorough, in-person evaluation of the prospective participant’s actual suitability for the study by making use of the “Grief Sensitivity Scale” and the “Study Sensitivity Survey.” Once both the researcher and the prospective participant agreed that the individual ~~was~~ well-suited for the study, the ~~i~~nformed ~~c~~onsent ~~f~~orm was reviewed and signed. In addition, the researcher outlined the possible risks and benefits that may be involved by participation in the study. Confidentiality issues were also discussed. ~~Also, as well, an~~ opportunity was provided for the potential participant to raise any additional questions or concerns. It was determined by this researcher that, due to the deeply sensitive nature of the research topic, the actual interview appointment was conducted separately from preliminary discussions and document review. Accordingly, prior to the conclusion of this meeting, a separate appointment for the actual interview was set.

~~**~~On the day of the actual interview appointment, a brief re-orienting discussion of the participant’s role in the study occurred prior to the interview itself. All interviews took place in a secure, private, and comfortable setting. The participants were reminded that the interviews were audio-taped, and that their private identifying information will remain confidential. General confidentiality concerns and general ethical issues were reviewed, and the participants were provided the opportunity to raise any questions or concerns. The audio recording of the interviews ~~were was~~ started after the researcher facilitated a brief, relaxing introduction into the interview process. During the interviews,

the researcher used pre-set questions as a guideline for the interview (see Appendix A, “Interview Questions”). Although the unique nature of the semi-structured interview process allowed for deviations from this template, the participants were asked to provide details on general issues such as (a) the relationship to the deceased; (b) a description of the impact of the loss; (c) the physical details of the loss and surrounding situational factors; (d) the personal level of preparation for the loss; (e) the level of closure related to the loss; (f) the most difficult aspects of the loss; (g) any positive aspects of the loss; (h) the effects of the loss and grieving upon other relationships with loved ones, general relationship with the self, long-term goals, and healthy living practices; (i) emotional, spiritual, physical, and cognitive changes that occurred as a result of the loss and grieving; (j) any particular spiritual or religious practices that aided with the loss and grieving; (k) any events or situations that prompt a resurgence in feelings related to the loss and grieving; (l) the manner in which deep feelings related to the loss or grieving were managed; and (m) any specific images or feelings that developed in connection with the loss and the grieving process. Due to the semi-structured nature of the interview process, any additional questions and responses that naturally developed were explored.

Subsequent to the interviews, the researcher listened to each tape completely before beginning transcriptions. After the initial review of each taped interview, the researcher listened to each tape for verbatim transcription purposes. The tapes were reviewed at least two times to ensure proper transcription. To ensure confidentiality, each transcription was identified by a number (e.g., Participant #1, Participant #2, and Participant #3); names or initials were not used.

Following the transcription of each taped interview, each participant was provided with a complete transcription of the interview for review via email and mail in a confidential manner. Each participant was provided the opportunity to correct and comment upon the document. The researcher was available to the participant to answer questions, review and confirm document edits, and respond to any concerns before the document was finalized. This step concluded the data collection portion of the research process.

Procedures for dData aAnalysis.

—Upon finalization of each interview transcription, the researcher thoroughly analyzed each transcription to uncover coalesced meanings and themes. The researcher personally reviewed the taped interviews and personally transcribed each interview. The specific detailed processes that were undertaken for the phenomenological qualitative data analysis are as follows: (a) natural meaning units (NMUs) were individually extracted from the text of each participant’s interview transcript; (b) the natural meaning units that arise from each transcript were compared within that individual transcript and then condensed into aspects; (c) a second order profile (e.g., a list of the aspects found in the original text) was developed from each participant’s data; (d) an essential description (a summary of the experience and elaboration of the second order profile) was formulated for each individual; (e) an aggregate analysis was developed by comparing the second order profiles for all participants to ascertain and illuminate commonly shared aspects; (f) the common aspects (distinct themes across all interviews) were uncovered as a result of the condensation of all collectively shared aspects; (g) an aggregate essential description ~~wasere~~ developed by summarizing all common aspects noted; and (h) verbatim

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descriptions offering supportive themes from each individual transcript were compiled. Although phenomenological data analysis is intrinsically time-consuming and detail-oriented, the rich depth and intimate essence of the results are incomparable. This multi-stage research process provided the necessary data to afford a unified understanding of the collective nature of the experience being studied. For the purposes of this research, the experience of grief and loss resulting from the death of a loved one was more fully understood, particularly as it impacts the individual psychologically, spiritually, and physically.

Limitations of the Research

Phenomenological research affords a unique opportunity to bring a greater depth of understanding to the topic being studied, yet this approach carries its own challenges. The phenomenological approach affords the researcher a profound glimpse into the highly personal, subjective experiences of the participants. In doing so, a major limitation is the fact that the resulting foundational data is inherently subjective in nature. The researcher, in analyzing this data, strived to remain objective through bracketing her own preconceptions and judgments, yet it is acknowledged that phenomenological data analysis cannot be entirely free of the researcher's own experiences and resulting personal conceptions.

As the participants in this study were referred by practicing therapists, a high degree of similarity may exist among the research participants. Some of the participants may have previously engaged in some form of psychotherapy, **and** this may affect the results of the study. Further, persons who were involved in psychotherapy may appear to be more educated and aware of the psychological aspects of grief and loss. Such

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individuals, in general, may appear more psychologically-minded than the general population. In addition, certain segments of the population were underrepresented in psychotherapeutic populations; factors such as race, socioeconomic status, culture, and sex impact the individual's likelihood of engaging in psychotherapy. Accordingly, a known limitation of this study was the fact that certain segments of the general population ~~would~~ be underrepresented.

In addition, due to the time-intensive nature of the methodology selected, this researcher is restricted to working with a relatively small number of research participants. While the data offered by the participants is incredibly rich and informative, the research population ~~was~~ limited to ~~nine-nine~~ participants. The results of such a study cannot be extrapolated to the general population due to the small sample size. ~~While-Although~~ this research will allow for a greater understanding of the experience of grief and loss resulting from the death of a loved one in respect to the psychological, spiritual, and physical effects, the results cannot be generalized to the greater population or applied to those who will in the future lose a loved one.

In working with issues such as grief and loss, an important inherent limitation in a phenomenological qualitative study is the changes in memory experienced by the research participants. It is understood that an individual will often recall a memory or event differently due to the passage of time. Cognitions and memories are often affected by intervening experiences, and ~~this is an important to consider~~ ~~try: it is important to~~ ~~consider~~ ~~the~~ the changeable nature of the human memory in general. Further, as this study simply delineates that one year must have passed since the loss of the loved one, it is possible that some participants may have experienced a loss fairly recently, ~~while~~

whereas others may have experienced the loss many years prior. The variation in the number of intervening years may also affect the study results, for it is a generally accepted concept that loss and grief experiences diminish in intensity over time.

It is also noted that the interview process is necessarily limited in nature. Even allowing for natural variations and digressions in the nature and quality of questions and responses, the pre-set list of questions ~~are-is-list-...-is~~ relatively abbreviated. Further, as the actual interview process is generally restricted as to the timeframe, it is expected that the content and flow of the interview may be constrained, and a critique could be made that there were too many directed questions. As the rapport established between the researcher and participant is limited, the depth of the information provided may be affected, as it may be considered too personal and sacred to convey in detail. Given the highly sensitive and personal nature of the research topic, any such concerns are very understandable, yet the results of the study will be impacted accordingly. Finally, it is anticipated that the audio taping of the personal data, even with the understanding of the confidential nature of the interviews, may generally impact the participants' level of personal ease and their ability to ~~comfortably~~ disclose comfortably sensitive material related to the experiences of loss and grief.

Ethical Considerations

~~Theis~~ researcher made a concerted effort to comply with all American Psychological Association standards in regard to conducting research with human participants. This researcher complied with the criteria of Pacifica's Human Ethics Committee for Research. Each participant was given an ~~i~~²Informed ~~c~~²Consent² form as well as a form outlining the nature of the study; ~~c~~²Copies of each form are attached in the

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Appendices. The "Informed Consent" also clarifies and details confidentiality issues. All interviews and written transcriptions identified the individuals by a participant number and all other identifying information that might cause the identity of the person to be recognized was removed or concealed. Confidentiality was protected to ensure that no harm comes to the research participants. All research documents and files will be kept in a secure location to ensure the protection of the participants' data and information. Other relevant considerations in regard to general ethics as it relates to potential participants and actual participants are also noted in the aforementioned section.

Chapter 4

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Findings CHAPTER-4

FINDINGS

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The purpose of this study was to understand the individual's experience of grief and loss related to the death of a loved one and its impact on psychological, spiritual, and physical levels. Using a qualitative phenomenological approach, one research question was posed: Following the death of a loved one, how do the experiences of grief and loss impact the individual on emotional, psychological, spiritual, and physical levels?

Additionally, a sub-question was also posed: From a holistic perspective, in what ways do the experiences of grief and loss affect the individual's perception of life and life experiences?

The focus of the study involved nine participants who have experienced the death of a loved one. Through face-to-face interviews, the recorded interviews were transcribed and analyzed to determine underlying themes and coalesced meanings related to the experience of the various emotional, psychological, spiritual, and physical impacts of death and loss. Analysis of the data was made through viewing the lived experience of the participants with a focus on a depth psychological perspective.

This Chapter-4 presents the results of the analysis of the participant interviews. It is important to note that the chief advantage of the study is that responses to interview questions may touch on thematic characteristics of the research that are not specifically covered by any single research question or interview question, which allows new information to emerge. This characteristic of research is an advantage because it does not confine the interviewee to a narrow set of answers; instead, the participants are allowed to express more fully individual perceptions and beliefs based on experiences of the phenomenon.

Organization and Interpretation of Data

All participants' interviews were audio recorded. Following the ethical procedures, all participants were informed that the interviews are audio recorded to ensure the consistency and reliability of data analysis. To ensure the creditability of the data, the researcher utilized the member checking during the transcription of individual interviews.

