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# A GUIDE FOR UNDERSTANDING AND COPING WITH GRIEF: A CHRISTIAN'S PERSPECTIVE

Charles Reynolds  
watchmenlord@gmail.com

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A GUIDE FOR UNDERSTANDING AND COPING WITH GRIEF:  
A CHRISTIAN'S PERSPECTIVE

by  
Charles Reynolds

Project submitted in partial fulfillment of the  
Requirements for the  
Bachelor of Integrated Studies Degree

Continuing Education and Academic Outreach  
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**FIELD OF STUDY  
PROJECT APPROVAL**

I hereby recommend that the project prepared under my supervision by

Charles Reynolds,

entitled A Guide for Understanding and, be

cop ing with Grief: A Christiana Perspective  
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BIS 437.

S. Michael Baston

BIS 437 Senior Project Faculty Adviser Signature

\_\_\_\_\_  
BIS 437 Instructor Signature

## Abstract

Grief and loss touches the life of every single person during their lifetime, however few are prepared to cope with the effects of their grief and the grief of others. People generally are ill-informed and unprepared to face grief and its effects because they don't feel comfortable talking or reading about death and loss. Most literature concerning grief is scholarly and hard to understand and few counselors and clergy are trained in grief work. Terms relating to grief and the grieving process are defined and put into context. The theories and therapies associated with grief and bereavement are examined and evaluated, including their use in counseling. Grief and coping with grief are examined in the contexts of relationship and circumstances. The importance of recognizing and understanding the impact of the symptoms of grief is reviewed. The effects, issues and factors associated with grief are examined from several different perspectives, including religious beliefs and practices. The impact Christianity has on grief, both positive and negative are addressed. Since, most people lack a true understanding of grief and its effects, including Christians, the hope is to present the information they need in a compact, easy to understand format.

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## UNDERSTANDING AND COPING WITH GRIEF

### Introduction

The purpose of this booklet is two-fold, first is to help those in grief to understand and cope with their grief and second to provide Christians with the freedom they need to properly grieve.

There are literally thousands of publications concerning grief, the emotions and reactions involve with grief and how to cope with the aftermath of a significant loss. The main problem with these publications is that they are of little value to the person suffering from grief or those who are trying to assist them process their grief. The publications are designed to aid professionals in their studies of grief and its effects. They are full of statistical data and scientific language that provides no guidance or comfort to individuals in grief. The booklet's goal is to provide a guide that individual can use to assist them in understanding and coping with grief and the grieving process. The booklet is designed to present the information in a compact, easy to understand and readily available format.

The booklet also endeavors to offer insight into the need for Christians to balance their grief and beliefs. It is often difficult for Christians to process their grief because of generally taught doctrines that they should rejoice at the death of a love one, not mourn because they are now with God. This struggle between human emotions and pain and Christian belief and doctrine often inhibits a person's ability to successfully cope with their loss. The booklet's goal is to provide information about and understanding of the relationship of faith and grief in a way that will allow Christians the freedom to properly grieve.

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Knowledge, understanding and freedom are necessary for an individual to build a foundation from which they can begin the healing process after a loss and the rebuilding of their lives.



## CHAPTER ONE

### Understanding Grief: Overview

What is grief? It sounds like it would be quite simple to answer the question, just look the word up in any dictionary or Google it on a computer. The truth is there is no one clear cut interpretation of grief. According to R. A. Howarth, “Although grief is a universal experience, there is no universal agreement on what it is, and considerable controversy exists over its “normal” duration” (James & Gilliland, 2013, p. 416). In plain language, this means that grief for an individual is as unique as the person experiencing it. While, there are often many similarities in how different individuals react to a loss, no two people process grief in the same order or timeframe (James & Gilliland, 2013, p. 421). For the purposes of this booklet grief will be identified as the distress caused by the death of a loved one or close friend/relationship.

The terms grief, mourning, and bereavement are often used interchangeably however, they have different meanings (Buglass, 2010). It is important in our efforts to cope with the loss of a loved one to be able to understand the meanings and differences of these terms.

According to the Gale Encyclopedia of Medicine, “Grief refers to one’s personal experience of loss, it includes physical symptoms as well as emotional and spiritual reactions to the loss” (Gale Encyclopedia of Medicine, 2008). To an individual dealing with the death of a loved one, grief means learning to adjust to life without the loved one. Often the person’s emotions are on overdrive and affect both their emotional and physical well-being. Responses to grief are highly individual and vary greatly in their intensity.

“Bereavement refers to the period of mourning and grief following the death of a loved person or animal” (Gale Encyclopedia of Medicine, 2008). Bereavement is a personal

experience for each individual and the way a person bereaves is different for each death in his/her life. "People's reactions to a death are influenced by such factors as ethnic or religious traditions, personal beliefs about life after death, the type of relationship ended by death, the cause of death, the person's age at death, whether the death was sudden or expected, and many other" (Gale Encyclopedia of Medicine, 2008). Simply, bereavement is the response of a person to a death and the time he/she needs to adjust to the death.

The medical definition of mourning is, "the public rituals or symbols of bereavement, such as holding funeral services, wearing black clothing, closing a place of business temporarily, or lowering a flag to half-mast" (Gale Encyclopedia of Medicine, 2008). Mourning is more than just ceremonies, it is a person's outward display in response to a death. The mourning individual often cries, gets angry, acts restless, withdraws, or even becomes ill. This is often referred to as the "first step" in the grieving process by those who counsel/work with people processing grief.

Why does the loss trigger a grief reaction in people? The answer involves two basic elements, loss of attachment and change. With the death of a loved one, people lose not only the personal relationship with the deceased, they also lose all the benefits of the relationship. People grieve for the loss of companionship, physical and emotional support, sharing a feeling of being needed, and love. Humans naturally act to reconnect when separated from a loved one and when they are not able to reconnect the reaction is grief (Jeffreys, 2005, p. 21). The loss also means that the bereaved person's life will go through multiple changes. Along with the lack of companionship, the bereaved person will often face financial, lifestyle and social changes. The bereaved person may need to learn new skills to handle issues that the lost one had taken care of, find other sources of support, and adjust to a new living environment.

## UNDERSTANDING AND COPING WITH GRIEF

“Grief reactions may initially appear to be maladaptive, but they; are actually attempts to restore that which is gone and no longer part of the person’s world” (Jeffreys, 2005, p. 21).

Bereavement is a process of adjustment, adaptation, and healing for those who have lost a loved one. “In the same way that a physical wound or illness requires a period of reduced function, pain, change in usual life activity, and perhaps accompanying demoralization, the psychological wound of loss begins a similar period of the individual being out of commission with life”

(Jeffreys, 2005, p. 21). Bereaved people need time, space and freedom to process their grief successfully. According to Robert Neimeyer, bereaved people “will usually find ways of coping with the changes, transform their relationships with the departed person, regenerate existing relationships, develop new ones, and maintain their health and well-being during the transition to a new view of self, the world, and the future” (Love, 2007, p. 80).

## CHAPTER TWO

### Understanding the Grieving Process

The process of grieving ranges from the goal of “closure” for the grieving person to a state of “continuing bond”, the grieving person continues to feel the loss and learns to cope with the loss in varying ways and varying degrees (Corless, 2014, p. 193). It is important to understand that the “grieving process entail rebuilding one’s world after a significant loss” and that there are many issues “associated with loss that must be addressed and the resulting readjustments can be a difficult process” (Harris, 2016, p. 16). Coping with the loss of a loved one is going to be difficult, however the more we understand what is involved in processing grief the better equipped we will be to manage and adapt to a world without the loved one. “With time and the support of social networks, most people adapt their world, make sense of the loss and pain, and reshape their understanding of their lives” (Love, 2007, p. 74). “Natural grieving can go wrong when levels of depression become extreme and prolonged, or when anxiety, rage, and guilt reach proportions that severely limit life activities and place the grieving person at risk for physical and emotional illness” (Jeffreys, 2005, p. 21). People who suffer with complicated grief need to seek help from a professional trained in grief work.

Almost everyone at one time during the grieving process feels that the grief they are feeling at that time is the worst grief possible (Tousley, 2014). They are right, at that moment, to them there is no one suffering more than they are. That is the moment that they can truly start the healing process. They can now acknowledge their right and need to grieve for their loss and express their feelings of pain and sorrow (Tousley, 2014). It is essential that those in grief understand “There is no one right or universal way to experience or respond to loss” (Rubin, 2012, p. 20). This is often expressed in grief work as, “There is no right or wrong way to grief,

just your way.” Comparing the way, you grieve to how others grieve does not help you understand or resolve your grief (Smith, 1995, p. 23). This practice can cause stress and hinder a person’s progress in the grieving process. There is no set time line for processing grief. “Many will grieve for a long period and no ideal time frame can be imposed on the process” (Love, 2007, p. 80). People in the grieving process need to be prepared to allow themselves the time they need to cope with their grief.

There is no set pattern to the grieving process. Grief is uneven, unpredictable, confusing, and unique to each death. “For most, the typical course will include fluctuation between anguish and acceptance” (Love, 2007, p. 74). Just when you think you have a handle on your grief something happens to set your progress back or even causes you to have to begin the process all over again. Grief is often represented as a process where bereaved people go through a set of stages to cope with their loss. It is generally acknowledged that, “Not all go through stages in exactly the same sequence, and not all progress is permanent” (Flatt, 1987). It is important to understand there is no set path to grief resolution, it is a very bumpy road filled with potholes, curves, detours, and unexpected delays. “Grief is dynamic because; it changes from morning to night, from day to day, or week to week” (Jeffreys, 2005, p. 21). Understanding the unpredictability of the grieving process will allow people to address the difficulties and focus on the work required to cope with their loss.

The grieving process is seldom easy, takes longer than we would like, and usually involves major adjustments in our lives however, it is essential to our mental and physical well-being following the death of someone significant in our lives (James & Gilliland, 2013, p. 415). The suffering of dazed confusion, waves of distress and unrelenting despair will generally ease in intensity and frequency (Love, 2007, p. 73).

## CHAPTER THREE

### Stages of Grief

There are numerous and varied theories and models attached to grief in the attempt to explain the process and guide individuals through it. Several of these theories use stages or phases to explain how the experiences of grief tend to be organized over time and the range of the experiences associated with grief (Littlewood, 2014). Stage theories are often criticized for being too linear and inflexible in their approach to how individuals grieve (Buglass, 2010, p. 45). However, stage theories are commonly used by hospice and other organizations in their efforts to aid individuals in coping with grief. Stages do not provide a roadmap for how a person should process grief but it does provide markers for where they are in the grieving process. Stage models “may help those who grieve to gain comfort from knowing that their experiences are shared by others and that their feeling and responses do not only apply to themselves” (Buglass, 2010, p. 45).