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Upon finalization of each interview transcription, the researcher thoroughly analyzed each transcription to uncover coalesced meanings and themes. The specific detailed processes undertaken for the phenomenological qualitative data analysis are as follows: (a) natural meaning units (NMUs) were individually extracted from the text of each participant's interview transcript; (b) the natural meaning units that arise from each transcript were compared within that individual transcript and then condensed into aspects; (c) a second order profile (e.g., a list of the aspects found in the original text) ~~were was~~ developed from each participant's data; (d) an essential description (a summary of the experience and elaboration of the second order profile) was formulated for each individual; (e) an aggregate analysis was developed by comparing the second order profiles for all participants to ascertain and illuminate commonly shared aspects; (f) the common aspects (distinct themes across all interviews) were uncovered as a result of the condensation of all collectively shared aspects; (g) an aggregate essential description was then developed by summarizing all common aspects noted; and (h) verbatim descriptions offering supportive themes from each individual transcript was compiled. Using the phenomenological process of data analysis, essential individual and structural descriptions of natural meaning units culled from the interview transcript are presented in the subsequent section.

Essential Individual Description

This section presents the individual summary of the experiences of the individual in grief and loss. The presentation of the analysis uses the information culled from the transcripts of interviews. The summary presents the individual themes as perceived, felt, and experienced by the nine participants involved in the study.

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Participant #1.

Participant #1 is in her early 30²s. She shared the personal and family experiences regarding the loss of her cousin. She considered her grieving as a long, tormenting ~~and a long~~ process. Unlike other losses she ~~experienced~~~~had~~ with other persons important to her, she felt ~~the~~ grief with the loss of her cousin because she was unable to show her cousin care towards the end of her life. Although she said she visited and spent ~~d~~ a short time with her cousin before the death, she expected she would have a full recovery and had not thought about her possible demise. Participant #1 shared that her cousin was close to her and that the only hindrance ~~of to~~ her regular reunion was that her cousin's family lived far away from the rest of her family so they could not see each other often.

In an in-depth sharing, ~~P~~participant #1 had the tendency to deny the death of a loved one. She said that "I don't want to remember anyone I love as a dead body lying in a casket ever. That is not what they were to me." For ~~P~~participant #1, the essence of a person lies in the soul. She said ~~that~~, "I feel that once the soul has left the body there's no need to look at the body anymore."

In her grieving, ~~P~~participant #1 experienced ~~the~~ feelings of isolation and felt the unnecessary indifference of people's actions ~~s~~ towards the death of her cousin. She recalled the burial ceremony of her cousin and considered it ~~as~~ an unloving act. She said that the burial ceremony felt empty "by people we didn't even know... etched in my memory."

In her effort to recover from the loss, ~~P~~participant #1 transferred her attachment and extended the loss times to the husband of her cousin. However, in her grieving, she

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Comment [A82]: "empty 'by...'" is hard to understand.

held her cousin's husband responsible for not taking effective care of her cousin. She said, "I just never felt that he gave her enough attention and he's not a warm fuzzy person like my cousin was." Participant #1 believed that death is not relative to how an individual lived life. In the case of her cousin, she believed that the death of her cousin has nothing to do with health but with the inadequacy of care and attention.

With the death of her cousin, Pparticipant #1 became more receptive to other individuals who are close to her. For her, she needs to make the most out of the present by saying, "What if today were the last day?" With her experience, she has become more fearful about death, particularly the feeling of losing someone. She felt that anger resides in her heart as a consequence of her experience. She recalled the feeling of anger towards others' existence in exchange for the life of her cousin. In her grieving, she resents the individuals who desire to end their grieving.

Although Participant #1 reports having accepted the loss of her cousin, she said that she finds herself "vulnerable... if somebody mentions that somebody has died." She experienced reliving the emotions of loss when she hears about the grieving of others. As such, she experienced anxiety over several things. She said that anxiety made her "look older." The effect of grieving made her recall instances that-when she refused to remember anything about anxious events. She said, "I feel that my short-term memory has been compromised." Furthermore, the loss of her cousin also affected her sense of invincibility. She implied that death is something that comes even before aging and that the death of individual must be accepted. As time passes, Pparticipant #1 said that emptying the mind through exercise can ease down her painful memories.

Participant #2.

Participant #2 is in her early 70s. Her experiences regarding loss and grief have been vast at her age. She experienced losing her parents and other individuals attached to her. However, the loss of ~~her~~the second husband when he was 74 years old, when she was 65, who was 74 years old at that time and she was 65 year old, was the most tormenting grieving process she encountered and the “most significant” in her life. She shared that her husband already had a “troubled heart” even before they were married. Although she and her husband were prepared for their eventual death~~s~~, she considered herself unprepared for the early death of her husband. In fact, she recalled the words they always uttered: “If we had ~~ten~~10 good years, then it was worth it, and we would be happy.” However, ~~P~~participant #2 admitted that although she “had quite a long time” recovering from the loss of her husband, she had decided to end the grieving process. Participant #2 is an independent woman. She described her relationship with her husband as “two independent people actually being married.” Thus, grieving for her is something manageable. She utilized more of her time in work. She said, “My salvation is that I have a job, and I still have a job which keeps me going, and I just could not be without something to do.”

Participant #2 recalled that losing the companionship she had for years was the most difficult aspect of her husband’s death. She described her husband as “a very personable guy,” loved by everyone. She explained that death of her husband was sudden and was difficult to accept. However, while in the process she learned to accept the loss. She said that ~~with~~what she experienced with her husband’s death prepared her for her own eventual death.

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In the case of Pparticipant #2, her coping mechanism for the grieving process includes continuing her life and lifestyle that she had with her husband. She continues to travel and work for her employer “who thinks that I’m worth keeping even though once in a while I take off for a couple of weeks.” Her innate independence helped her in coping with the loss.

When asked about the effect of death ~~to-on~~ her relationship with her living loved ones, Pparticipant #2 denied the assumption and stressed that “I think that the hardest thing was dealing with his children because... they felt that I was the second wife.” She recalled that grieving the death of her husband was affected due to his first family demanding the remains of her husband. However, the death of her husband changed her outlook in life. She said that she appreciated the life she had with her husband. She said, “I have really no desire to get married again or to have any kind of relationship other than men friends.”

Comment [A83]: What assumption?

While she admitted that there were changes occurring as she lost her husband, she said that she had not withdrawn from the reality of his actual death. She said that she was not fearful of being alone because she keeps herself busy at work. In terms of the spiritual aspect, Pparticipant #2 said that she had been spiritual even ~~outcast-unclear~~ in the Catholic religion. Her spiritual deeds never ended after the death of her husband. She continued to help the needy. She also stressed that she is not certain where to associate her consciousness in health. However, she said that, “as I get older, you know, I’m quite aware of my diet, and of my exercise, and – and I really try very hard to stay in good shape.”

Comment [A84]: Sentence is hard to understand from “even outcast” on.

In the 11 years ~~of~~since her husband's death, ~~P~~participant #2 retained two drawers filled ~~of~~with his belongings that she felt she has the accountability of keeping. When asked about anything that brings her in touch with the loss, she said "Well, I'm getting over it. Now ~~its~~it's 11 years, but I'm sure other people tell you this, but for maybe the first ~~five~~5 years I kept a lot of his clothes." She stressed that keeping a regular communication with friends who ~~both~~ knew them both helps her grieving process. She further said that the image she could remember about her husband was his interest in becoming a sailor.

Participant #3.

~~P~~participant #3 is in her late 20's. She was an adolescent when she experienced losing her mother due to lung cancer. Although ~~P~~participant #3 knew that lung cancer patients seldom survive, she prayed to God and hoped that her mother could recover from her illness. As such, when her mother died, she stopped going to church, isolated herself from her family, and resented the spiritual power of God. She felt that her family could ~~ean~~not understand her grief. She recalled that every time her family went to visit her mom's burial site, she just nodded and said "hi" to her mom.

Although she loved her father and her siblings, ~~P~~participant #3 was more attached to her mother. She explained~~;~~:

I was always closer to her than to my dad. Because when we were back home she raised us when I was 4 until 12. That's when we moved here with my dad. So I don't have the same relationship that I had with her compared to my dad. I always had her to talk to when I had problems or when I was gonna do things. I couldn't do the same thing with my dad.

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The death of her mother meant the loss of her confidant and a friend. She said that the death of her mother affected her motivation to pursue ~~her~~the dreams ~~that she aimed toward~~. She explained:

One of the promises I gave her was when I get in and start making money, I would take her out, go shopping, all that stuff ~~_____~~give her what she deserves. And now that she's gone, there's no point. I don't have the same motivation as I used to.

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Participant #3 missed her mother so much that she thought that suicide was an option for her to reunite with her mother. However, while she had thought of committing suicide, she thought of her father and siblings who also dearly loved her, and therefore, it was no longer an option.

Participant #3 ~~had~~developed a sleep disorder after the loss of her mother. According to ~~P~~participant #3, sleeping ~~remains~~is difficult for her, especially when she hears her mother's favorite music. When this happens, she recalled that she finds herself visiting the tomb of her mother.

Participant #3 shared the moments that she tried to live and relive the time she had her mother. She said, "I see pictures, music that reminds me of her. She would say ~~_____~~every day I think about her, and I get very emotional." By experiencing the presence of her mother, ~~P~~participant #3 tried to end the grieving by staying "strong."

Participant #4.

~~P~~Participant #4 is in his late 40's. He lost his father because of lung cancer.

Although he said that he was aware of his father's illness, he said that his father kept the illness a secret until he was dying. Participant #4 felt that the word "loss" is inappropriate to describe his case. He said that the appropriate way to describe his experience is

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“transition.” Participant #4 explained that the spirit of his father only transforms in another being and that his soul is not completely gone. He said:

I wouldn't actually use the word *loss* because even though my dad is no longer here, the transition wasn't a loss. It was a transition. It didn't really affect my lifestyle change. The whole process was a really delightful transformation and experience before.

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As such, the grieving process for Participant #4 in fact helped him in getting to know things about his brother. Participant #4 considered the changes as a deepening experience that aids him in knowing himself better.

Unlike other participants in the study, Participant #4 believed that his loss is only a part of the transition. He believed that the spirits of his loved ones convey a message that helps him in everything he does. Participant #4 had no resentful feelings. He explained:

This thing that happened yesterday, almost losing him, I really got more connected with his spirit because I didn't think I was ever going to see him again, so my dad, I have this whole presence. I actually didn't see him that much in his later years. I talked to him on the phone, but I hadn't gotten up here in ages, so I didn't know how he'd aged. I just always had a connection with his spirit.

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Participant #5.

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Participant #5 is in her early 40's. She was 35 years old when she lost her father, ~~due to lung cancer~~ who was then 60 years old, due to lung cancer. Participant #5 was slightly timid in sharing her experiences. The word she kept on repeating is that her family had **issues** with business, which made their grieving less important.

Comment [A85]: "that her family..." is not a word.

Although Participant #5 loved her father, grieving was not a difficult experience for her. In her interview, she did not consider the death of her father as a life-changing event. For her, “the death part of it doesn't mean an end to the relationship.” Further, she noted that she was not “involved in his daily life at all.” As such, when asked about the

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image she could think of about her father, Pparticipant #5 noted that she could see a healthy father.

Participant #6.

_____ Participant #6 is in her mid-50's. She described the feeling of losing a mother. Participant #6 said that the death of her mother gave her the "realization that death is a part of the process." Participant #6 described this process as being born, living the life, and experiencing death. ~~With the lost of her mother,~~ Pparticipant #6 said that ~~experience~~ the loss of her mother gave her the "opportunity to have a perspective on my mortality." Her perspective about death is something that can be "orchestrated" or can be prepared. Participant #6 said that she maximized ~~her~~ the knowledge as the caregiver in preparing herself in the eventual death of her mother. In the reflection of losing a loved one, Pparticipant #6 said that ~~while-although~~ she accepted that life has to end, she said that "certain things needed to be addressed."

When asked about the difficult experiences she had when her mother died of cancer, Pparticipant #6 indicated that the "excruciating pain" her mother experienced was the most difficult part that the participant had endured. However, the living moment of her mother gave her the "intimate experience" that her mother deserves to have. Even after the death, Pparticipant #6 believed that her closeness with her mother remains as ~~and [as and? unclear, rephrase]~~ "nonjudgmental support" of a mother in dealing with her own challenges and endeavors. She said that she feels the presence of her mother when a "beautiful bird flies over my head during a time of struggle, it is a symbolic reminder from my mother that I am strong enough to overcome it."

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Comment [A86]: Sentence is hard to understand.

Participant #6 recalled that losing a loved one changed her view about life. She learned to be “more forgiving” of herself and became calm in dealing with her life goals. She learned to include helping people as her “career goal” and not take seriously the people she considered ~~to be~~ “toxic.” With these new perspectives, she felt spiritually blessed and felt that she lived a “physically slower lifestyle.” She also learned to appreciate the deeds of people around her by saying “You’re a good daughter/son.”

While she felt that she had moved on, ~~P~~participant #6 said that she still recalls the pain of losing a loved one when seeing a ~~-~~daughter taking care of her mother, walking slower, helping with choices, waiting, ~~caring.~~ ~~[where did this quote begin? Add open quotes]~~ When confronted with this situation, she usually engages herself by talking to friends and “giving myself time to experience the memory.”

Comment [A87]: Origin of quotation unclear.

Participant #7.

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~~-~~Participant #7 is in his mid-~~-~~30-s. He lost his father when he was 26 years old. He recalled that the death of his father had changed his life because of the responsibility that he had to take over. Participant #7 said that he was unprepared for the sudden death of his father. The cerebral aneurysm, which caused the death of his father, made him feel uncertain of reaching closure. He said ~~that~~, “I feel his death was so sudden that it left a lot of things unsaid. So I feel I will for now still work towards a closure.” With the loss of his father, ~~P~~participant #7 feels ~~the~~ anger and ~~the~~ anxiety ~~regarding~~ ~~over~~ the responsibilities ~~that~~ ~~of which~~ he had to take charge ~~of~~. He ~~reported~~ ~~said that~~, “I felt tired and lacked energy and cognitively was in disbelief that he was gone.” He questioned the existence of God while wondering where his father had gone. However, it was his faith

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in God that helped him recover from the “tough times.” Participant #7 indicated that pictures and special events such as graduation and holidays remind him of his father.

However, he said that when reminded ~~by~~of his loss, “I tend to exercise or just allow my thoughts to go where they want and deal with it as it goes.”

When asked about the difficult aspect regarding the death, he indicated that he missed sharing his accomplishments and life changes with his father. Thus, with the loss, he learned to value the presence of a loved one by spending “more time with your siblings and your child.” He said that “I want to be around to help my family.” Participant #7 also indicated that with the loss, he learned to value his health and to value his life goals. He said that “I don’t want life to pass by without doing what I want to do.”

Participant #8.

-Participant #8 is in her late 60²s. She described her mother as a source of strength of their family. Losing her mother therefore had destroyed their “family structure.” Although the cancer of her mother gave them the opportunity to prepare, ~~for~~ ~~her death~~Pparticipant #8 considered ~~the loss~~her death ~~as~~ accidental. She said ~~that~~, “I don’t think anyone can have an ample time for such loss... especially since I always thought that I didn’t have enough time with her.” ~~With~~For her loss, ~~P~~participant #8 blamed herself. She explained, “...had I insisted for her to stay with me, I could probably have prevented the outcome which she certainly did not deserve.” Participant #8 revealed that seeing her mother relieved of pain means that she needs to accept the death. However, she emphasized that while she has moved on, she cannot forgot or “close the chapter.” Participant #8 believed that her mother had unfinished business of uniting their

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family members. Participant #8 explained, “She was the driving force and she never completed the task that she started. Perhaps, that is why the closure has taken so long because she was not given the opportunity to complete her task.”

The death of her mother gave her an opportunity to realize different aspects in life. Participant #8 realized the importance of family of one’s life. ~~S~~Verbatim, she observesaid:

Never take anything for granted and how important certain members of your family are to your foundation of life and its structure. How fragile life is and we always take everything for granted and how fast a smile can turn to tears and sadness and how powerless we feel when reality takes over beyond our control. Basically as unfortunate as it sounds, we cannot change destiny, no matter how good and/or how bad we are.

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With her experience, she realized the importance of living ~~the~~ life to the fullest. She revealed that death cannot be stopped. She said:

So, enjoy the moment, live for now and don't think about what is up ~~...~~ Live life to the fullest and put everything out there and remember, today is the tomorrow that we were anxiously awaiting for yesterday! Therefore, live for now and let the chips fall where they supposed to and if you are not here tomorrow, make sure that you have done it all and hopefully, done enough good things that your legacy keeps your family proud.

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She also revealed that the life of her mother did not end in her death. She said that “Out of site-sight should not mean out of mind. Keep her memory and legacy a live as long as we all live.”

As such, ~~P~~participant #8 is kept reminded of her mother on occasions such as holidays and in situations like “seeing other older ladies with their grand-children, when someone close dies, especially if is a younger child or when someone is sick, it doesn't matter what kind of disease.” When confronted with these situations, ~~P~~participant #8

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Comment [A88]: If it is?

looks up at the ceiling. She said, "I believe that she is watching us, so she can hear me.

That is good enough for me."

Participant #9.

~~Like P~~ participant #98 is in her early 50's. She lost a mother who was the source of strength in the family~~for the unity of their family members~~. Participant #9 described her mother as an independent woman who suffered cancer when ~~she~~ Participant #9 was 14 years old. At her young age, participant #9 said she never thought that she would lose her mother. She was full of hope that her mother would soon recover from the suffering.

As such, when asked about her closure of the demise, she said that she

~~...~~ never had closure before the death and didn't have closure immediately after the death. I guess a few years after it became easier and easier to deal with but to this day certain times and moments when I look at her picture I just think of her or a specific date brings all those pains back.

Participant #9 recalled that it was difficult for a teenager to lose her mother.

However, she felt grateful that her father was still with her. Her experiences taught her that the presence of a loved one is valuable. With her experiences, her relationship with her father changed after seeing the sacrifices her father had after the loss. She said that her experience shaped her outlook on~~in~~ life. She said, "I am here more for others that are alive than try to change my life because of losing a loved one that was so dear and close to me as my mother." Participant #9 learned that time is valuable and that it should be spent wisely with ~~the~~ loved ones. She said:

I want you to look at your life and loved ones and remember you don't know how much time that you have with them so tell them what you want them to know because you don't know what tomorrow brings. Tell them how you loved them and what you want them to know from your heart.

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Participant #9 said that she recovered from the loss. Her sense of sadness stemmed from her realization that she was unable to express her care and love. She revealed that she talks to her mother and even asked her “to keep an eye out for the family everyday as she was the glue that held it together.”

Essential Structural Descriptions

This section presents the aggregate analysis of the culled natural meaning units of the experiences of ~~nine~~9 participants involved in the study. Essential structural descriptions are presented in a manner consistent with the research questions. Four thematic categories and one sub~~—~~—thematic category were culled to answer the question: Following the death of a loved one, how do the experiences of grief and loss impact the individual on emotional, psychological, spiritual, and physical levels?

The first thematic category identified was the feeling of resentment encountered during the process of grieving. Five major categories were identified, constituting the first theme. Eight of the participants involved felt the feeling of anger as a result of the attachment that was lost along with their loved ones. Participant #2 felt that with the death of her cousin she also lost the connection she had with her cousin’s husband. Participant #3 lost the person who ~~had~~became her companion for ~~seven~~7 years. Although participant #3 is an emotionally~~—~~—independent woman, she recognized that she had lost the person who accompanies her in every escapade. Participants #7, #8, and #9 felt resentment because their parent was their family’s source of strength. Losing their ~~parents~~s changed their family structure.

Eight of the participants also identified that ~~the~~feelings of anger strike because they ~~were~~are unprepared for the death of their loved ones. Although ~~eight~~eight of the

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participants indicated that although they are informed of the possibility of the death of their loved ones, they were emotionally unprepared to accept that life of their loved ones had to end. However, though participants indicated that these deaths are significant for them, the levels of emotional responses vary in the experiences of the participants involved in the study. Participants #4, #5, and #6 had positive dispositions after the death of their parent, while-whereas Participant #3 considered committing suicide to feel the presence of her mother.

Of the nine experiences reviewed in the study, four of these experiences felt the involved bitterness as a result of missed hopes and aspirations. Edited to fix anthropomorphism, which APA specifically does not allow: experiences cannot feel bitterness; people can. Four of the participants were hopeful for the full health recovery of their loved ones. Participant #3 also hoped for the recovery of the medical condition of her mother so she can could continue to achieve her goals in life. Again, a medical condition does not recover; a person does. Participant #9, at her young age, hoped for the recovery of her mother.