The stages that we will be using for this booklet do not come from a major stage theory on grief such as: Kubler-Ross’s; Five Stages of Grief (Kubler-Ross, 1969), Bowlby’s; Theory of Attachment (Bowlby, 1980), or Parkes’; Theory of Grieving. Since the focus of the booklet is to approach grief and the grieving process from a Christian perspective we are going to use the stages identified by Bill Flatt in his 2007 article “Some Stages of Grief” in Volume 26, Issue 2 of the Journal of Religion and Health. “From (Bill Flatt’s) work with and study of some 500 widows and widowers in grief recovery groups during the last ten years, ten stages that represent, experiences of many of these widowed persons have emerged” (Flatt, 1987, p. 143). Everyone does not necessarily experience the stages in the same order, stages are often experienced more than once, and not all progress is permanent (Flatt, 1987, p. 143). The ten stages are:

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- Shock: Commonly listed as the first stage of grief and can last from a few hours to several days (Flatt, 1987). The more tragic the death, the greater the degree of shock. Psychophysiological symptoms such as dizziness, fainting spells, crying, heart pains and numbness often are associated with shock. (Flatt, 1987, p. 143)
- Lamentations: Shock is often followed by the berated venting resentment and anger. “Occasionally one is angry at the person who died for his or her abandonment, more often, one is angry at the doctors, nurses, the hospital, the minister, or at God” (Flatt, 1987, p. 144). In my support groups I have found it quite common for husbands and wives to be angry at their spouse for deserting them.
- Withdrawal: The pain of grief almost always causes the bereaved to withdraw from others to work through it alone (Flatt, 1987, p. 144). “The preoccupation with the dead person may be so intense that all other social relationships fade into insignificance” (Littlewood, 2014, pp. 52-53). Withdrawal can cause changes in a person’s self-image, identity, sex life, it can affect one’s health, personality and cause social maladjustments (Flatt, 1987, p. 144). Withdrawal symptoms can also include: hallucination, becoming cold to others, anger toward a specific person, simplification of facts and situations, trying to hold on to the deceased or resurrecting him/her, and “going to pieces in order to stay together” (Freud, 1959, p. 154). The positive aspect of withdrawal is that it causes a person to reflect and acknowledge their position in life and the world, which is an essential step to future progress (Flatt, 1987).
- Frustration: Frustration may not actually be a stage of grief but is experienced by many individuals in bereavement, especially those who have lost a spouse (Flatt, 1987). “Some frustrations come immediately after a death, such as making burial arrangements and

other such matter (Flatt, 1987, p. 144). In about a month other frustration come up, having to do with bank accounts, money, insurance, taxes, legal matters, clothing, social relationships, earning a living, and numerous other matters (Diggers, 1983, p. 131).

Frustration caused by major issue or a large number of issues can lead to both emotional and physical distress.

- **Panic:** Panic can be experienced at any time during the grieving process, it often occurs during the shock stage, but it most likely occurs several weeks or even months after the funeral (Flatt, 1987, pp. 144-145). Everyone returns to their homes and lives, and you are left alone to deal with living your life without the deceased. The pressure can cause you to question your ability to cope with the world and you start to panic. Brown and Weiner described this feeling of fear and uncertainty as “a sense of despair” (Brown, 1979, p. 311). There are numerous symptoms associated with panic, such as difficulty breathing, rapid beating of the heart, feeling like you are choking, feeling dizzy and disoriented, tingling feelings in the hands and feet, sweating, and trembling or shaking (Flatt, 1987, p. 145). According to Goldfine, “until the loss is accepted on an in-depth level, the griever cannot return to normal” (Kutscher A. a., 1972, p. 115). The pain caused by panic can be intense and felt throughout the body.
- **Depression:** Depression is the stage where the bereaved person reaches the lowest point between loss and recovery (Flatt, 1987). “Overwhelming emotions interfere with the ability to cope with everyday stressors” (Ferszt, 2006, p. 61). “Depression is accompanied by feelings of sadness, dejection, hopelessness, helplessness, restlessness, uselessness, loneliness, emptiness, a sense of great loss, passivity, tiredness, agitated sleep, inattention, and often a diminished appetite for both sex and food” (Flatt, 1987, p.



145). It is a time when the bereaved person should review the past, evaluate the present and start to plan for the future (Flatt, 1987). The positive aspect of this stage is that after resolving it you will be able to begin the upward climb to recovery.

- **Detachment:** When a person in grief remains deeply attached to a lost loved one, it prevents them from properly going on with his/her life (Flatt, 1987). Bereaved individuals often have so much emotional energy tied-up in their relationship with the deceased that there is no energy to invest in their present or future lives (Flatt, 1987, p. 146). McCullough states that detachment from the deceased, “is painful not only because of the profound loss of the person one loves; it is also painful because this loneliness touches the essential aloneness of man” (Kutscher A. , 1976, p. 26). Detachment is an essential step on the road to recovery from a loss. According to Lewis, “God has in sense said, Good, you have mastered that exercise, I am very pleased with it. And now you are ready to move on to the next” (Lewis, 1961, p. 40). Detachment provides the bereaved person the freedom to progress toward adjustment, reinvestment, and growth (Flatt, 1987, p. 146).
- **Adaptation:** The bereaved person goes through adaption to some degree throughout the grieve process, however it mainly starts after detachment (Flatt, 1987). The bereaved person “adjusts to the life situation, overcomes the negative, accepts the reality, and goes on with life” (Flatt, 1987, p. 146). In this stage true recovery begins, the person accepts the changes in his/her life and starts the adjustments to his/her new reality. The person is somewhat devoid of feeling at this point but goes on with life (Flatt, 1987, p. 146). Spiegel says, “that at the end of this stage, one has fully accepted the loss and can affirm one’s own life” (Spiegel, 1973, p. 80). The adaption stage is where the bereaved starts

the process of rebuilding his/her life, accepting their loss, and adjusting to his/her new life without the loved one.

- **Reinvesting:** Reinvesting is “initiating the positive, yet this cannot be done well until one has adjusted to the loss (Flatt, 1987, p. 146). The loss of the loved one has been accepted by the bereaved person and he/she is in the process of rebuilding his/her life. The bereaved person openly expresses his/her feelings of grief and memories are more about happy times and cause more joy than pain. As LeShan says, “one has learned to say good-by” (LeShan, 1976, p. 39). This is the stage where the bereaved person actually starts to reconnect with past relationships, create new ones, and begins to become actively involved again in life. Spiegel says that “at this point a person is able to affirm life and to reinvest socially and emotionally in other people and activities” (Spiegel, 1973, p. 81). “Death is incorporated into an ongoing, vital faith” (Flatt, 1987, p. 147).
- **Growth:** Grief can be a disruptive, challenging, and painful process. “People who successfully work through it often become stronger, more mature, and more well-rounded as a result of the struggle” (Flatt, 1987, p. 147). Like fire tempers steel and makes it stronger, grief can strengthen a person mentally and emotionally, it also provides the person a new perspective on life and the ability to experience joy again.

It is important to remember that stages only help to identify where a person is located in the grieving process, they are not a detailed list of instructions on how and when a person should progress in the grieving process. Not only is each person’s grief different from the grief experienced by others, their grief reactions are different for each loss they experience. The grieving process can last from a few months to several years, in most cases the bereaved person requires approximately a year to adjust to his/her new role in life (Flatt, 1987). Not everyone

will necessarily experience all of the stages or experience them in the exact order listed and often the stages will be experience more than one time (Flatt, 1987, p. 147). Setbacks most often occur around the time of the deceased birthday, an anniversary, or holidays.

“No matter how much people want a neat ribbon-wrapped package that sets out simple rules and stages for grief, there are simply no stages of grief that fit all persons” (James & Gilliland, 2013, p. 420). However, grief stages are an important tool for those in bereavement. Stages provide information on what is involved in the grief process. They show that many have and are sharing the same experiences and they allow a person to know where they are and how far they have progressed in processing their grief. Informal grief support group members frequently use stages to set goals and to measure how far they have come in successfully adjusting to life without their loved one. Group members often say that finishing a stage, even if they have a setback, gives them hope and determination to face the challenges that lay ahead.

## CHAPTER FOUR

### Grief Reactions and Sensations

“Grief can be expressed in many ways, which includes thoughts, feelings, and emotions, it can also be experienced physically (Harris, 2016, p. 17). Anthony Love, in his 2007 article in *Contemporary Nurse* (Love, 2007), divided grief reactions into five broad domains (Love, 2007). They are emotional, cognitive, physical, behavioral, and existential. (Love, 2007, p. 74) J. S. Jefferies divides grief reaction into two main aspects, the psychological and the physical components of grief (Jeffreys, 2005, p. 33). Major researchers in the field of grief and bereavement have identified a wide range of experiences associated with grief which may be divided into the categories of physical sensations and health concerns, thoughts and feelings, and behavioral (Littlewood, 2014, p. 41). For the purposes of this booklet we will combine these lists of grief reactions and sensations into four categories: physical, psychological, behavioral, and existential.

#### Physical

“Bereavement is tied to physical illness and is known to aggravate existing medical problems as well as generate new complaints in the bereaved” (Bumell, 1989, p. 20). The physical symptoms of grief are not unlike those experienced by depressed person (Jeffreys, 2005, p. 39). The physical reactions and sensations associated with grief and bereavement are:

- Somatic symptoms such as:
  - Headaches and oversensitivity to noise
  - Experiences of hollowness or tightness and physical pain such as stomach or chest pains

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- Shortness of breath; can't seem to catch breath
- Muscular pain and weakness
- Lack of energy and fatigue; too tired to do daily activities
- Reduced immune system function; frequent colds, coughs and fevers
- Higher levels of stress hormones
- Neglect of normal diet, exercise, and medication regimens

(Littlewood, 2014), (Love, 2007), & (Jeffreys, 2005)

Bereaved individuals often describe their reactions to grief as feeling like they have been physically wounded. Visits to the doctor often increase during the time a person is involved in the grieving process. Physical sensations associated with grief may be frightening, but they are not, in themselves, cause for concern (Littlewood, 2014, p. 41). However, these sensations need to be addressed because they can affect the bereaved person's actual health and overall well-being. Grief has been shown to be a risk factor in aggravating existing medical conditions and causing the initiation or an increase in health-threatening behaviors (smoking, substance abuse) (Jeffreys, 2005, p. 38). "Many studies have indicated that significant increases in mortality and morbidity followed the death of a loved one (Littlewood, 2014, p. 41).

### Psychological

The psychological component of grief includes the emotional aspects of grief (feelings) and the cognitive disturbances of grief (Jeffreys, 2005, p. 33). "Numerous thoughts and feelings have been reported by people who have been bereaved" (Littlewood, 2014, p. 41). For the purposes of this booklet both the feelings (sometimes quite intense) and the mental aspects (often disorienting) of grief will be discussed.

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The following is a list of typical emotional grief responses associated with grief:

- **Sadness:** It is a common feature of grief that requires little explanation and can be overwhelming at times and is often associated with episodes of crying.
- **Anger:** Anger may be directed towards the deceased person, doctors, nurses, clergy, God, family, friends, and self. It is often irrational and can cause issues when misdirected.
- **Guilt:** Guilt associated with grief usually comes from two sources; the nature of the death and its preventability, and from relationship issues.
- **Anxiety:** Anxiety associated with the loss of a loved one can be due to a sense of being overwhelmed by feelings of grief, helplessness, and doubt about one's capacity to cope with the loss.
- **Loneliness:** The bereaved person misses the close interactions with the deceased. The bereaved person is often socially isolated after the funeral. Bereaved people often feel alone even when in a crowd.
- **Relief:** It is not uncommon to feel relief when a person dies if he/she had suffered for a long time or caring for the deceased had been difficult and long-term burden.

(Love, 2007) (Jeffreys, 2005)

The following is a list of some common cognitive disturbances associated with grief:

- **Disbelief:** Refusing to acknowledge the loss is a common and usually short-term reaction to grief.
- **Numbness:** The bereaved person appears to be void of any feelings (pain or joy) and their responses are slow, automatic and cold.

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- Despair: The bereaved person's world has lost any sense of meaning; the external world makes little sense since his/her internal world has been turned upside down by the loss of the loved one.
- Confusion: The bereaved may have difficulty concentrating, prioritizing or organizing their thoughts. The bereaved often have problems with time and location orientation.
- Preoccupation: Thoughts of the deceased person takes up much of the bereaved person's time and energy. This preoccupation of thoughts can become intrusive and cause difficulties in relationships and at work.
- Sense of Presence: Some bereaved people believe that they can feel the presence of the deceased. This usually occurs in places and during activities associated with the deceased.