Resentment was also felt as a result of the participants' unmet desire to see and feel the presence of their loved ones. Participant #1 dreamt of her cousin wearing red lipstick. Her imagination with her also eases down the hatred she felt after her cousin's the death. Participant #3 resorted to playing the music of Beatles to somehow feel the presence of her mother. Participants #6, #7, #8, and #9 talked to their loved one in the open air as they with the belief that their loved ones can could hear their words.

Finally, an inability unable to show care before the death of a loved one was also identified as a factor that resulted in the blaming of others and self for the death of a

loved one. Participant #1 blamed her cousin's husband for the inadequate care being provided to her sister.

Table 1 ^{*}

Thematic Category 1: Resentment as ~~M~~major ~~F~~feeling ~~E~~encountered ~~D~~during the ~~G~~grieving ~~P~~process

Thematic Categories/Constituents	# of Participants to Offer this Experience	% of Total Responses Given by Participants
Loss of attachment	8	25.81
Unprepared death	8	25.81
Missed/failed hopes of recovery/aspirations	5	16.13
Desire to see and feel the person/missing the loved one	8	25.81
Unable to care before death	2	6.45
Total	31	100.00

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Comment [A89]: Tables need to be reformatted so that the "total" line has a line underneath it.

The analysis identified three negative effects associated ~~with~~~~the~~ individuals who felt ~~the~~ resentment as a result of the death of their loved ones. These are: (a) tendency to withdraw in painful situations, (b) ~~f~~Felt symptoms of emotional disturbance, and (c) ~~L~~Loss of faith in God ~~or~~ ~~w~~aning of spiritual connection. Although these effects are in varying levels according to their unique experiences and attachment with the deceased individual, these negative effects are prevailing during their grieving.

Participant #5 indicated that he is likely unaffected ~~of~~~~by~~ the painful death of his father because he believed that connecting with his father's spirit is possible.

Table 2^{*}

Sub-Thematic Category 1: Associated ~~N~~egative ~~E~~ffects of ~~R~~esentment

Thematic Categories/Constituents	# of Participants to Offer this Experience	% of Total Responses Given by Participants
Tendency to withdraw in painful situations	5	26.32
Felt the symptoms of emotional disturbance (sleep disorder, fatigue, anxiety)	7	36.84

Loss of faith in God/waning of spiritual -connection	7	36.84
Total	19	100.00

When asked ~~about the~~ whether the ~~y-participants~~ achieved closure over the death of their loved ones, four of the participants are ~~still iyet on~~ the grieving process and felt no closure ~~regarding-about~~ their loved one's' deaths. Although the lives of their loved ones ended many years ago, ~~four-four4~~ of the participants keep hold of the memories of their beloved person. Participant #2 kept the personal belongings of her husband ~~in spite of being apart from him for~~ ~~despite the~~ 11 years ~~being apart~~. Other participants indicated that happy memories of ~~deceased the beloved ones~~ still linger in their imaginations.

As revealed in the study, closure ~~of-concerning~~ death is difficult to achieve, particularly: ~~when~~ (a) when time spent with the loved one is considered short by the participant; (b) when there is hope for recovery; (c) ~~when death means the~~ loss of a companion ~~or,~~ confidant; and (d) when there are unresolved issues after the death of the beloved.

Table 3*

Thematic Category 2: Grieving ~~P~~rocess ~~I~~s ~~N~~ot an ~~A~~ssurance of ~~A~~acceptance and ~~C~~losure of ~~D~~eath

Thematic Categories/Constituents	# of Participants to Offer this Experience	% of Total Responses Given by Participants
When time spent with loved one is considered short (e.g.g. living separately, absence)	7	30.43
When there is hope for recovery	4	17.39
Loss of companion, confidant	6	26.09
When there are unresolved issues (livelihood, ambitions, etc.)	6	26.09
Total	23	100.00

As a result of the grieving experiences, four thematic categories were identified constituting the participants' theme of *learning about the value of life and the presence of loved ones*. Participant #1 shared that her sense of invincibility was lost after the death of her cousin. With her experiences, she realized that death comes by surprise. She said, "I just never thought I'd be burying a cousin before my parents." Thus, she realized that she needs to attend to the needs of the people important to her. Her question, "What if today were the last day?" has been instrumental in dealing with the other people. Participant #6 also shared the same experience, and described ~~the~~ death as a process that every "mortal" has to experience. Accordingly, one must experience being close to the loved one before life ends.

Eight participants noted that instead of mourning the painful death of their ~~be~~loved ~~ones~~, their losses had been their strengths in living ~~the~~ life with their friends and ~~family~~. Though ~~P~~participant #3 thought of committing suicide, she diverted this intention by spending her time with her father and siblings. Participant #1 decided to attend to the needs of her other family members. Participant #5 had the time to learn ~~the interest~~ ~~of~~more about his deceased father's ~~interest~~ in house electrical wiring. Other participants opted to spend time with ~~the~~ living family members.

~~M~~eanwhile, ~~seven-seven~~7 of the participants implied that life has a short timeline, which needs to be ~~satisfied~~. All participants who indicated cancer as the cause of death of their beloved revealed that the last hours of their loved ones were spent to ~~fill~~ happy memories.

Comment [A90]: Sentence from "their losses" on is hard to understand.

Comment [A91]: "which needs..." is hard to understand.

Comment [A92]: "spent to fill..." is hard to understand.

Finally, ~~six~~ 6 of the participants indicated that grief and loss experiences deepened their viewpoint regarding life. As discussed earlier, their experiences taught them that no individual is invincible and life is indeed short.

Table 4*

Thematic Category 3: Learned the Value of Life and the Presence of Loved Ones as a Result of the Experiences in Grief and Loss

Thematic Categories/Constituents	# of Participants to Offer this Experience	% of Total Responses Given by Participants
Receptive in dealing with relationships	8	27.59
Taking the loss of loved ones positively	8	27.59
Making the most out of the present	7	24.14
Deepened outlook in life	6	20.69
Total	29	100.00

When asked about images of the deceased ~~that~~ they encountered in dreams and imagination, nine of the participants indicated the happy memories they had with their ~~beloved ones~~. Their dreams and imaginations with their loved ones involved (a) loved ones' interests, (b) happy conversations with someone close to ~~the~~ loved one, (c) image of a living person, and (d) the ~~routine~~ works when she or he was still alive.

Comment [A93]: "routine works" is hard to understand.

Table 5*

Thematic Category 4: Death Is Remembered as a Celebration of the Happy Memories with Loved Ones

Thematic Categories/Constituents	# of Participants to Offer this Experience	% of Total Responses Given by Participants
Remembering the loved one's interest (music, lipstick, aspirations)	7	33.33
Remembering the conversations with loved ones	5	23.81
Remembering the loved one as a living person	7	33.33

Comment [A94]: Theme is hard to understand.

Remembering the routine works of a loved ones	2	9.52
Total	21	100.00

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Summary

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Chapter ~~four~~4 presented the findings of the study relative to the question:

Following the death of a loved one, how do the experiences of grief and loss impact the individual on emotional, psychological, spiritual, and physical levels? The findings of the study presented four thematic categories, which answered~~s~~ the research questions. The themes which emerged ~~weare~~ (a) resentment ~~ias a~~ major feeling encountered during the grieving process;~~;~~ (b) ~~the~~ grieving process is not an assurance of acceptance and closure of death;~~;~~ (c) ~~the participant~~ learned the value of life and ~~of~~ the presence of loved ones as a result of the experiences in grief and loss;~~;~~ and (d) death is ~~remembered~~ as a celebration of the happy memories with loved ones. These are themes reflecting the experiences of grief and loss, which influences~~s~~ the emotional, psychological, spiritual, and physical states of an individual. These themes mirror the experience of the process and impact of grief and loss. ~~El believe that e~~ each experience is unique to the individual;~~;~~ however;~~;~~ there are commonalities that exist that may be displayed in different forms. Grief and loss ~~is~~ ~~are~~ a significant part of living a full life,~~;~~ and in turn, confirms ~~that~~ life is not truly experienced without it. This process ~~promotes-teaches~~ us to be resilient by learning, growing,~~;~~ and adapting to life's inevitable turns. The subsequent chapter will discuss the implications of the current findings.

Comment [A95]: "death is remembered..." is hard to understand.

Comment [A96]: Who/what is confirming?

Chapter 5

Summary, Conclusions, and Recommendations

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~~CHAPTER 5~~

~~SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS~~

The purpose of this qualitative phenomenological study was to better understand the individual's experience of grief and loss related to the death of a loved one and its impact on psychological, spiritual, and physical levels. The main research question that was posed in this study was: Following the death of a loved one, how do the experiences of grief and loss impact the individual on emotional, psychological, spiritual, and physical levels? In addition, a sub-question [note: you are inconsistent as to whether you use hyphen or space with the prefix sub-, or spell it closed. Use electronic search/replace to achieve consistency throughout.] in wa- is also posed: From a holistic perspective, in what ways do the experiences of grief and loss affect the individual's perception of life and life experiences?

The focus of the study involved ~~nine~~ nine participants who have experienced the death of a loved one. ~~Through~~ After face-to-face interviews, the recorded interviews were transcribed and analyzed to determine underlying themes, and coalesced meanings were noted related to the experience of the various emotional, psychological, spiritual, and physical impacts of death and loss. Analysis of the data was made through viewing the lived experience of the participants with a focus on a depth psychological perspective.

All participants' interviews were audio recorded. Following the ethical procedures, all participants were informed that the interviews would be audio recorded to ensure the consistency and reliability of data analysis. To ensure the creditability of the data, the researcher utilized the member checking during the transcription of individual interviews. The researcher thoroughly analyzed each transcription to uncover coalesced

meanings and themes upon the finalization of each interview transcription. Using the phenomenological process of data analysis, essential individual and structural descriptions of natural meaning units culled from the interview transcript were formed.

The findings of the study presented four thematic categories, which answered the research questions. ~~The Four~~ themes reflected the experiences of grief and loss, which influences the emotional, psychological, spiritual, and physical states of an individual. These themes were (a) resentment ~~is~~ a major feeling encountered during the grieving process; (b) the grieving process is not an assurance of acceptance and closure of death; (c) participants learned the value of life and the presence of loved ones as a result of the experiences in grief and loss; and (d) death is remembered as a celebration of the happy memories with loved ones: ~~are themes. [Edited to avoid awkward breaking up of the sentence with the long lettered list of themes.] reflecting the experiences of grief and loss, which influences the emotional, psychological, spiritual, and physical states of an individual.~~

Comment [A97]: "death is remembered" is hard to understand.

Chapter 5 ~~of the study~~ presents the interpretation of the results presented in Chapter 4. The chapter consolidates the findings of the present study relative to the available and known literature about grief and loss related to the death of a loved one and its impact on psychological, spiritual, and physical levels. The present chapter also covers the implications of the research findings, recommendations for future research, study limitations, and conclusions relative to the findings of the study.

Conclusion

The death of a loved one may result ~~to~~ in feeling resentment during the process of grieving. It is likely that individuals experience the feeling of anger as a result of the

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attachment that was lost along with their loved ones. In this situation, individuals undergo a loss of companionship and a change of family structure. Individuals usually experience anger because they are unprepared for the death of their loved ones. Although individuals may be informed of the possibility of the death of ~~at~~ their loved one, they are emotionally unprepared to accept that the life of their loved ones has to end.

~~Al~~though these deaths are significant for them, the levels of emotional responses vary among the individuals' experiences. Some people have positive dispositions after the death of ~~at~~ their loved one. However, for some people who were not attached to the person, grieving is not a difficult experience. Some people did not consider the death of their loved one as a life-changing event.

Moreover, individuals often felt bitterness as a result of missed hopes and aspirations. They were hopeful for a full ~~health~~ recovery of their loved ones. ~~Often, a person hopes for the recovery of the medical condition of a loved one,~~ so that achievement of life goals can continue. Resentment was also felt as a result of unmet desires to see and feel the presence of their loved ones. ~~Individuals~~ ~~A person~~ may also experience resentment when ~~they are an individual is~~ incapable ~~to of caring~~ ~~showing care for~~ a loved one before ~~their~~ ~~his or her~~ death, which may result in blaming others and ~~themselves~~ ~~self~~ for the death of a loved one. This also happens when the person blames another person for the inadequate care being provided that resulted ~~to in~~ the death of a loved one.

However, three negative effects are associated ~~with~~ ~~to the~~ individuals who felt resentment as a result of the death of their loved ones. ~~I~~ ~~An~~ individuals may have the tendency to withdraw in painful situations, undergo symptoms of emotional disturbance,

and experience loss of faith in God ~~or~~ wanting of spiritual connection. Although these effects are in varying levels according to their unique experiences and attachment with the deceased individual, these negative effects ~~are prevailing~~ during their grieving.

However, closure ~~after of a~~ death is difficult to achieve, particularly when (a) time spent with loved one is considered short; (b) there is hope for recovery; (c) ~~the~~ loss of ~~a~~ companion ~~or~~ confidant is involved; and (d) ~~when~~ there are unresolved issues after the death of the beloved. Thus, the grieving process that a person experiences after the death of a loved one is not an assurance of acceptance ~~of~~ and closure ~~of concerning~~ death.

As a result of the grieving experiences, individuals have learned about the value of life and the presence of loved ones. With their experiences, individuals realized that death may come by surprise. ~~Individuals realized that they~~ ~~A person realized that he or she~~ needs to attend to the needs of the ~~peoplerson~~ important to ~~themher~~. As such, death is a process that every human has to experience. Accordingly, one desires to experience being close to the loved one before life ends.

Individuals who experienced ~~d~~ the death of their loved ones ~~have~~ changed their outlook in life. Individuals also realized that their losses had been their strengths in living life with their friends and family. People diverted their ~~intentions~~ by spending their time with ~~the~~ living family members. ~~S~~ ~~For some people, they~~ believed that life has a short timeline, which needs to be satisfied. Individuals who were aware that their loved ones are about to die ~~have~~ considered the last hours of their loved ones to be spent with happy memories. Others ~~have~~ opted to indulge ~~themselves in~~ with the happy ~~memories~~ they had with their ~~beloved ones~~. ~~For some people, g~~rief and loss experiences ~~to some people~~

Comment [A98]: Attention?

Comment [A99]: Sentence starting "individuals who were..." and "others opted to indulge..." are hard to understand together.

deepened their viewpoint regarding life. These experiences taught them that no individual is invincible and life is indeed short.

The death of a loved one provides the realization that death is a part of the process of existence. Some people considered this a process as-of being born, living the-life, and experiencing death. With the expected death of a loved one, this gives an individual an opportunity to have a personal perspective on his or her own death. A person believes that death, specifically the eventual death of a loved one, is something that can be prepared for in the eventual death of a loved one. As such, a person has to accept that life has to end.

Implications

Grief is a normal response to loss, which is multidimensional with physical, behavioral, and meaning/spiritual components. Grief is characterized by a multifaceted set of cognitive, emotional, and social changes as a result of the death of a loved one. Individuals differ in the type of grief they experienced, particularly in terms of its intensity and duration, and in how individuals express their grief (Christ et al., 2003). Grief has been thoroughly explored through various religious and spiritual paradigms. A majority of individuals experiencing grief show parallel forms of significant distress, anxiety, yearning, and sadness, and-but focus on these symptoms reduces over time.

However, individuals vary in the type, intensity, duration, and style of expressing their grief (Christ et al., 2003). Usually people do not encounter adverse bereavement-related health issues, and the most people to respond efficiently with bereavement-related distress (Allumbaugh & Hoyt, 1999; Bonanno et al., Wortman, & Nesse, 2004).

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Comment [A100]: What does "meaning/spiritual" mean?

Comment [A101]: Sentence from "and the most" on is hard to understand.

The findings of the study revealed four thematic categories, which answer~~ed~~s the research questions. The four themes revealed in the analysis include: (a) resentment ~~as-is~~ a major feeling encountered during the grieving process; (b) ~~the~~ grieving process is not an assurance of acceptance and closure of death; (c) ~~learned-participants learned~~ the value of life and the ~~importance of the~~ presence of loved ones as a result of the experiences in grief and loss; and (d) death is remembered as ~~a~~ celebration of the happy memories with loved ones. These themes reflect the experiences of grief and loss, which influence~~s~~ the emotional, psychological, spiritual, and physical states of an individual.

Comment [A102]: "death is remembered..." is hard to understand.

Several theories are discussed in the literature on psychological theories pertaining to grief: psychoanalytic theory, Jungian and depth psychology theory, archetypal theory, attachment theory, and ~~thantology~~thanatology: stage theory. In addition, the literature also discussed psychological theories pertaining to loss: psychoanalytic theory, the Jungian and depth psychology theory, archetypal theory, ~~and~~ attachment and object relations theories. These theories explain the ~~of~~ findings of the present study in understanding the individual's experience of grief and loss related to the death of a loved one and its impact on psychological, spiritual, and physical levels.

Resentment as major feeling encountered during the grieving process.

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Grief is considered a normal part of the adjustment to the reality of a significant loss.

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Grief is viewed as the personal reaction to bereavement. The individual reaction may include a vast array of manifestations including emotional, cognitive, behavioral, and physiological reactions. Mourning, though often confused with grief, refers to the social manifestations of grief that are influenced by the specific culture in which the mourner

lives. Some people who experience grief and loss with the death of a loved one considered grieving as ~~tormenting and~~ a long, ~~tormenting~~ process. People who had ~~ve~~ a close attachment to ~~a deceased loved one~~ ~~their beloved who departed~~ had the tendency to deny the death of ~~the~~ loved one. Some experienced the feelings of isolation and felt the unnecessary indifference of people's action towards the death of their loved ones.

This is explained by Cassidy and Shaver (1999) ~~on and~~ their attachment theory. This theory rests upon the importance of childhood attachment patterns as they affect short-term and long-range behavioral orientations. The death of a loved one may trigger immense feelings of grief, regardless of attachment history. Even the most secure and well-adjusted persons may experience severe stress and trauma as a result of intense grief. Attachment theorists assert that an appropriate bond between a caregiver and a child allows the child to form a secure relationship with the caregiver (e.g., mother).

The death of a loved one may result ~~to in the a~~ feeling of resentment during the process of grieving. Individuals experience the feeling of anger as a result of the attachment that was lost along with their loved ones. The literature indicated that a variety of psychological struggles were associated with the death of a loved one. These ~~feelings~~ include fear, guilt, anxiety, helplessness, and anger; ~~increased~~ scores ~~demonstrated~~ on tests of clinical distress; depression; and additional psychological indicators (Holland et al., 2006; ~~JJiang, Chou, & Tsai, iang et al.~~ ~~[list co-authors first time cited]~~, 2006; Thompson et al., 1998). These individual challenges are frequently indicative of adjustments in self-concept.

~~In this situation~~ ~~When experiencing the death of a loved one~~, individuals undergo a loss of companionship and a change of family structure. Individuals ~~usually often~~

experience anger because they are unprepared for the death of their loved ones. Although individuals may be informed of the possibility of the death of their loved ones, they are emotionally unprepared to accept that the life of their loved ones has to end.

According to Edelman (2006), attachment theorists categorized individuals who experienced the death of a loved one into three groups. The first group includes those individuals who form secure attachments with other adults. The second group includes people who are fearful or hesitant about their social and romantic relationships. The third group consists of individuals who are reluctant to stay away from being attached to other people (pp. 180-181). While attachment patterns are thought to be formed in early infancy, severe disruptions at any stage in life (e.g., through abuse, prolonged illness, or the death of a loved one) can deeply influence a person's sense of attachment. This is supported by Edelman, who notes, "Even when an infant is raised by a loving mother and develops a secure bond with her...specific life events can disrupt his sense of security" (p. 181). Throughout all stages of life, the theory of attachment explicates the manner in which many individuals uniquely approach, and process, the experience of grief.

However, though these deaths are significant for them, the levels of emotional responses vary among depending upon the individuals' experiences. Some people have positive dispositions after the death of their loved one. However, for some people who were not attached to the person, grieving is not a difficult experience. Some people did not consider the death of their loved one to be a life-changing event. Moreover, individuals often felt the bitterness as a result of missed hopes and aspirations. They were hopeful for full health recovery of their loved ones. Often, a person hopes for the

~~recovery of the medical condition of her loved one~~, so that ~~they~~~~he or she~~ could ~~an~~ continue to achieve ~~their~~~~his or her~~ goals in life.