(Littlewood, 2014) (Love, 2007) (Jeffreys, 2005)

People who have suffered the loss of a loved one are forced to cope with changes in their emotions and cognitions as they respond to the death, changes in the role they fill, the identity they are known by, and changes in the manner they function in everyday life (Stroebe, 1987, p. 41). One of the major challenges to dealing with the emotional and cognitive aspects of grief is feeling personally and socially free to express and process grief. "The degree to which grieving people feel comfortable expressing the emotional reactions to grief is related to the emotional climate of the family or origin and their culture" (Jeffreys, 2005, p. 37). The bereaved person's ability to adequately confront and deal with their emotions and cognitive response is proportionate to their success in adapting to the world without the loved one.

### Behavioral

Death causes the bereaved person to make adjustments in their life and lifestyle to accommodate the loss of the loved one. Death of a loved one can have a major impact on the behavior of the bereaved. “The range of behavior disturbances following the loss of a loved person is probably best characterized as a series of contradictions” (Littlewood, 2014, p. 47).

The following are common behavioral disturbances caused by grief:

- Sleep Disturbances: The bereaved has either a difficult time sleeping or want to sleep most of the time in an effort to escape the pain of the loss.
- The bereaved person either suffers from a loss of appetite or overeats to compensate for the loss.
- Forgetfulness: The bereaved person often becomes absent-minded, forgetting where they placed things or to take care of routine or daily activities.
- Social withdrawal: The bereaved just wants to be left alone with their grief, so they avoid contact with others, even close friends and family.
- Crying: Crying is commonly a part of the mourning process but not always. Whether a bereaved person cries or does not cry does not reflect the intensity of his/her grief.
- Restlessness: Bereaved people often feel the need to stay active to delay or avoid dealing with their grief.
- Searching: The bereaved search for the deceased in an effort to find ways to say connected and to find the reason for why the deceased had to die.
- Dreaming: Dreams can be a way of continuing the relationship with the deceased. Dreams can also cause distress by reliving the circumstances of the death.



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- **Reckless Behaviors:** After a loss, some people start or increase their use of alcohol, drugs, and tobacco. Bereaved people often turn to unsafe sexual practices such as, sex with multiple partners and without protection.
- **Apathy:** For the bereaved there is a lack of meaning to life and little reason to interact with the world. The bereaved are often cold to others and care little for their needs and cannot see any activity or interaction as worthwhile without the deceased.

(Littlewood, 2014) (Love, 2007) (Marris, 2015)

Death of a loved one (expected or sudden) causes the bereaved persons to make adjustments in how they live and their interactions with others. Behavioral change occurs most often during the early period of the grief process, however behavioral disturbances can occur at any time during the grieving process, especially on holidays and special dates. “The behavior of the bereaved is characteristically ambivalent: they may be desperately lonely, yet shun company; they may try to escape from reminders of their loss, yet cultivate memories of the dead; they complain if people avoid them, embarrassed how to express their sympathy, yet rebuff that sympathy irritably when it is offered” (Marris, 2015, p. 28) For the bereaved to successfully process their grief, they must become actively engaged in resolving the behavioral disturbances caused by the death. (Balk, 2014, p. 372).

### Existential

Mourners often draw on their spirituality and their spiritual community during difficult times, such as a death, which has been shown to be a factor in their having a positive bereavement outcome (Burke, 2014, p. 1088). “Disruptions such as the death of a loved one can precipitate searching for meaning in death and questioning of spiritual beliefs and values, often

resulting in re-evaluation of core beliefs” (Love, 2007, p. 75). While, many people in bereavement look to their spiritual beliefs to help the cope with their loss, other people who have no particular faith system seek comfort and answers in nonreligious, humanistic, or other secular philosophies of life (Jeffreys, 2005, p. 41). A significant proportion of people, of all societies, find faith to be an important resource to help them cope with their grief however others find that their faith and beliefs are challenged by their loss (James & Gilliland, 2013, p. 420).

The following are some of the positive and negative aspects of spirituality in relation to grief and bereavement:

### Positive Aspects

- Spirituality is recognized as a factor in the health and well-being of many people.
- Spirituality provides a foundation for the bereaved to rebuild their lives on after a loss.
- Religion and spirituality bring hope to the bereaved by teaching that they will be reunited with their loved ones in the afterlife.
- Religious rituals help with processing grief and closure.
- Religious groups help provide resources and support for the bereaved.
- Spirituality helps give meaning to people’s suffering.
- Religious and spiritual beliefs provide comfort and peace as the bereaved copes with their loss.

(Burke, 2014) (Puchalski, 2002) (Sullender, 2014)

### Negative Aspects

- Faith weaken by a loss can cause people to question God’s character and motives.

## UNDERSTANDING AND COPING WITH GRIEF

- Bereaved people at times have their belief in God shattered by a loss, which leaves them empty and confused.
- Mourners often express frustration at the lack of or perceived lack of support by fellow believers and church.
- Fellow believers place unrealistic expectations on them and do not allow them to express doubt and feeling.
- Lack of ability of bereaved people to reconcile their image of God and their loss often leads to anxiety.
- Believers often feel abandoned by God, causes loneliness and helplessness.
- People in bereavement often perceive death and loss as acts of the devil.
- Religious beliefs and doctrines can cause people to deny or avoid expressing the emotions of grief.

(James & Gilliland, 2013) (Burke, 2014) (Sullender, 2014)

Having a strong faith in God provides the bereaved with a sense of connection, peace, meaning/purpose, and transcendence, which can be influential in successfully coping with the loss of a loved one (Burke, 2014, p. 1088). “Many people find comfort from religion during times of mourning, however in contrast, some people find no comfort in religion, and other individuals actually experience additional distress as a result of religion, particularly when negative forms of religious practices are used for coping purposes (Lee, 2013). It is essential that the bereaved be given support and freedom in their efforts to cope with grief whether they are believers or non-believers. The important thing is that they are shown love and kindness as they process their loss.

CHAPTER FIVE

Normal, Complicated/Prolonged, and Traumatic Grief

“You must understand that the process of rebuilding one’s world after a significant loss is naturally going to involve a painful time, when the many layers associated with loss must be addressed and the resulting readjustments that occur can be a very difficult process” (Harris, 2016, p. 16). The focus of the booklet, to this point, has been on the fundamentals of grief and providing people with information on what grief is and what a person may normally face after a major loss. “Grief is usually described as a “normal, healthy, healing and ultimately transforming response to a significant loss that usually does not require profession help, although it does require ways to heal the broken strands of life and to affirm existing ones” (Rubin, 2012, p. 133). Unfortunately, not everyone is able to successfully process their loss in a timely or healthy manner (Lobb, 2006). For a small percentage of people, for a number of reasons are not able to adjust to life after the loss of a loved one (complicated grief), or they have problems accepting the loss due to the circumstances surrounding the loss (traumatic grief) (James & Gilliland, 2013). This chapter will examine the aspects of complicated, prolonged, and traumatic grief, how to recognize the conditions, their negative effects, the steps that can be taken to help individuals successfully cope with these types of grief.

Shear and Shair in their 2005 article, Attachment, Loss, and Complicated Grief, outlined the differences between normal grief and complicated grief (Lobb, 2006, p. 28). “They describe normal grief as the state that occurs when people “are deeply saddened by the death of an attachment figure during a period of weeks for months” (Lobb, 2006, p. 28). Over time, as symptoms of grief lessen, the bereaved person can adjust to life without the deceased and adopt a new “normal” for his/her life. However, there is a small number of people who are not able to

properly adjust or except their loss (Lobb, 2006). “Thoughts of the loved one remains 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. Interest and engagement in ongoing life is limited or absent” (Shear, 2005, p. 253). Generally, bereaved individuals don’t experience complicated grief symptoms for six months or longer after their loss (James & Gilliland, 2013, p. 434). “Others experience acute symptoms immediately that continue for a year or more” (James & Gilliland, 2013, p. 434). Since the timeframe for complicated grief is so extended, the terms compliant complicated grief and prolonged grief are interchanged with each other, although the later terms now seem to be prevalent (James & Gilliland, 2013, p. 416).

One of the major differences between the symptoms of normal grief and those of complicated grief is the length of time and intensity of the symptoms experienced. Since, timely intervention is very important in resolving complicated grief, it is important that family members and individuals involved in caring for the bereaved be able to identify the differences between normal grief and complicated grief symptoms (James & Gilliland, 2013, p. 434). “Symptoms of complicated grief fall into two categories: (a) symptoms of separation distress such as, longing and searching for the deceased, loneliness, preoccupation with thoughts of the deceased and (b) symptoms of traumatic distress such as, feelings of disbelief, mistrust, anger, shock, detachment from others, and experiencing somatic symptoms of the deceased” (Lobb, 2006, p. 29). Rando (1996) and Wooden (1991) identified a number of behaviors and reactions that are warning signs of possible complicated grief (James & Gilliland, 2013, p. 435). The following are just some of the items they listed:

- Relatively minor events trigger an intense grief reaction.

## UNDERSTANDING AND COPING WITH GRIEF

- The person cannot speak of the deceased without experiencing intense and fresh grief.
- The bereaved cannot remove material possessions or belongings of the deceased.
- The bereaved person manifests same physical symptoms as those the deceased had.
- The bereaved has a compulsion to imitate the dead person.
- The bereaved person exhibits self-destructive impulses or suicidal ideation.
- The bereaved avoids death-related rituals or activities.
- Bereaved experiences secondary losses, such as the loss of income or savings that cause financial hardship.
- Individual exhibits radical changes in lifestyle following death of loved one.
- Avoids contact or activities with family members and close friends.

(Rando, 1996, pp. 145-146) (Wooden, 1991, pp. 75-77)

While complicated grief and depression share many common characteristics, such as feelings of sadness, trouble sleeping, and loss of appetite, there are important difference (Love, 2007, p. 76). The depression-like symptoms must last for an extended period of time and be severe before complicated grief should be labeled depression. Depression-like symptoms of complicated grief center around the deceased or their death, while depression is usual associated with more global circumstances (Love, 2007, p. 76). Grief counseling and therapy have been found to be beneficial for those suffering from complicated grief, but if the symptoms of depression continue than mental health professional should be consulted (James & Gilliland, 2013, p. 436).

“Traumatic grief is generally subsumed under complicated/prolonged grief, with the requirement that the person witness or was in close proximity to the violent, sudden, unexpected, horrifying death of a loved one” (Cohen, 2006, p. 15). The intensity of the grief and complications are determined by several factors; “(1) suddenness and lack of anticipation, (2) violence, mutilation, and destruction, (3) preventability and/or randomness, (4) multiple deaths, and (5) the mourner’s own confrontation with death or witnessing the violence or mutilation” (Rando, 1996, p. 143). Personal relationship and availability of social support groups are large determining factors in whether traumatic grief turns into complicated grief (James & Gilliland, 2013, p. 434). Major complicating factors in traumatic grief are that the bereaved is likely to be re-exposed to the traumatic death by the media or legal actions and exposure to similar traumatic deaths can renew grief reactions (Rynearson, 2010). When the death is traumatic, the bereaved person not only feels and experiences the normal aspects of grief, the degree of shock is intensified, and he/she often have feelings of terror and fear (Love, 2007, p. 29). The symptoms and circumstances of a traumatic death are very similar to those associated with PTSD, so the bereaved should be closely monitored for both complicated grief and PTSD (James & Gilliland, 2013).