Resentment was also felt as a result of their unmet desire to see and feel the presence of their loved ones. A person may also experience resentment when an individual is incapable ~~to of~~ showing ing care before the death of a loved one, which may result in blaming others and him- or herself for the death of a loved one. ~~This also happens~~ Resentment can also result when the person blames another person for ~~the providing~~ inadequate care, ~~which being provided that~~ resulted ~~to in~~ the death of a loved one. Some people believed ~~d~~ that death is not relative to how an individual lived his or her ~~life~~ ~~[unclear]~~. ~~Some people believed~~ Others think that the death of their loved one has nothing to do with health issues but rather with is a result of the inadequacy ~~of~~ care and attention.

Comment [A103]: Sentence is hard to understand.

~~Individuals~~ An individual also becomes ~~more~~ more receptive to other individuals who are close to ~~them~~~~her~~. Some ~~people have~~ become more fearful about death, particularly the feeling of losing someone. Some people felt hatred, ~~while~~ ~~whereas~~ some people even recalled ~~the feeling of cursing other people's deaths~~ ~~[in exchange of the life of a loved one]~~ ~~this phrase is hard to understand in this context~~. During the grieving process, a person may resent ~~the~~ individuals who desire to end their grieving. As such, the impact of loss upon the individual is seen as having far-reaching implications.

Comment [A104]: Participants?

~~This is purported in the work of~~ Millán and Millán explained that the effects of loss are particularly noticeable when the loss occurs at an early stage in life, when the attachment bond is not secure, or when the loss ~~—~~ regardless of the age of the individual ~~—~~ is perceived of as devastating. As underscored by theorists such as Bowlby,

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when a loved one dies, the individual may be profoundly affected by the loss, causing the individual to suffer from various psychiatric symptoms, interpersonal difficulties, and intrapsychic difficulties related to the severing of the attachment with the loved one. In such cases, the individual's intrapersonal and interpersonal relationships are affected through disruptions in attachment patterns.

As an individual goes through the grieving process, the individual's attachment patterns serve an important role in the ability to integrate the necessary elements of the process. As noted by Horner (1979) *in Object Relations and the Developing Ego in Therapy*, "Bowlby (1973) observed that 'whether a child or adult is in a state of insecurity, anxiety or distress is determined in large part by the *accessibility and responsiveness* of his principal attachment figure' (p. 48). The effect of a caregiver's repeated failure to connect or physical absence (whether through death or other separation) has a profound impact on the individual's formative patterns. The child perceives such situations to be emotional or physical abandonments, and the resulting effects often endure through the individual's lifetime. Horner contends, "A gross deficiency in object relations leads to an arrest in the development of all sectors of the personality" (p. 51). Accordingly, one would expect that the individual's ability to effectively manage loss and grief as an adult would be related to foundational early childhood experiences.

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Grieving process is not an assurance of acceptance and closure of death.

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According to Edelman (2006), ~~the~~ true mourning, according to Freud (1966)^{*}, involves a gradual and entire extrasensory disconnection from the loved object, with the purpose of

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later reattachment to another person. Edelman (2006) stated that the individual's ability to ~~fully~~ detach fully from the loved object, and the benefit of such detachment, is now thought to confound the bereavement process.

It is likely that people ultimately achieved closure over the death of their loved ones. However, ~~some~~ people who are still ~~on-in~~ the grieving process ~~and felt~~ sometimes feel no closure about their loved ones' -death. Although the lives of their loved ones may have ended many years ago, individuals keep hold of the memories, -of their beloved person. ~~They usually~~ keep ing personal belongings of their loved ones and valu ing the happy memories of their beloved.

~~In the preeminent work of~~ Kübler-Ross (1969), ~~the author~~ described the five stages of grief as they related to individuals facing terminal illness. These stages were later found pertinent in critical personal life events including the death of a loved one, the ending of a marriage, loss or change of a job, persistent illness, or other events perceived as being catastrophic in nature. The stages include denial, anger, bargaining, depression, and acceptance. It is stressed that not all individuals pass through all five stages of grief; it is further noted that ~~there is often a fluctuation between~~ the stages are not always experienced in this order. This theory, which is critical to a more fundamental understanding of loss, has had a substantial impact on the manner in which clinicians, and many individuals in the general public, come to understand and approach the process of grieving. Kübler-Ross (1981) beautifully acknowledged the paradoxical aspect of grief: "Both birth and death involve great changes and adjustment, even inconveniences and pain, but also joy, reunion, and a new beginning" (ix).

Comment [A109]: Which?

Although some people may have accepted the loss of their beloved, some ~~have experienced~~ reliving the emotions of loss when ~~they heard about~~ the grieving of others. As such, a person may experience anxiety ~~in several areas over several things. The effect of grieving made a person evoke some instances that he or she refused, even to the point of failing~~ to remember anything about ~~anxious-the~~ events ~~that caused such great anxiety.~~

Three negative effects are associated ~~to-with-the~~ individuals who ~~feel~~ the resentment as a result of the death of their loved ones. Individuals may have ~~the-a~~ tendency to withdraw in painful situations, undergo symptoms of emotional disturbance, and experience ~~a~~ loss of faith in God ~~or a~~ /waning of spiritual connection. Although these effects ~~are-occur~~ in varying levels according to ~~their-people's~~ unique experiences and attachment with the deceased individual, these negative effects ~~are-prevail~~ing during their grieving.

The loss of a loved one may also result ~~into~~ a loss of the person's sense of invincibility. Death is something that ~~can~~ comes even before aging and ~~that-the~~ death of ~~an-that~~ individual must be accepted. Although some people ~~are-feel~~ prepared for ~~the~~ eventual death, some ~~have-considered-their-selves~~ feel unprepared for ~~the-they~~ early death of their ~~beloved~~ ones. Some people considered ~~ed~~ grieving as something manageable. Although it ~~really~~ takes a long time ~~to-recover~~ing from the loss of ~~their-a~~ beloved, some people have eventually decided to end the grieving process. For others, their coping mechanism for the grieving process includes continuing the life and lifestyle they had with their loved ones.

Individuals learned the value of life and the presence of loved ones as a result of the experiences in grief and loss.

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~~While-Although~~ the sudden death of a loved one is difficult to accept; a person may have learned to accept the loss gradually. Individuals who experience the death of their loved ones have changed their outlook ~~in-on~~ life. Some people tend to be more forgiving of the ~~mi-~~selves and be~~o~~ame calm in dealing with their life goals. With these new perspectives, some ~~felt-feel~~ spiritually blessed and have learned to appreciate the deeds of people around them.

As a result of the grieving experiences, individuals have learned about the value of life and the presence of loved ones. In their effort to recover the loss, individuals transferred their attachment and extended ~~the~~ loss times with ~~the~~ living family members. With their experiences, individuals realized that death comes by surprise. A person realized that attending to the needs of the ~~dying~~ person important. ~~As such, death~~ Death is a process that every human has to experience. Accordingly, one must experience being close to the loved one before life ends. As highlighted by Romanyshyn (1999), it is through life-changing encounters with grief that the individual's psyche is forever altered; the emotional, spiritual, bodily, and psychic lenses through which the world is viewed are far different from those in place prior to the grief experience.

Individuals also realized that their losses turn into strengths in living ~~the~~ life with their friends and family. People diverted their ~~intention-attention~~ by spending their time with ~~the~~ living family members. This supported the work of Moore (1994) from an archetypal perspective, ~~of-in~~ which the process of grief is seen as an important part ~~in-of~~ the individual's journey. It is through the experience of grief that one is more fully able to explore and understand ~~the~~ deeper facets of the self.

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Comment [A111]: Participants?

~~While-Although there are~~ changes ~~occurring-occurred~~ as they lost their loved ones, some ~~people~~ faced the reality of life and diverted their attention at work. In terms of ~~the~~ spiritual aspect, ~~although~~ one person had ~~previously~~ been a spiritual outcast in ~~their~~ religion. ~~Their his? her?~~ spiritual deeds never ended after the death ~~of their his? her?~~ beloved. As such, some have continued to help the needy. Others also keep ~~up a~~ regular communication with friends who ~~both~~ knew them ~~both, which~~ helps ~~her-in the~~ grieving process. The grieving process that an individual experiences ~~has-can~~ helped ~~the-a~~ person ~~in-get ting~~ to know things about ~~his-or her/him-self or her-self~~ as well as ~~about~~ other people. ~~They considered~~ ~~For these people,~~ changes ~~can be seen~~ as a deepening experience that ~~aidshelps people get to know themselves the person in knowing his or her self~~ better.

According to Jung (1963/1989), loss, ~~as-withlike~~ grief, is a necessary component of life that ~~could-can~~ be used to further comprehend the self and explore undiscovered aspects of the self. The ~~resulting~~ sense of loss ~~could-can~~ be used by the individual to further understand the psyche. Jung theorized that the self, as the internal regulator of the psyche, would strive to use life experiences in order to find greater balance and a sense of wholeness.

~~For some~~ ~~Some~~ people, ~~they~~ believed that life has a short timeline, which needs to be ~~satisfied~~. Individuals who were aware that their loved ones ~~are-were~~ about to die ~~have~~ considered the last hours of their loved ones to be spent ~~with~~ happy memories. Grief and loss experiences to some people deepen their viewpoint regarding life. These experiences taught them that no individual is invincible and ~~that~~ life is indeed short. Thus, the experience of loss is one of the key life experiences that may be used to ~~more deeply and powerfully~~ explore and expand the self ~~more deeply and powerfully~~. It may be that

Comment [A112]: Participants?

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intense changes within the psyche might even be noted as affecting the individual externally. As succinctly stated by Romanyshyn (2002), “Loss can lead to a transformation which is so profound that the bereaved one appears to those who have known him as another being” (p. 58).

The death of a loved one gave ~~a~~ participants the realization that death is a part of the ~~process~~. Some people ~~considered this process as~~ felt that this process consisted of being born, living ~~the~~ life, and experiencing ~~ing~~ death. ~~With~~ ~~When~~ the ~~expected~~ death of a loved one ~~is expected~~, this gives ~~an~~ individuals ~~an~~ ~~the~~ opportunity to ~~have~~ ~~develop~~ a personal perspective on ~~their~~ ~~his~~ ~~or~~ ~~her~~ own deaths. A person believes that death is something that can be prepared ~~for~~, ~~as~~ in the eventual death of a loved one. As such, a person has to accept that life has to end.

Death is remembered as a celebration of the happy memories with loved ones.