Individuals who have experienced a recent loss (one year or less) should be closely monitored for prolonged or abnormal grief reactions. The majority of bereaved people are able to process their grief without intervention, by using their own strengths and their social support system (Love, 2007). While, interventions, such as grief counseling and grief therapy, have mostly proven to be ineffective for those experiencing normal grief, these interventions can be beneficial to those experiencing complications of the grieving process (Love, 2007, p. 74). Individuals that experience a traumatic death often need to be treated for PTSD before or in

conjunction with treatment for complicated grief (James & Gilliland, 2013, p. 435). Family physicians, family members, close friends and spiritual leaders are the ones most likely to be in a position to recognize when a person's grief becomes abnormal. Early detection and intervention is important because complicated grief can cause mental and physical health issues for the bereaved person (Love, 2007, p. 77). "There are indications that preventive intervention in cases where people are believed to be highly vulnerable to complications arising in the grief process may, in some cases, be beneficial" (Littlewood, 2014, p. 58). This would include people who experienced a traumatic loss, multiple losses over a short period of time, preexisting mental health issues, have a history of complicated grief reactions, and have none or an unhealthy social support system (Littlewood, 2014, p. 58). The bereaved person's family members and social support system, and caregivers need to learn what are the symptoms and reactions of complicated grief and other related mental health disorders, so they know what to watch out for and when to seek help for the bereaved individuals when needed.



## CHAPTER SIX

### Types of Loss - Relationship Perspective

A person's reactions and responses to a loss and during bereavement are as unique as the individual and his/her experiences for each loss is different from all other losses he/she has or will experience (Volkan, 2015, p. 12). This chapter provides general information on how and why a person is affected by a loss based on the relationship between the deceased and the survivor. For the purposes of this booklet, relationship loss and bereavement will be divided into six categories; (1) Prenatal loss, (2) Death of a child, (3) Death of a sibling, (4) Death of a close friend, (5) Death of a parent, and (6) Death of a spouse. The individuals experiencing each of these different types of loss may experience similar reactions and responses however, these responses will be different in intensity and duration based on aspects specific to the loss and relationship (Marris, 2015, p. 16).

#### Prenatal Loss

Prenatal loss is divided into two main categories, miscarriage and stillbirth. Miscarriage has been defined as "the spontaneous termination of a pregnancy resulting from natural causes before the fetus is viable outside of the mother, generally before 20 weeks gestation" (Cacciatore, 2008, p. 443). Stillbirth is defined as "fetal death occurring between the twentieth week of gestation and the time of birth, resulting in the delivery of a dead child" (DeSpelder, 2009, p. 389).

Generally, a women's grief following a miscarriage "is intense for the first few days and gradually subsides over the following four to six weeks, and resolves over a period of three to

four months” (Adolfsson, 2011, p. 29). However, there are numerous factors that affect the intensity and the duration of a women’s grief after miscarriage. The list of factors that can cause and contributed to distress in women following a miscarriage include, “time and energy spent trying to conceive, fertility history of the couple, age of mother, number of previous pregnancy losses, number of living children, state of relationship of parents, and outside influences and expectations about having a child (Shreffler, 2011, p. 243).

Women who experience a stillbirth generally experience a greater degree of distress and grieve and their grief last for a longer period of time, than those experiencing a miscarriage (Shreffler, 2011). This is mainly because of the attachment they have developed for the fetus (Shreffler, 2011). “The longer the duration of a pregnancy, the greater the attachment to the pregnancy and hence, the greater the distress experience after the pregnancy loss” (Shreffler, 2011, p. 344). The mother-infant relationship is established early in the pregnancy and is strengthen as the pregnancy progresses. “The process of investment in a relationship with an infant starts well before birth” (Shreffler, 2011, p. 344). There are nine events that contribute to the mother-infant attachment and five of these events occur prenatally (Shreffler, 2011, p. 344). According to Peppers and Knapp, the nine events are: “(1) planning the pregnancy, (2) confirming the pregnancy, (3) accepting the pregnancy, (4) feeling fetal movement, (5) accepting the fetus as an individual, (6) giving birth, (7) seeing the baby, (8) touching the baby, and (9) giving care to the baby” (Peppers, `1980, p. 58). As many as eight of these events can apply to a stillbirth, thereby influencing the mother’s level of distress and grief.

Prenatal bereavement is often disregarded or overlooked because society does not recognize a baby as a person until it has experienced life outside of the mother. This often causes the parents to experience disenfranchised grief. According to Doka (1989),

“Disenfranchised grief occurs when a person has experienced a deep and meaningful attachment, experienced a loss, and cannot openly acknowledge or grieve the loss or have it validated by others” (James & Gilliland, 2013, p. 416). Prenatal loss, both miscarriage and stillbirth, must not be devalued or dismissed, because for the parents it is the loss of a child. The parents (especially the mother) needs time, understanding, support and freedom to properly process their loss.

### Death of a Child

It has been stated by numerous scholars, who study loss and bereavement, that “regardless of the ages of parents or children, the death of a child is always a major loss” (James & Gilliland, 2013, p. 425). The death of a child is often described as “being unnatural” because it disturbs the natural cycle of life and death (O’Conner, 2014). The death of a child is one of the two most difficult losses to deal with, the other is loss of a spouse. “Parents are left to deal with the incomprehensible fact that their child died before they did and often feel enormous guilt that they should have done something differently to have prevented it” (Van Praagh, 2000, pp. 154-155). According to McCarthy and associates (2010), the loss of a child is not something that survivors get over quickly. Their study of parents who lost a child due to cancer, showed that after an average of 4½ years the parents reported having significant separation distress due to persistent longing and yearning for their children (James & Gilliland, 2013, p. 425).

A major issue that parents face following the death of a child is the lack of social support or having social support wane after a period of time (O’Conner, 2014). Parents of a deceased child are often avoided because people do not know what to say to them or find it difficult being around them (O’Conner, 2014). “There is always a particular social or cultural context that surrounds those who are grieving” (Corr, 1998). In a group study, parents received extensive social support for the first year (especially on special occasions and holidays), however after the

first-year support waned and people started questioning why the parents were taking so long coping with the loss of the child (O'Conner, 2014, p. 410).

After the death of a child, parents face a number of challenges. The challenges include: the inability to positively reframe the child's death, a limited sense of personal growth and life purpose, perceptions of limited positive social support, difficulty envisioning a future without the deceased child, difficulty parenting surviving children, relating to their spouse and family members, and self-destructive thoughts and behaviors (O'Conner, 2014, p. 409). Parents who lose a living child also face all the attachment issues that parents who suffer a prenatal loss face. However, they are intensified due to the length of time involved and personal interactive relation and bonding. "Although parents in the very early stages of bereavement benefit from support aimed at adapting to the absence of the child, those in late stages may benefit from interventions aimed at re-building relationships and purpose of life" (O'Conner, 2014, p. 410). Despite all the heartache and issues associated with the death of a child, "few of the parents suffer from complicated/prolonged grief disorder or depression" (James & Gilliland, 2013, p. 425). Parents, who have lost a child, must learn to cherish their memories and time with the child, while learning to refocus their lives.

### Death of a Sibling

"Sibling relationships have attributes in common with all interpersonal relationships, but in addition they have certain characteristics that address the extent of their unique bond" (Packman, 2006, p. 820) "Siblings use one another as a source of major influence or milestones in their search for personal identity and understanding the world around them. (Cohen O. a., 2015, p. 158).

“It has been said that death ends only a life, it does not end a relationship. This statement is especially true when a sibling dies in childhood, adolescence or early adulthood – an untimely death whose unhealthy consequences can endure long after the farewell at the graveside” (Bank, 1982, p. 271).

The significance and uniqueness of sibling relationships causes the death of a sibling to have a profound effect on the surviving siblings (Packman, 2006, p. 820).

This section will look at the loss of a sibling from three perspectives; childhood, adolescence, and adulthood.

1. Childhood: “The effects of the loss of a sibling and their reactions depend greatly on their age at the time of the death. Depending on the age and cognitive development of the child, his/her understanding about death maybe very different and unsettling (James & Gilliland, 2013, p. 426). Children under the age of 3 may not understand death but they do understand lost and experience distress (Giunta, 2002). While it is unlikely children at this age will retain a strong memory of the death of the sibling, they may have some memories of the sibling (Giunta, 2002, p. 244). Children between 3 and 5 years old have a limited and unclear understanding of death but have created a bond with their sibling and may experience separation anxiety (James & Gilliland, 2013, p. 426). They miss their brother or sister and have difficulty understanding why he or she left (died) and does not come home. There may be marked changes in their behavior, some will become clingier, others may feel angry and rejected, and still others may become withdrawn (James & Gilliland, 2013, p. 426). Children from 6 to 12 years old understand the concept of death but are poorly equipped to cope with the loss of a sibling (James & Gilliland, 2013). They have by this time become attached to their sibling and experience

a sense of abandonment and loneliness due to the loss (Packman, 2006, p. 824). Children at this stage of life need to be reassured about their own mortality and that they are not responsible for the sibling's death. When children feel the closeness or a sense of togetherness in their family and are able to share in the support offered by friends and family, they are better equipped to cope with the loss of their sibling and demonstrate fewer problems and behavioral issues following the death (Davis, 1988).

2. Adolescence: Adolescence is usually concerned the most difficult and confusing stage of development in a person's life. Adolescents are in the stage where they are trying to define their identity, sense of purpose, and exploring their independence (Herberman Mash, 2013, p. 1203). Bereavement in adolescence can be disruptive to these processes and this is especially true in the loss of a sibling (Herberman Mash, 2013, p. 1203). Bereaved adolescents are more capable of understanding and coping with the death of a sibling, but they still lack the maturity of an adult, so often have a difficult time adapting to their new role in life (Batten, 1999, p. 531). "Throughout adolescence, individuals must face conflicting tensions in cognitive, biological, social, and affective domains. It has recently been suggested that the exploration of this tensions distinguishes the adolescent's concept of death from both the late childhood and from the adult's ways of thinking about death (Batten, 1999, p. 531). Adolescents experience a wide range of feeling after losing a sibling such as; pain, anger, guilt, helplessness, confusion, loneliness, and grief, yet they may not know how to comfortably express these feelings (James & Gilliland, 2013, p. 428).

The death of a sibling constitutes a multiple loss for an adolescent, he/she not only lose a brother or sister (family member) they lose a confidante, role model, and friend (Cohen

O. a., 2015, p. 158). Sibling loss is especially difficult for an adolescent due to the level of attachment caused by high access and contact between the siblings (Packman, 2006, p. 820). Also, how emotionally close an adolescent was to the deceased sibling influences his/her grief process (Packman, 2006, p. 824). The physical and emotional symptoms caused by the death of a sibling can intensify at different points of an adolescent's life. (James & Gilliland, 2013, p. 429). The symptoms are most severe during the period of 6 to 12 months following the death of the sibling and often reappear between the 18 to 24-month period (James & Gilliland, 2013, p. 429). According to Grierio-Austrom & Fleming, "Adolescent grief reactions were documented as long as 3 years following the death of a sibling (James & Gilliland, 2013, p. 429). The problem with these reactions is that the death of a sibling brings a stark reality to an already cynical adolescent who may act out his/her anger and depression in dangerous, life threatening ways (Brown E. , 1988, pp. 79-81).

After the death of a sibling an adolescent starts to come to terms with his/her own mortality, often for the first time (Batten, 1999). "The adolescent's belief system is challenged as he/she incorporates the reality of personal mortality into a new understanding of death" (Batten, 1999, p. 532). It is of the utmost importance that the adolescent receives support and guidance from his/her parents, family members and friends and be given understanding and freedom to process his/her grief after the death of a sibling.

3. Adulthood: Adults who lose a sibling are often referred to as "invisible mourners" (Cohen O. a., 2015, p. 158) or "disenfranchised grievers" (Zampitella, 2011)' "Potential comforters often disregard adult siblings' grief, directing comfort instead to the deceased

person's parents and family" (Cohen O. a., 2015, p. 158). "Making adult sibling loss part of the curriculum in schools, hospital, and community support organizations would bring it into the conversation in a way that it currently is not. And this alone would make a tremendous difference for bereaved siblings" (Marshall, 2016, p. 121).

"The death of a sibling in adulthood represents the loss of a relationship at a pivotal moment in its developments. By this age, a sibling is often a friend and key part of our support network" (Marshall, 2016, p. 121).

"Siblings share personal and familial history, experiences, values, and traditions; are often each other's first playmates and confidants; and even share 50% of their genetic composition. They can spend 80%-100% of their lifetimes with each other, with the feeling of affection and closeness often increasing with age" (Zampitella, 2011, p. 333)

Adults, who lose a sibling, are usually very concerned about family relations and unity, they fear that the security provided by the family will be threatened (Cohen O. a., 2015, p. 158 & 163).

The death of a sibling often signals the end of one of the most intimate, relationships in an adult's life and beginning of a unique and intense loss experience (Zampitella, 2011, p. 333). The strength of the bond between the surviving and deceased siblings is an important predictor of the nature and intensity of the grief of the surviving sibling (Marshall, 2016, p. 34). "For siblings these bonds are subject to many complex influences such as; gender, birth order, closeness in age, time spend together, the quality of the relationship, and perception of its importance, as well as the stage within the life cycle when the death occurs" (Marshall, 2016, p. 34). The loss of a sibling can be very disruptive to an adult's and cause them to question their



place in the family and the society (Herberman Mash, 2013, p. 1207). According to Pape (1999), adult surviving siblings experience a change in their sense of self that may lead to feelings of emptiness and hopelessness, and a fear of dying (Cohen O. a., 2015, p. 158).

An adult sibling's grief over the loss of a sibling, is often complicated by the lack of support they receive and by their own perception of how they should react to the loss (Packman, 2006, p. 831 & 832). Adult bereaved siblings often receive "overt and covert messages" from significant others to repress and deny their grief (Cohen O. a., 2015, p. 158). "A key struggle bereaved adult siblings face is a lack of societal recognition for the significance of their loss. In fact, most community-based bereavement support organizations focus their support on other losses such as; death of a child, parent, or partner, with very few offering adult sibling loss groups" (Marshall, 2016, p. 125). These actions or lack of action by family members, friends, and society often cause bereaved sibling to "repress their distress and avoid seeking comfort, which in turn may lead to developing avoidant patterns of reacting in future relationships (Cohen O. a., 2015, p. 60). As stated earlier, it is essential that the needs of bereaved adult siblings be recognized and addressed by care providers, family and society.

### Death of a Close Friend

The relationship a person has with their friends is often compared to the relationship between siblings (Herberman Mash, 2013, pp. 1206-1207). The grief experienced due to the loss of a friend is affected by the same factors involved in the loss of a sibling; intensity and personal

qualities of the relationships, including patterns of intimacy, attachment, dependence, and frequency of contact (Herberman Mash, 2013, p. 1207). Due to the shift from familial support to friendship support during adolescence and early adulthood (Herberman Mash, 2013, p. 1207), the focus of this section will be on adolescents and young adults who will have lost a close friend due to death.

Having relationships with and being attached to others is important for human beings, and young people, especially, invest a lot of energy in friendships (Johnsen, 2015). The importance of friend relationships during adolescence and young adulthood would predict that losing a close friend at this age could be a life-changing experience (Balk D. , 2014, p. 147). Studies have found that loss of a friend for some results in stronger grief reactions than the loss of an extended family member (Servaty-Seib, 2007). Friends are often the “forgotten grievers”, however it is important to acknowledge that friends are heavily affected by the death of a close friend (Johnsen, 2015). Friendship bonds between adolescents and young adults are often dismissed by family and older adults as transitory and insubstantial, therefore they fail to provide support for the grieving adolescent or young adult (Balk D. , 2014, p. 150). Not only is there a lack of family support, the grief of an adolescent or young adult for a friend is overlooked or minimized by their other friends and society (Balk D. , 2014). The loss of a close friend is not uncommon among adolescents and young adults and can be very disruptive, with significant effects on health and responses to subsequent loss (Herberman Mash, 2013, p. 1206). The increased difficulties that arise as a result of the loss of a significant other, such as a close friend, during adolescence or young adulthood may be due in part to the influence that friends have in personality development during this period (Herberman Mash, 2013, p. 1206). “With appropriate allowance for cultural variation, the nature and intensity; of grief is best predicted by

the strength of bond with the deceased” (Marshall, 2016, p. 34). Grief is the price a person pays for the closeness of the relationship and the emotional bond between the friends (Marshall, 2016, p. 34). Grieved adolescents and young adults experience difficulty concentrating, making decisions, sleep disturbances, difficulties eating, and headaches as well as being overwhelmed by intense emotions and uncontrollable crying (Balk D. , 2014, p. 150).

Family, friends, and caregivers should response to the grief caused by the death of a in the same manner as that caused by the death of a sibling (Balk D. , 2014, p. 151). It is important that peers allow their bereaved friend the freedom to express his/her grief.

### Death of a Parent

“The death of a parent is one of the most dramatic events in a child’s, adolescent’s and young adult’s life” (Smith K. H., 2014, p. 180). While the death of a parent is one of most stressful life events to encounter during childhood (Howarth, 2011, p. 21), studies have suggested that losing a parent in adulthood can entail long-term adverse effects on an adult’s well-being (Thomas, 2015, p. 747). In this section the death of a parent will be addressed from two perspectives: childhood (18 months to 18 years old) and adulthood (19 years and older).

#### *Childhood*

“The loss of a parent to death and its consequences in the home and in the family, change the very core of the child’s existence” (Worden, 1969, p. 9). According to an expert on grief, Alan Wolfelt (2001), “Anyone old enough to love is old enough to grieve” (Hope, 2006, p. 108). “Many factors have been cited in literature as possibly contributing to children’s adjustment to a loss. These factors include: bereaved child’s age, sex, relationship to the deceased, mode/circumstance of death, adjustment of remaining caregiver, presence of siblings,

participation in intervention, and participation in ritual, such as funerals” (Hope, 2006, p. 108).

Children are not only influenced by the surviving parent but also by the other adults in their life (Jeffreys, 2005, p. 74). “To help children, who have lost a loved one, the adults in their lives need to be aware that: (a) children do grieve, (b) their grief needs to be acknowledged, and (c) the nature of children’s grief varies widely with age and maturity” (Jeffreys, 2005, p. 75). It is important that bereaved children have an emotionally stable home environment, a high level of openness in communications in the family, and the ability to share in the family grieving process, if they are to properly adjust to the loss of the parent (Hope, 2006, p. 109).

Jeffreys, in his book, “Helping Grieving People,” listed seven needs of children that have lost a parent (Jeffreys, 2005, p. 75). The children’s needs are:

1. To be allowed to grieve as a child.
2. To be heard
3. To be part of the family grieving process and participate in family grieving rituals.
4. To be appropriately included in the information loop.
5. To have usual schedules, routines, and limits maintained.
6. To be hugged, held, and shown love by a parent or other caring adult and reassured regarding safety and other survival concerns.
7. To be reassured that their feelings are okay and have opportunities to express them.

(Jeffreys, 2005, p. 75)

In the following section the different stages of childhood grief following the death of a parent will be discussed.

## UNDERSTANDING AND COPING WITH GRIEF

- Children 18 months to 3 years: Children at this age do not understand how death differs from going away (James & Gilliland, 2013, p. 426). The child's reactions to the separation and changed situation is mainly determined by the actions and attention paid to them by the surviving parent and family members (Jeffreys, 2005, p. 82).
- Children 3 to 5 years: Children at this stage lack the capacity to view the loss as irreversible or understand feelings of distress (Jeffreys, 2005, p. 82). "There is likely to be severe separation anxiety from caretakers, including excessive clinging and crying on separation, needing to be held, and not wanting to sleep alone" (James & Gilliland, 2013, p. 426). The message that the grieving children needs, at all levels of understanding, is that the surviving parent and/or other adult caregiver is okay and is going to care for them and supply their needs (Jeffreys, 2005, p. 83).
- Children 6 to 8 years: Children at this stage, due to their increasing cognitive maturity (Jeffreys, 2005, p. 83), understand the universality and irreversibility of death (James & Gilliland, 2013, p. 426). Children in this stage, because of their sense of the finality of death, may have upsetting emotional reactions and some regression such as; bedwetting, thumb or pacifier sucking, seeking to sleep in bed with the parent or other family member of adult caregiver (Jeffreys, 2005, p. 85). Reassurance and understanding will help the child process the emotional reactions and the regression is usually only temporary (Jeffreys, 2005, p. 85). Children at this stage may have problems at school such as: difficulty concentrating, with commensurate behavior and/or academic problems (James & Gilliland, 2013, p. 427).
- Children 9 to 12 years: Children in this stage will generally understand the permanence of the death of the parent and may exhibit anger and rage at the unfairness of it (James &

Gilliland, 2013, p. 427). It is important to make it clear to the child that anger is an acceptable feeling to have and express, however not in ways that harms the child or someone else (Jeffreys, 2005, p. 85). Children at this stage should be permitted to proceed with their mourning at a level and pace appropriate to their development (James & Gilliland, 2013, p. 427). Children often act out because of frustration and fear over the death of the parent and the changes in their life. These fears and doubts need to be discussed opening, with the child's input, to reassure the child that his/her needs will be taken care of and that they are loved (Jeffreys, 2005, p. 86).

- Children 12 to 18 years: Adolescents are often torn between their desire for independence and their desire to be with the family when they lose a parent (Jeffreys, 2005, p. 86). "Adolescents may feel a deep sense of pain, fear, anger, guilt, helplessness, confusion, loneliness, and grief. (Balk D. Z., 2011), yet they may not know how to express or feel comfortable in expressing these emotions (James & Gilliland, 2013, p. 428). An adolescent may experience a recurrence of their grief several times as they acquire a more mature understanding of the consequences of their loss (Jeffreys, 2005, p. 86). "While adolescents reported themselves as fearful and anxious over a parent's death, they also reported themselves as more mature when assuming parental responsibilities and grew up faster" (James & Gilliland, 2013, p. 429). Bereaved adolescents are at risk of having an aggravated grief reaction, especially if the death of the parent was sudden or violent and may require help from a mental health professional (Jeffreys, 2005, pp. 87-88).

Children who suffer the loss of a parent need to feel safety, love, and have a sense their life still has meaning.

*Adulthood*

The death of a parent in adulthood is the most common type of loss experienced during a person's lifespan (Littlewood, 2014, p. 159). However, the death of a parent during adulthood is not a normative event by any measure but a major life transition (Marshall H. , 2004, p. 352). According to Moss and Moss, the consequences of the death of a parent are wide-ranging for the individual, perhaps prompting the adult children to examine their lives more closely, reassessing priorities, and considering their own mortality as they move to the eldest generation in the family (Marshall H. , 2004, p. 352). The death of the last living parent, makes the adult an "orphan" which also means the adults loses an important connection to his/her past and causes the adult to have to contemplate his/her own death (Doehlemann, 1987, p. 178). The death of a parent is impactful on adult children's identity, as they not only mourn the loss of their parent, they also have to cope with the loss of their family structure (Giddens, 1991, p. 204). For midlife adults, the death of a parent may often be considered as "on-time", however it highlights not only the fragility of life as a sudden death might, abut also the mortality of the self and the inevitability of death in the turnover of time (Marshall H. , 2004, p. 354).