Some people who experienced grief and loss after the death of a loved one have encountered their beloved in their dreams and imagination. ~~In~~ Jung’s (1963/1989) ~~theory~~ ~~on~~ ~~grief~~, ~~this~~ ~~was~~ ~~beautifully~~ addressed this phenomenon in his description of one of his own dreams on death. In what he described as a dream that made a “devastating impression” upon him, Jung noted that he had been tossed back and forth between two disparate fields of emotions. One part of him felt warm and delightful, yet the other side of him was fearful and grieving.

Comment [A117]: The process of what?

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Some people linger ~~over~~ the happy memories they had with their beloved. Their dreams and imaginations with their loved ones involved his or her interests, happy conversations with someone close to him ~~or~~ her, the image of ~~the~~ living person, and the routine work ~~undertaken~~ when ~~he or she~~ ~~he or she~~ was still alive. These descriptions offer a portal into a view of grief as the ego's response to death, ~~of which~~ ~~when~~ the ego mourns and grieves what it perceives to be a terrible and devastating event.

According to Jung, the psyche, however, would view the same death as a joyous event, not an occurrence to be grieved. The ~~a~~ Archetypal theorists view loss from the perspective of the images and archetypes contained within the loss experience. ~~From~~ ~~In~~ this paradigm, the individual who has suffered the loss of a loved one may find healing through allowing the psyche to reveal the unconscious meanings and previously hidden internal dynamics and yearnings. The life of the individual's spirit—the soul—is paramount in the field of archetypal psychology, and the loss experience is viewed as an opportunity to further explore the depths of the soul.

~~There are~~ ~~In~~ several instances, ~~that~~ a person would talk to their loved ones with the belief that their loved ones can hear their words. A person may ~~have imaginations~~ ~~about~~ ~~imagine~~ their loved ones ~~to~~ ~~easing~~ down the hatred they felt after the death. In the perspective of Kohut (1987), the ability to ~~successfully~~ hold a memory ~~successfully~~, to be able to view and embrace an internal image of the person who is not available, is one indicator of an individual's ability to let go of the deceased loved one in a healthy fashion. A sense of feeling securely attached to a loved one is often considered a prerequisite in being able to ~~effectively~~ manage various life challenges ~~effectively~~, for the securely attached individual is often able to function more successfully and

autonomously in times of stress and difficulty. In the case of the loss of a loved one, the ability to internalize a sense of the loved one, to gradually process the loss while maintaining a sense of the self as being whole, may allow the grieving person to move through the loss in a more fully integrative fashion.

Recommendations

Prior to this study, ~~Despite the vast and huge and~~ wide-ranging research ~~and writings~~ on the topics of grief and loss, no studies had yet been undertaken ~~in regard to using~~ a qualitative, phenomenological approach to the individual's holistic experience of grief and loss as related to the death of a loved one. The purpose of this study was to understand an individual's experience of grief and loss related to the death of a loved one and its impact on psychological, spiritual, and physical levels. The field of psychology has developed wide-ranging, highly significant theories to explain and understand the emotional, psychological, and spiritual foundations of human grief.

The results of the study have significantly answered the research questions posed in the present study. Additional qualitative research is both warranted and necessary in order to understand and ~~thoroughly~~ appreciate thoroughly death's impact upon the living. The field of psychology will benefit from new insights that foster a healthy relationship with death, as well as a means to ~~effectively~~ cope effectively with the processes involved in loss and grief. Additional research should be conducted to ~~thoroughly~~ understand death, grief, and loss thoroughly, as well as unhealthy and destructive experiences

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associated with grief and loss after the death of a loved one. The results of such a study cannot be extrapolated to the general population due to the small sample size and limited cultural awareness, as the participants did not reflect different multicultural perspectives on death and the grieving process. Therefore, further studies are recommended to thoroughly cover the experience of grief and loss resulting from the death of a loved one thoroughly in respect to ~~the~~ psychological, spiritual, and physical effects.

According to Freeman and Ward (1998), knowledge of background theory, ~~knowledge,~~ considerations, and strategies prepares school personnel among-in institutions to anticipate, understand, and respond to the grieving process in an informed and appropriate manner. A comprehensive understanding of the impact of grief and loss ~~for~~ on educational facilities is also important. Ideally, school communities are advised to raise members' awareness of the grieving process prior to encountering personal loss or crisis. It is suggested that education be provided to professionals ~~that-who~~ tend to the bereaved.

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Comment [A124]: If this is an anthology, need complete info.

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~~reorder Corr entries in order shown by number: 5~~ Corr, C. A., & Corr, D. M. (2000). Anticipatory mourning and coping with dying: Similarities, differences, and suggested guidelines for helpers. In T. A. Rando (Ed.), *Clinical Dimensions of Anticipatory Mourning* (pp. 223-252). Champaign, IL: Research Press.

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Comment [A132]: W. W. Norton?

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Comment [A133]: Earlier you capitalize all letters in this word; also, you do not give the subtitle. Is it the same journal?

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Comment [A150]: Volume? Pages?

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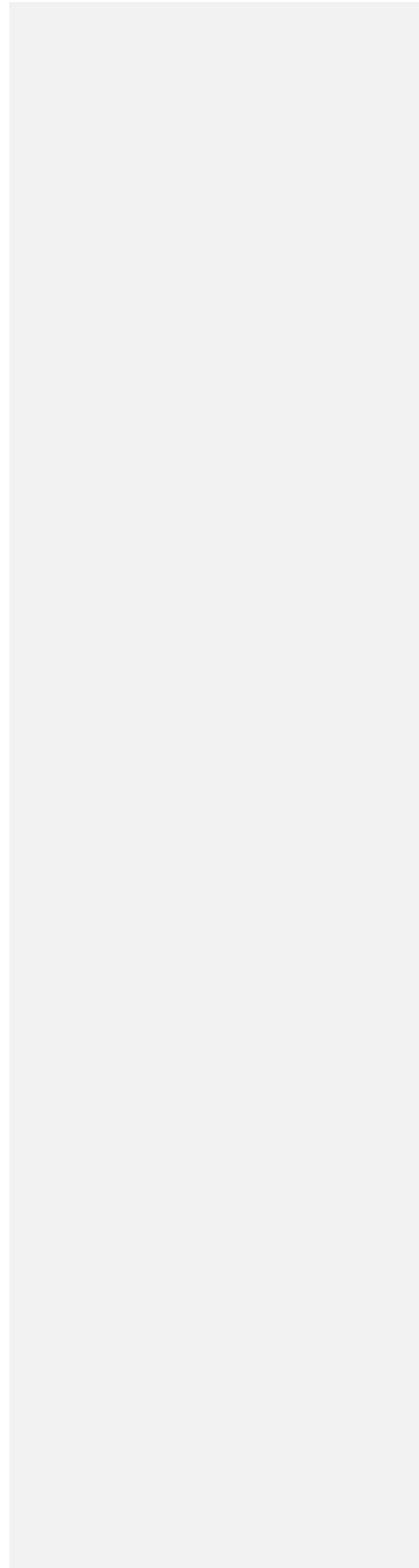
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Note: Double space any appendix that is not a verbatim copy of a form or document
(such as a consent form given to your participants, etc.)

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Appendix A

Research Participant Informed Consent

I, X, am in the dissertation phase of my PhD in Clinical Psychology program at Pacifica Graduate Institute. This form offers important information related to your voluntary participation in my dissertation research project. If you have any questions or concerns about this process or your involvement, please ask me for clarification prior to signing this form. You may contact Dr. X at #.

The Purpose of this Research: I intend to study certain aspects of your experience of death (the loss of a loved one or family member) and how this experience has affected your life. The research study and the study results may be used in the dissertation itself, as well as in future publications, and oral presentations.

The Research Procedures: The interview of approximately one to two hours in length (which will be tape recorded) will provide the data used in this study. During the interview, I will ask a series of open ended questions related to the experience of the loss of a loved one or family member. As the researcher, I will transcribe the interview transcript. From this transcript, I will formulate specific themes relating to the experience. I may find it valuable to contact you during this process to ask questions or obtain clarifications. Upon completion, you will receive a copy of the initial typed transcript and thematic analysis to add comments and/or to clarify any information.

The Potential Benefits and Risks for Participants: Participants may benefit from this study by having the opportunity to gain further understanding and awareness of experiences related to the death of a loved one or family member. In reading the results of interviews and my research process, you may gain additional understanding of your personal experiences related to this topic. Certain risks are involved in research participation; while this study is designed to be non-threatening and non-intrusive,

unexpected and/or undesirable emotions and feelings may arise as a result of exploring your experience. Concerted efforts will be made to decrease risks and undesirable effects, yet the process of remembering, reviewing, and discussing certain personal experiences may be disturbing. If you experience negative reactions at any time before, during, or after the interview, you may immediately discontinue the process without any penalty whatsoever contact me at # and I will offer referrals to therapists if necessary. No compensation (financial or otherwise) is offered for participation in this study.

Protection of Research Participants: All participants in this study may opt-out of their voluntary participation at any time. As well, all participants may, without penalty, decline to answer research questions. The participant's confidentiality will be protected by removing identifying information. A pseudonym will be given to all participants.

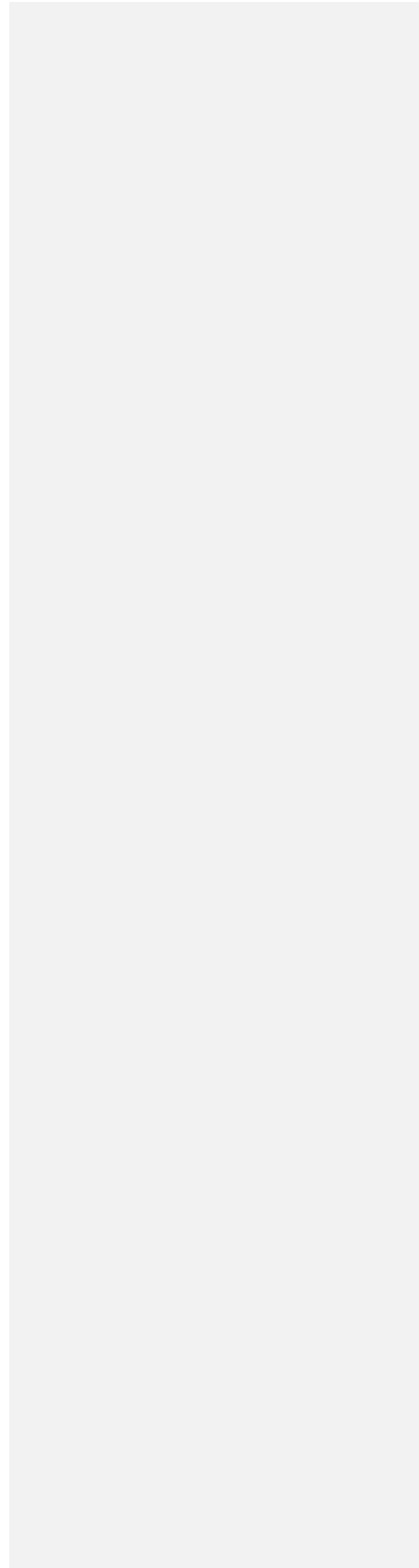
Participant Consent and Signature: The researcher, XXX, has explained to the participant all details outlined above. The participant has been given ample opportunity to ask questions; any questions and concerns have been satisfactorily addressed.