"The death of a parent is more likely to occur when children are middle-aged than when they are minors. Only one in ten children has lost a parent by age 25 but by age 54, 50 percent have lost both parents, and aby age 62, 75 percent have lost both parents" (Umberson, 1994, p. 152). The impact of the dealt of a parent may be greater now than at any other period of history, due to the duration of the parent-child relationship; the life spans of parents and children can commonly overlap by 50 years or more (Umberson, 1994, p. 153).

The type and degree of the relationship between the deceased parent and the adult child is associated with the degree of the impact of the death and the intensity and duration of the adult

child's grief (Moss, 2004, p. 983). According to Debra Umberson, "Ordinary adults are strongly affected by loss of a parent and no adult should realistically expect a parent's death to leave them unaltered" (Umberson D. , 2003, pp. 7-8). Douglas suggests that the death of a parent is "an important personal and symbolic event" which is a time of "upheaval and transition" (Douglas, 1990-1991, p. 134). Society's expectations for people who have been bereaved of elderly parents, it that they have "less grief" due to the advanced age of the deceased (Marshall H. , 2004, p. 356). However, the research on adult bereavement for parents demonstrates this experience is no exception to the social complexities of grief and that the notion of less grief when a parent dies within an on-time context can be a fallacy (Marshall H. , 2004, p. 356). "The term "timely" in consideration is uncomfortably ambiguous-how can a death be timely to those who are bereaved or indeed to the deceased themselves" (Marshall H. , 2004, p. 355)?

Umberson and Chen listed several factors that are associated with adult children's reactions to a parent's death (Umberson D. &., 1994, p. 152). The factors are:

- Age and marital status of the child at the time of the parent's death.
- The gender of the child and the deceased parent.
- The quality of pervious adult interactions between the adult child and the deceased parent.
- Childhood memories of the deceased parent.

(Umberson D. &., 1994, pp. 152-154)

The loss of a parent in adulthood is usually associated with the least levels of disruption when compared to the loss of a partner or the loss of a child, however high levels of anxiety have been experienced by bereaved adult children (Littlewood, 2014, p. 160). The reason for this high



level of anxiety may be that the death of a parent is often the adult's first experience of loss and the death of the parent is a reminder of the adult child's mortality (Littlewood, 2014, p. 160).

The bereavement process itself involves significant emotional turmoil and experiencing the death of a parent may trigger a variety of negative emotions and feelings that can overburden bereaved adult children and lead to a prolonged stress response (Thomas, 2015, p. 748). In modern societies, children can expect to have five or more decades of lifetime with their parent, so the parent is a critical source of emotional comfort and instrumental support for the adult child (Thomas, 2015, p. 748). When the parent dies the adult child loses this comfort and support, which can cause a permanent reduction in his/her subjective well-being (Umberson D. , 2003). Compared with those who experience the death of a parent at an older age, younger aged adults are likely to sustain more severe and longer-term declines in subjective well-being (Thomas, 2015, p. 749). "As early parental loss becomes increasingly rare, this experience is increasingly out of step with the normal expectable life, potentially intensifying its adverse consequences and hence need for targeted support" (Thomas, 2015, p. 759).

According to Petersen, the death of a parent can have a profound affect (a turning point) (Petersen, 1998). The grief associated with the loss can be lengthy, important, and transformative and in all but the youngest adults, there is gentle understanding, an essential rightness to the grieving process and the acceptance of the parent's death (Petersen, 1998, p. 520).

### Death of a Spouse

"An unimaginable, indescribable loss has taken place and the numbness and excruciating pain is so deep because someone you love has died and it is unmatched for its emptiness and profound sadness" (Kuber-Ross, 2005, p. 29). This is especially true when the loss is the death of a spouse. The death of a spouse is in a way as if part of yourself has died (James & Gilliland,

2013, p. 423). Erin Diehi (a highly regarded grief counselor) notes after the death of her husband that, “I have days when it seems that such a big piece has been ripped from my life that only a gaping hole is left” (Taken from Care Norte-Living with Loss). “The death of a spouse is one of the most emotionally stressful and disruptive events in life” (James & Gilliland, 2013, p. 423). The death of a spouse means that the bereaved partner is alone, when he/she most needs the support previously provided by the deceased spouse and the surviving spouse is stricken by the thought that what the couple build over their entire life together is now basically meaningless (Van Praagh, 2000, p. 96).

“In addition to the immediate shock and distress, many survivors (spouses) face serious personal, physical, emotional, economic, social, career, family, and community problems (Rando, 1984, pp. 144-149). “Spouse/partner bereavement can adversely impact the performance of daily living tasks that are essential for health and independent functioning” (Lund, 2010, p. 293). Experiences of feelings of helplessness, isolation, and a lack of capacity to imitate meaningful interactions with others, together with a lack of a basic feeling of trust in the world are all strongly associated with grief following the death of a partner (Littlewood, 2014, p. 151). The loss of a spouse can cause the survivor to experience physical conditions such as: loss of appetite, nausea, sleep disturbance, lack of energy, dizziness, heart palpitation, nervous tension, headache, and fatigue (Hamilton, 2005, p. 214). Losing one’s life and love partner to death signifies the loss of the emotional and concrete advantages of a committed couple relationship (Bar-Nadav, 2015, p. 63). The emotional advantages include; intimacy, self-growth, and positive self-regard and the concrete advantages include; sharing daily life tasks and routine, support in handling stressful events, and financial support (Bar-Nadav, 2015, p. 63).

Although the long-term bereavement process is experienced with considerable variability, some common elements have included profound sadness, pining, depression, altered identity, negative health outcomes, loneliness and the withdrawal of support networks (Lund, 2010, p. 293). Loneliness is a major cause of emotional distress and has been described as a feeling of emptiness, of problems filling their days, and of how lonely they felt particularly at night (Hamilton, 2005, p. 214). “Those who have lost partners are far more likely to experience loneliness than those who have lost parents or children” (Littlewood, 2014, p. 148). “The most difficult aspect of loneliness for most spouses was the loss of companionship, having no one with who to share events or social activities (Hamilton, 2005, p. 214). Attachment related loss, such as the death of a spouse, is among the most common stressors and causes of subjective distress because of loneliness, desperation, and anxiety (Cassidy, 2016, p. 423). “Social support in the form of friendship does not help alleviate the distress of losing a spouse (Cassidy, 2016, p. 423).

When a spouse dies the bottom seems to fall out of the live of the surviving partner (Marris, 2015, p. 23)’ Individuals who experience the loss of their spouse usually react with anxiety and protest the loss of the individual who served as their primary source of emotional and physical security (Cassidy, 2016, p. 422). The anxiety and distress caused by the death of a spouse often cause the survivor to experience depression and other symptoms of complicated grief (Hamilton, 2005, p. 214). Some surviving spouses suffer from depression at a level that requires treatment from a doctor or mental health professional (Hamilton, 2005, p. 214). The death of a spouse and its often negative emotional and physical affects increase the mortality rate for the surviving spouse (James & Gilliland, 2013, p. 424). Studies have shown the mortality increases, for both widows and widowers, following the death of a spouse and that there is a

major increase in the death rate for widowers aged 54 and older, during the first six months following their bereavement (Littlewood, 2014, p. 41).

“The loss of a partner represents a multiple loss, in that loss of confidante, sexual partner, and social role are all involved to a greater or lesser extent depending upon the particular relationship” (Littlewood, 2014, p. 148). The degree of the quality of the relationship is closely associated with the depth of the grief felt by the surviving spouse (Marris, 2015). Relationships where the partners are very close (do most everything together) and are the main source of each other’s self-esteem, may be particularly difficult to come to terms with (Littlewood, 2014, p. 152). Studies by Walshe and Wortman supports the importance of recognizing the marriage relationship in spousal bereavement and found that those with good marriage relationships were at a higher risk of increase stress and prolonged and intensified grief reactions (Hamilton, 2005, p. 215). “It is understandable that people who put “everything” into a relationship may be more likely to interpret their bereavement in terms of abandonment and feel angry about their loss” (Littlewood, 2014, p. 152). That anger may or may not be directed at the deceased, it could also be directed at anyone associated with the death, at the bereaved own self and even at God (Littlewood, 2014, p. 45). Guilt is another emoting that is associated with the quality of the marriage relationship, if the marriage was good the bereaved often blame themselves for not doing enough or for hurtful acts, however the deceased can also feel the same guilt for the same reasons when the marriage is not so good (Littlewood, 2014, p. 46). The surviving spouses look back over the marriage relationships, “trying to reassure themselves that they did everything they could to make him/her happy, or struggling with remorse for remembered neglect of unkindness” (Marris, 2015, p. 25).

The length of the marriage is also an important factor in determining the duration and intensity of the survivor's grief (Hamilton, 2005, p. 215). The longer a couple have been married the more they will be attached to each other and the more emotionally invested in the relationship (Cassidy, 2016, p. 423). Widows and widowers married less than 2 years did not show the same level of grief reactions as those grieving for the loss of a longer-term relationship (Cassidy, 2016, p. 423). The death of a spouse under fifty is perhaps the hardest bereavement to accept, such deaths are usually unexpected, and the relationship the most important in the surviving spouse's life (Marris, 2015, p. 27). Some researchers claim that "older women in particular are likely to anticipate the death of their spouse and lessen their grief by engaging in mental rehearsals of potential widowhood" (Hamilton, 2005, p. 215). The reality is, however that living with someone for a large portion of one's life means that "they cannot be forgotten or released in just a few days or months" (Hamilton, 2005, p. 215).

The third major factor that affects the spousal grief process is the sex of the surviving spouse. Raplael makes the generally accepted point that:

"Patterns of "normal" bereavement for widows and widowers are essentially the same. The external manifestations, however may differ because of sex role differences in behavior. The widow may more readily express her feelings openly and elicit care – her tears and sorrow are easily accepted as womanly. The widower may be expected to control his distress – tears and need are seen as unmanly in many Western societies." (Raphael, 1984, p. 190)

Click (1974) having considered the differences and similarities of the grief experiences of widows and widowers identified several tendencies related to the grieving process of widowers (Littlewood, 2014, p. 154). "Widowers tended to be more likely to attempt to control

the expression of emotions following the death of their partner” (Littlewood, 2014, p. 155).

“Widowers were more likely to report a sense of sexual deprivation following the loss of their partners and, when compared to widows, their thoughts turned more quickly toward remarriage” (Littlewood, 2014, p. 155). “Slightly more widowers than widows reported “feeling themselves again” immediately following the first year of bereavement” (Littlewood, 2014, p. 155). While both sexes experience similar emotional and physical symptoms of grief after the death of a spouse, it is the way that society allows them to express their grief that is the real difference in how they process their grief (Littlewood, 2014).

## CHAPTER SEVEN

### Grief Support and Counseling

“Despite their misery, most grieving individuals will not require special intervention. With time and the support of their social networks, most people adjust their worlds, make sense of the loss, and reshape their understanding of their lives” (Love, 2007, p. 74). Most bereaved individuals (80%) regain their equilibrium and normal functioning within six months of the death of the loved one, utilizing their own internal resources, coping skills, and informal social supports (Hasson, 2003, p. 519). However, a significant portion of bereaved individuals have difficulty coping with the loss of their love one (Steiner, 2006, p. 32). Complications arise from the bereavement process that the bereaved or their informal social support cannot cope with or resolve, so professional help is needed (Littlewood, 2014, p. 89). This chapter will look at informal and formal support systems, support groups, and counseling as they relate to grief and bereavement.