Researcher: Printed Name: _____ Signature: _____ Date: _____

By signing below, I acknowledge that I am a voluntary participant in this study, and that I am an informed, consenting participant. I also acknowledge that I have read this consent form in full. Any questions and concerns that have arisen have been addressed by the researcher noted above. I willingly desire and agree to participate in this study under the terms and conditions outlined above. As well, I hereby agree to the researcher's use of my personal interview and related data in accord with the terms and conditions noted and described above.

Participant: Printed Name: _____ Signature: _____ Date: _____

Participant Phone: _____ E-mail Address: _____



Appendix B

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Letter of Participation

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I, XXX, am a graduate student at Pacifica Graduate Institute in ~~Carpentaria~~Carpinteria, California. In pursuing my Ph-D- in Clinical Psychology, I have chosen to study certain human responses to death from a phenomenological approach. The dissertation requirement for my Ph-D- in Clinical Psychology offers me the opportunity to explore the individual's experience of death (specifically the death of a family member or loved one) in a deeply personal interview process. The interview process, which allows for a face-to-face exploration of your unique perceptions of death and your personal experiences related to death, will take approximately ~~60~~sixty minutes. All identifying information will be kept confidential. The research questions have been designed by me in order to allow you the opportunity to reflect upon, and then discuss, how the experience of a loved one's death has affected you. Such an experience influences and affects us on many levels; the impact often persists over years or even a lifetime. In exploring your experience related to death, I hope that the overall interview process proves helpful to you in further understanding your relationship to the subject matter. If you are referred by a therapist, rest assured that your information will remain confidential.

The interview process may bring forth certain emotions and thoughts; this is normal, and may occur during or after the interview process. Should you find any such thoughts upsetting or disturbing, please do not hesitate to contact me; I will discuss your concerns with you and, if necessary, provide you with a referral for therapy. Please refer to the attached "Informed Consent" for further details and specifics regarding my dissertation and your possible participation. The "Informed Consent" also provides important contact information in the event you have questions or concerns. Please feel free to contact me at # or via e-mail at EMAIL.

Thank you so very much for your willingness to participate!

Sincerely,

XXX

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Appendix C

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Letter of Invitation

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A doctoral graduate student at Pacifica Graduate Institute in Carpentry, California, I am pursuing my Ph-D- in Clinical Psychology. I would like to invite you to participate in my current research study. If you, or someone you know, may be interested in working with me to explore personal experiences related to the loss of a loved one and the resulting grieving process, please contact me. The grieving process can affect each person in a variety of ways and for different periods of time. I will be working with participants on a confidential basis to understand human responses to death from a phenomenological approach. Through the interview process, I will be exploring each individual's experience of death (specifically the death of a family member or loved one). The purpose of this study is to increase the understanding of such experiences, raise the general level of sensitivity to the grieving process, and contribute to the field of psychology.

The interview process will involve a one to two hour confidential, face-to-face exploration of each participant's unique perceptions of death and personal experiences related to death. In offering individuals the opportunity to further explore and understand their experiences related to death, greater understanding may result.

If this research study sounds interesting to you, please contact me at # or via e-mail at EMAIL. Comprehensive details will be provided and an informed consent will be agreed to prior to any actual participation in the study.

Thank you so much for your interest!

Sincerely,

XXX

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Appendix D

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Dissertation Interview Questions

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1. In exploring the death of a loved one or family member, how has the death of one particular person impacted you? What was their relationship to you?
2. Please provide the following details regarding your loss.
 - a. Your age at the time of the loss.
 - b. The age of your loved one.
 - c. Cause of the loss (natural causes, accidental death, etc.)
3. Do you feel that you had ample time to prepare for the loss?
4. Did you feel as though you had closure before the death? If not, did you have closure after the death? How long did it take to obtain closure, and how did it occur?
5. In reflecting upon the loss, what remains the most difficult aspect? (5a. In reflecting upon the loss, what are the positive (if any) aspects of the experience of the loss?)
6. In what ways has the loss affected your view of life? (In other words, after the loss occurred, in what ways did the meaning of life, or your own lifestyle, change?)
 - a. Relationship to other loved ones.
 - b. Relationship to your own self.
 - c. Relationship to long-term goals.
 - d. Healthy living practices (exercise, eating, medical care).

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7. Please offer just a few sentences or words (the first thoughts that come to mind without thinking or self-editing) related to the following changes you noted related to the loss:
 - a. Emotional changes;
 - b. Spiritual changes;
 - c. Physical changes;
 - d. Cognitive (thought) changes.

8. Do you have a spiritual practice or religious belief that has helped you with the loss?

9. Do you notice that anything in particular brings you more in touch with your loss or causes feelings of loss to be unexpectedly triggered?

10. When feelings related to the loss affect you deeply, how do you manage those emotions (activity, therapy, talking with friends, compartmentalizing, etc.)?

11. Do you have a specific image or feeling related to the loss in general? (For example, sensing that the person is with you, dreams of the person, an image of Heaven, etc.)

12. As we near the end of the interview, are there any other thoughts or feelings related to your loss that you wish to discuss or share with me?

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Appendix E

Grief Sensitivity Scale

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Understanding that potential research participants may still be in a grieving process, it is important for the researcher to assess the potential participant's level of sensitivity. This assessment will aid the researcher in assessing a prospective participant's level of sensitivity as it relates to the loss experienced and the grieving process; in general, a greater number of "yes" responses will indicate a heightened sensitivity. If no responses are in the affirmative, the individual will be considered appropriately stable and suitable for the study. If up to two responses are in the affirmative, the individual will be deemed to have moderate heightened sensitivity as a result of the loss and associated grief. In such cases, issues of concern will be discussed with the potential participants. As well, supportive services, including grief counseling, will be recommended and appropriate referrals made. If three or more responses are in the affirmative, the potential participant will not be considered for the study due to a heightened possibility for negative effects that cannot be appropriately monitored and addressed in the research process. Such individuals will be referred for outside grief counseling and support services. The level of grief sensitivity will be ascertained through asking the following questions:

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1. As a result of your loss and the grieving process, do you feel that you need more support from family and friends at this stage?

Yes No

2. Have you had more than one significant loss in the last year?

Yes No

3. Following your loss, have you increased your use of alcohol, tobacco, drugs or medication not prescribed to you, or are you using more medication than your prescription calls for?

Yes No

4. Have you developed irregular or unhealthy eating or sleeping patterns since your loss?

Yes No

5. Since the loss, does the intensity of your grief continue to become progressively worse?

Yes No

6. In the time since your loss, have you noticed that you are dissatisfied with your level of energy to work, socialize, do household tasks, participate in hobbies, etc.?

Yes No

7. Have you experienced any increased financial, health, work or relationship problems as a result of your loss?

Yes No

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Appendix F

Study Sensitivity Survey

In working with human research participants, each prospective participant's general sensitivities regarding the study parameters must be ascertained. It is critical to monitor and avoid potential impediments or difficulties that may negatively impact participants.

This survey addresses the following factors: (1) potential difficulties that may result from language issues (e.g., where English skills are rudimentary); (2) personal, spiritual, or religious factors that may affect the individual's understanding of the topic and personal biases toward the topic; (3) level of understanding (emotional and intellectual abilities); (4) concerns or barriers related to the ability to disclose and discuss personal data due to social, cultural, and personal issues such as race, ethnic background, or sexual preference; and (5) personal issues that may create participant distress and may require additional support or psychotherapeutic services. Those responding in a fashion evidencing issues that may affect suitability for the study will, as necessary, be given referrals for outside support and will be excluded from this study. Prospective ~~participant's-participants'~~ suitability for the study will be ascertained by verbal discussion of the following questions:

1. Do you have difficulty understanding written or spoken English? If so, on a scale of 1 to 10, with a "1" being "no difficulty" and a "10" indicating "severe difficulty," how do you rate your ability to communicate in English? (Note: A score above "2" will indicate that the individual is not a suitable candidate. It is essential that participants possess strong English communication skills.)

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2. As this study addresses the topics of grief and loss in depth, are there any personal, spiritual, or religious sensitivity that may affect your ability or desire to discuss these topics with me? If so, on a scale of 1 to 10, with a “1” being “no issues of concern” and a “10” indicating “substantial issues or feelings of concern,” how do you rate your ability and desire to discuss these topics with me on an in-depth basis? (Note: Scores above “2” will indicate that the individual is not suitable for the study; participants must possess the desire and ability to comfortably discuss the topics.)
3. Do you have a high school diploma or equivalent? Do you have any learning disabilities or psychological concerns that may affect your desire or ability to understand my research study and your potential participation? If so, please describe them to me. (Note: If any items indicate a possible detriment to the prospective participant or the study, the candidate will not be considered a suitable participant.)
4. As the discussion of personal topics such as grief and loss can be difficult, do you have any concerns or barriers related to the ability to disclose and discuss personal data due to issues such as culture, race, ethnic background, social concerns, or sexual preference? (Note: If any items indicate a possible detriment to the individual, the candidate will not be considered a suitable participant.)
5. Are you concerned about any personal issues that may be worsened by discussing grief or loss? If yes, do you have the ability and desire to obtain psychotherapeutic services or support? (If “no,” the candidate is not suitable.) If yes, on a scale of 1 to 10, with a “1” being “slight concerns” and a “10” being “substantial concerns,” how do you rate the personal issues that may be worsened by discussion? (Note: Scores

above “2” will indicate that a prospective participant is not a suitable candidate; to avoid harm, participants must possess sufficient psychological stability.)