#### Informal Support

Informal support networks are generally comprised of family members, friends, and other significant people in the life of an individual who is encountering a death-related experience (Papadatou & T, 2006, p. 650). “Since this type of support is often the only long-term support available to people who have been bereaved, it is of considerable importance to their well-being” (Littlewood, 2014, p. 97). “It would appear to be relatively rare for people to contact any of the various mental health agencies. Indeed, there is a general agreement that initial help seeking patterns tend to be directed towards informal rather than professional support networks” (Littlewood, 2014, p. 98). One major reason for this is that there is often a stigma of mental

illness associated with seeking professional counseling (Edelstein, 1984, p. 105). “The lack of acknowledge of bereavement in the broader community may in itself cause people who have been bereaved to withdraw into a relatively close network of mourners” (Littlewood, 2014, p. 98).

Members of a bereaved person’s informal social network often includes; members of the immediate family, other close family members, neighbors, close friends, co-workers, and church family (Steiner, 2006, p. 31). According to Streeter and Franklin, “Members of one’s informal social network are often the first to notice something is wrong, to express concern, and to offer assistance” (Streeter, 1992). A study, by C. S. Steiner, “indicates many bereaved adults suffer from an overall lack of support and would benefit from more caring overtures from those around them” (Steiner, 2006, p. 29). “The study showed that the bereaved would very much like to receive more caring overtures of concern, listening, and kindness from those around them (social network) for a much longer period than is generally recognized or granted in this society” (Steiner, 2006, p. 49). The support provided by a bereaved person’s informal social network is very important and impacts on their well-being and their ability to cope with their loss (Steiner, 2006, p. 32). A bereaved person’s informal support network can help reduce adverse reaction (depression and distress) from the death of a loved one (Barrera, 1988, p. 229).

While informal social support is an important factor in a person’s bereavement process, there are certain limitations and difficulties associated with it. Steiner provided a list of problems that may arise between a bereaved person and his/her informal support network members. The list includes:

- Friends and family may feel anxious and awkward when faced with someone who is grieving.



- Their advice may be unhelpful and in some cases even hurtful.
- Friction arise, especially in grieving families, when members cope differently and on different timetables.
- Some family and friends maintain distance and silence because of fear of saying something wrong.

(Steiner, 2006, p. 31)

Let me add this to the list, many of the members of a bereaved person's informal network are also grieving the loss.

Culture can also affect the bereavement process. "Certain types of loss are given more recognition and informal support than others. However, equally clearly, an individual's perceptions regarding the meaning of a lost relationship need not necessarily coincide with the relationship's social value (Littlewood, 2014, p. 100). Marris states:

"A person learns from his culture where he or she is expected to commit themselves most and their life will be built around these commitments. So, for instance in modern societies the death of a husband, wife, child, brother or sister or friend roughly represents a declining order in the severity of bereavements."

(Marris, Loss and Change, 1986, p. 38)

This means that the amount of informal social support bereaved persons might receive is dependent on their relationship to the deceased (Marris, Loss and Change, 1986). This raises the question, "If informal support is the main source of help a bereaved person can and does expect and if bereavement in particular and the culture in general leads to a weakening of informal support networks, then exactly who expects what from whom" (Littlewood, 2014, p. 99)?

“There may be many different sources of help and support available in a person’s informal support network but preferences concerning exactly what constitutes legitimate support, how such support might appropriately be elicited, who can elicit it and how it is evaluated might vary considerably (Littlewood, 2014, p. 99). However, in the end after all is said and done a bereaved person’s most valuable and readily available source of comfort and support is their informal social network.

### Formal Support

Informal support networks may be the main sources of help for the bereaved (Littlewood, 2014, p. 99) but, when it fails to provide the assistance and support needed, the bereaved often turn to their formal support networks for assistance (Osterweis, 1984, p. 243). “When difficulties occur within an informal social network, formal sources of social support may be needed” (Steiner, 2006, p. 81). A bereaved person’s formal support network includes both professional and volunteer caregivers, who are educated and trained to provide services to individuals who are coping with bereavement (Papadatou & t, 2006, p. 650). Steiner lists the following as possible member of a bereaved person’s formal support system; physicians (especially primary care doctors), nurses, counselors, therapists, psychiatrists, social workers, funeral home workers, clergy, and trained volunteers (Steiner, 2006, p. 31). The sociocultural changes that occurred between 1900 and 2000, brought about important changes in reliance on such helpers as important resources and help in aiding bereaved individuals in coping with their loss (Derheimer, 1990, pp. 14-36).

“The support from professional sources which was most valued was the practical support concentrated in the immediate period following the death” (Littlewood, 2014, p. 94). The bereaved often have difficulty understanding and coping with the experience following the death

of a loved one, however there are experts (medical professionals, social workers, clergy) “with the knowledge to transform the problematic into the routine. Members of the clergy and funeral directors provide assistance to the bereaved with “specific tasks of the funeral and mourning rituals” (Osterweis, 1984, p. 243). “Although interactions between a family and health professionals are likely to decrease in intensity or to end shortly after bereavement, each group of health professionals has special skills to offer in caring for the bereaved” (Osterweis, 1984, p. 225). Social workers bring a mixed bag of services and skills that aid the family immediately after the death and later during the bereavement process (Osterweis, 1984). Social workers can provide help in locating relatives, making burial plans, notifying next of kin, and referring the bereaved to public welfare and other community agencies (Osterweis, 1984, p. 225). Specially trained social workers may provide counseling and psychotherapy to the bereaved when appropriate or refer the bereaved to other counselors or mental health professionals (Osterweis, 1984, p. 225). Primary care physicians are in a position to monitor a bereaved person’s physical condition and ask informed questions about his/her mental state in relation to his/her bereavement (Osterweis, 1984, p. 227). The doctor may prescribe medications for anxiety or depression or refer the bereaved to mental health professionals (Osterweis, 1984, p. 227). Nurses are often trained in assisting people who have lost a loved one, they offer assistance with preventive and health promoting practices during bereavement and assist in securing aid from other health care sources (Osterweis, 1984, p. 225). While, the health care professionals were utilized by the bereaved and their families as a source of support and guidance and often they were the first ones contacted, the use of these individuals as a source of support for the bereaved declined and usually stopped by the end of the first year (Edelstein, 1984, p. 104).

### Counseling

There are numerous types of caregivers that provide counseling support for the bereaved such as; healthcare professionals, social works professional mental health counselors, pastoral counselors, chaplains, ministers, and trained volunteers (Osterweis, 1984). Since the focus of this booklet is to inform and aid the bereaved, their caregivers, chaplains and clergy in dealing with grief and bereavement, we will concentrate on counseling services provided by non-clinical counselors. However, we will briefly look at the role of professional mental health workers and counselors.

“Unfortunately, the prevention of complications arising from the bereavement process is not always possible. In many cases professional intervention is not requested until the person is already experiencing a painful, complicated reaction associate with their bereavement” (Littlewood, 2014, p. 89). “For individuals who feel overwhelmed by painful emotions attributable to grieving or who are experiencing pathologic or distorted grief reactions, psychotherapeutic interventions may be warranted” (Osterweis, 1984, p. 257). These services are most commonly provided by psychiatrists, psychiatric social worker, clinical psychologists, psychiatric nurses, and licensed counselors in private practice or in a professional setting (Osterweis, 1984, p. 257). Because of the focus of this booklet professional clinical counseling as it relates to grief will not be examined further.

Raphael (1980) defined the basis for bereavement counseling as, “The background to all bereavement counseling is general support, support that offers comfort and car, and that accepts and encourages appropriate grief and mourning” (Steiner, 2006, p. 34). Even though most bereaved individuals are able to successfully process their own grief without counseling or intervention, most would benefit from counseling, if only because or the social support it

provides (Littlewood, 2014, p. 88). Mutual support groups help fill the need for social support for those with little social support or their support provided by their family and friends has diminished (Osterweis, 1984, p. 275). Bereavement counseling is often designed to help facilitate the normal grieving process (Osterweis, 1984, p. 240). However, Osterweis points out that;

“There is some evidence to suggest that intervention programs help people to move faster through the grieving process but untimely most people get through it regardless of whether they have formal support. Still shortening a process that is painful for the individual and for those around that person may be of considerable intrinsic value and deserves further study.” (Osterweis, 1984, p. 273)

Non-clinical grief counseling services are mainly provided by experienced people who have personally experienced bereavement, trained volunteers, medical personnel, social worker, counselors (including pastoral counselors), chaplains and clergy (Osterweis, 1984, p. 240). The approach most often used in counseling bereaved individuals and groups is the stage/phase model. It views loss as a series of stages that a person goes through during the grieving process (James & Gilliland, 2013, p. 420), it provides road markers that allows the bereaved person to gauge where they are on the road to life without their loved one. The intervention used most for this level of counseling is narrative therapy. Narrative therapy is well suited for grief work because it involves the telling and retelling of the bereaved person's story with the goal of him/her making sense and meaning of the loss (James & Gilliland, 2013, p. 438). Counseling allows the bereaved to talk about the deceased, the loss, and issues related to bereavement, in a way that maybe uncomfortable for family and friends (Littlewood, 2014, p. 89). Grief counseling often provides opportunities for the bereaved to create new meaning to their lives and

refine their place in the world, which often leads to healing and reconstruction (Steiner, 2006, p. 34). Counseling which facilitates the expression of feelings and revision of the past, and encourages orientation toward the future is associated with positive bereavement outcomes (Littlewood, 2014, p. 86).

“What we do know about the business of counseling though, is that more than anything else, the quality of the relationship between a client and a counselor is probably the best basis for determining how effective the counseling is going to be.” (James & Gilliland, 2013, p. 436) So, grief work that places a high value on the client/counselor relationship is usually the most effective practice when dealing with clients experiencing normal grief (James & Gilliland, 2013, p. 436).

Most of the work done at this level of counseling is done through small groups. The next section will focus on small groups as they apply to grief and bereavement.

### Grief Support Groups

“Bereavement support groups help in two primary ways; (1) they ease the normal process of grieving and prevent abnormal or pathological grieving patterns from beginning or becoming established, and (2) they facilitate expression of the many painful and confusing feelings associated with the normal grieving process (Lorenz, 1998, p. 162). Harold Smith describes grief groups in the following manner; “Healthy, safe places for you who are grieving to bring yourselves, your stories, your anger, your bewilderment, and to know that it’s just likely that others will have been there and will recognize in your story parts of their own story (Smith H., 1995, p. 4). Grief support groups are places for the bereaved to find new social linkages with

opportunities for emotional exchange central to the curative process for many types of loss (Steiner, 2006, p. 33).

In this section, models of bereavement support groups will be looked at with an emphasis on mutual support or self-help groups.

- Time limited model: This type of group meets for 6 to 8 weeks and has limited, stable membership. Benefits of this model are, limited time commitment, trust among members, and experienced leadership. The main drawback is the limited duration of the sessions, many group members would like for the group to continue for an extended period of time. (Lorenz, 1998, p. 163)
- On-going support model: Groups meet weekly or bi-weekly and members can attend on an “as needed” basis. Benefits of this model are on-going source of support and development of positive, close relationships of members. The main drawbacks are ongoing commitment of leaders and after a period there is difficulty integrating in new members. Good for people with little or declining social support. (Lorenz, 1998, p. 163)
- Monthly support groups: Usually are educationally oriented. Advantages are that they provide a regular source of information and support and they provide an opportunity for relationships to form. Drawbacks are that they lack a consistency of membership, it is difficult to build trust between members, and it is difficult to follow-up on materials presented. They are good for individuals who are time-limited and need minimum support. (Lorenz, 1998, p. 163)
- Self-help/mutual support groups: Focus on a specific type of loss and are based on the that the most qualified person to understand and help with the problems of a bereaved

person is another bereaved person with a similar loss. (Osterweis, 1984, p. 242) These types of groups will be discussed in more detail in the following paragraph.

“Mutual support or self-help groups are associations of people who share the same problems, predicament, of life situation and who unite for the purpose of mutual aid.” (Osterweis, 1984, p. 240) Bereavement mutual support groups are often formed at the completion of a time-limited bereavement support group by members dealing with a specific type of loss (Lorenz, 1998, p. 163). These groups aid the bereaved in dealing with personal grief, problems associate with bereavement, and adjusting to life without their loved one (Osterweis, 1984, p. 241). In mutual support groups all members are responsible for the success of the group but do need to have one member act as facilitator, who can guide the group process each time the group meets (Smith H. , 1995, p. 7). The two major advantages of mutual support groups are that members understand and support each other because they share a similar loss and they don’t have the stigma associated with formal, professionally lead grief groups (Lorenz, 1998, p. 163). The main disadvantage is the lack a formal leader, which can lead to a lack of focus, disorganization, and fear to address painful issuers (Lorenz, 1998, p. 163). Mainly, mutual bereavement support groups provide members with help with preventing isolation, emotional burdens, and many other challenges that often plaque and sometimes overwhelm those in bereavement (Papadatou & t, 2006, p. 656). Self-help bereavement support groups have steadily increased in recent years. (Osterweis, 1984, p. 241)

“Grieving significant loss requires time and grief support groups help to ensure that the grieving process occurs and remains relatively unhampered once it begins” (Lorenz, 1998, p. 163). Small bereavement groups provide an environment where members can address personal concerns, family issues, and difficulties adapting to the loss, while at the same time providing



support (Smith H. , 1995, p. 8). According to Steiner, “On one hand, bereaved individuals who attend grief support groups are very appreciate of them. On the other hand, very few bereaved attend grief support groups” (Steiner, 2006, p. 49).

## CHAPTER EIGHT

### Christianity and Grief

“One of the significant challenges of human life is to confront the inevitability of one’s death and the death of loved ones” (Muselman, 2012, p. 229). “In the areas of death and major losses, a significant proportion of people, perhaps a majority, find faith to be their most important resource for coping, recovery and growth” (James & Gilliland, 2013, p. 420). Many turn to God for solace when death touches their lives (Muselman, 2012, p. 229). “Hope is the one thing that separates Christians from those who do not know Christ” (White, 1997, p. 42). Hope in the resurrection of Christ is the major factor in how Christians respond to the deaths of loved ones (Boersma, 2014, p. 47). It is in the context of these statements that the role of Christianity in death and bereavement will be reviewed.

### Hope and Faith

Human beings have continuously used religious beliefs in an attempt, over the history of mankind, to challenge the finality of death by creating an afterlife and making sense of why bad things happen to good people and why the good often die at a young age (James & Gilliland, 2013, p. 419). “Faith, beliefs, and religious practices are the foundation stones for dealing with life’s end and the loss of loved ones. They offer comfort, hope, support, and connection when one feels hopeless, unsupported, and disconnected” (James & Gilliland, 2013, p. 419). “Hope is the key to the grieving process. Hope in the resurrection of Christ is the major factor in how Christians respond to the death of loved ones” (Boersma, 2014, p. 47). Exactly, how should Christians grieve the loss of a loved one has been debated by scholars and theologians for centuries (Boersma, 2014, p. 47). The answer is that Christians should grieve just like all other

human beings but with one major, all important difference, Christians should grieve in hope (White, 1997, p. 16). The Apostle Paul in 1 Thessalonians 4:13 states that the brethren (Christians) should not “grieve as others do who have no hope” (Boersma, 2014, p. 47). Christians do not experience the emotional turmoil often associated with grief, as an out-of-body experience, they experience it in-the-body and it impacts their reasoning faculties (Boersma, 2014, p. 47). Despite all the turmoil, Christians have a promise of comfort during the pain and sorrow because of Jesus’ self-sacrificial love (White, 1997, p. 17).

Grief and sorrow for the death of loved ones usually presents itself in the same fashion for believers as it does for non-believers (Holmes, 2014, p. 33). However, the Apostle Paul seems convinced that Christians mourning falls under moral scrutiny (Boersma, 2014, p. 47). He attempts in his letters to the Thessalonians to distinguish between grieving that would be acceptable for Christians and grieving that is completely bereft of hope, which is characteristic of the grieving of pagans (Boersma, 2014, p. 47). Gregory of Nyssa (a 4<sup>th</sup> century priest) struggled mightily with balancing the human emotions of grief and the moral injunction that Christians should not grieve for the loss of a loved one but be joyful because of knowing their love one is in a better place and they will be reunited with them in heaven (Boersma, 2014, pp. 46-50). Most people (51 to 85 percent of the world over believe that their loved ones are going somewhere spiritually (Holmes, 2014, p. 25), for Christians where that will be is heaven. Gregory reasoned that by allowing Christians to express their emotion caused by grief, once they had exhausted the powerful effects of the grief, they would be open to the hope that the gospel offers without guilt (Barrera, 1988, p. 57). However, at times attempts to comfort Christians adds negative components to the already heavy emotional load caused by the grieving process (Boersma, 2014,

p. 58). Christians must be allowed to express their grief openly, while being supported by fellow Christians and encouraged with the hope of the resurrection of Christ.

Religious beliefs (Christianity) and beliefs of a supreme being (God) can be a double-edged sword; “What they bequeath as far as hope is concerned, they can also snatch away” (James & Gilliland, 2013, p. 420). “That can put people out of sorts with their particular deity of choice (God) when their beliefs, attitudes, assumptions, values, and everything else they hold dear to make sense of the world becomes ruptured, disjointed, and chaotic” (James & Gilliland, 2013, p. 420). Often when Christians lose a loved one, their attempts to find sense and meaning of the loss can challenge their “most deeply held religious and spiritual beliefs” (Humphrey, 2009, p. 26). Christians who struggle with the loss of a loved one also struggle with feeling angry with or distant from God, feeling punished by God, wondering if God has abandoned them, and questions about their religious beliefs and faith (Burke, 2014). Many Christians have questioned their faith in God, especially when they feel that they have done everything “by the Book” in their walk with God (Holmes, 2014, pp. 45-46). Bereaved Christians, who struggle spiritually following the death of a loved one, often do so because they feel they are being punished because they or their deceased loved one did something that warranted death (Burke, 2014). “God is well aware of what we are feeling, so be honest and don’t bury your emotions. Another gift of grace for Christians is the Lord knows our hearts, so is always with us and accepts us even in our pain and confusion” (White, 1997, p. 48). Christians need to give themselves time to appropriately and adequately grieve their loss. (Smith H. , 1995, p. 38) Harold Smith paraphrased Matthew 5:4 in this way; “Blessed are those who grieve realistically, preemptively, and responsively for they will be comforted” (Smith H. , 1995, p. 38).

Christians in many instances question or abandon their religious or spiritual beliefs in the wake of a death (Muselman, 2012, p. 229). Christians often question God, they seek answers to questions such as; Why did my loved one have to die? And Where God is your favor in the dealing out of death? (Holmes, 2014, pp. 45-46). Added to the challenges that Christians face when they lose a loved one (Muselman, 2012, p. 282) is Jesus' promises that life will be filled with losses (Kellermen, 2010). Christians, who are trying to come to terms with the loss of a loved one, must realize that human minds are too small to comprehend the actions of God (Smith H. , 1995, p. 20). This inability to truly understand Gods actions concerning the death of a loved one causes many Christians to become angry with God (White, 1997, p. 76). Also, Christians, at times, will question their faith and try to understand how "a rational and kind-hearted" God could allow the death of their loved one (Holmes, 2014, p. 46). The truth is God is big enough to handle their anger and their probing questions, however that doesn't mean He is necessarily going to provide the answers they would like or might even demand (White, 1997, p. 76). With His greater wisdom and His providence God understands that they struggle emotionally with their loss (White, 1997, p. 76). Despite, the lack of understanding the why's of death, Christians can be comforted by dealing with life's losses in the context of God's healing and mercy (Kellermen, 2010). *"Let us therefore come boldly to the throne of Grace that we may obtain mercy and find grace to help in time of need."* (Hebrews 4:16, NKJV)

### Attachment to God and Religious Coping

Attachment theory is commonly used as a framework for understanding the grief process, what is not commonly thought about is how an attachment to God affects a Christian's grief process (Kelley, 2012, p. 201). Many aspects of Christianity and Christian behavior may reflect a dynamic attachment process. (Kelley, 2012, p. 201) Christian beliefs such as that God is

omnipresent and attentive to people's lives and Christian behaviors such as prayer and worship could be understood as aspects of an active attachment process, with the goal of achieving and maintaining a sense of God's availability (Kelley, 2012, p. 201). During bereavement Christians often seek the availability of God through increased prayer activity (Kelley, 2012, p. 201). A secure attachment to God may provide the ultimate sort of life meaning that allows Christians to assimilate the death of a loved one without feeling that their "world of meaning" is threatened or shattered (Kelley, 2012, p. 218). According to Havel (1990), "Hope...is not the conviction that something will turn out well, but the certainty that something makes sense, regardless of how it turns out" (Havel, 1990, p. 181).

Attachment to God is often part of one's orienting system and thus influences one's religious coping efforts following a significant death (Kelley, 2012, p. 202). Specific religious beliefs and concepts of the nature of God also support religious people, specifically Christians, facing bereavement and a benevolent God is associated with positive grief outcomes (Cowchuck, 2010, pp. 486-487). "One's religious coping efforts during this stressful time may then be closely related to one's adjustment to the event" (Kelley, 2012, p. 202). People's religious coping efforts are shaped by their meaning system, which is their system of "well-established beliefs, practices, attitudes, goals, and values" (Pargament, 2007, p. 743) that people bring to each life circumstance and that influence religious coping behaviors (Kelley, 2012, p. 203).

"In terms of effects on mental, physical, and spiritual well-being, it appears that all religious coping is not created equal, some religious coping efforts seem beneficial and other efforts seem harmful" (Kelley, 2012, p. 202). Religious coping efforts that appear to yield the most helpful effects over time (less depression and anxiety, greater stress-related growth) most often share certain features (Kelley, 2012, p. 202). They "reflect a secure relationship with God,

a belief that there is a greater meaning to be found, and a sense of spiritual connectedness with others” (Pargament, 2007, p. 748). Religious coping efforts that appear to yield harmful effects (increased depression and anxiety) most often share certain features (Kelley, 2012, p. 202). They “reflect an ominous view of the world and a religious struggle to find and conserve significance in life” (Pargament, 2007, p. 749).

Positive religious coping helps Christians adapt to the death of a loved one by providing an avenue for finding meaning, reasserting control of the stressful situation, petition God’s comfort and closeness, seeking support from like-minded Christians, and transforming one’s life in the wake of the death of loved ones (Burke, 2014). However, a Christian’s spirituality is not always supportive in terms of losses, even though distressed Christians typically use more positive religious coping than negative religious coping in their bereavement process (Burke, 2014). While it is natural for Christians to find comfort from their religious belief system during times of mourning, some Christians actually experience additional distress as a result of religion, particularly when negative forms of religious practices are used for coping purposes (Lee, 2013, p. 291). “Negative forms of religious coping, such as viewing one’s circumstance as a punishment from God, have been related to dysfunctional mood during bereavement” (Lee, 2013, p. 291).

Grieving Christians, who struggle with the loss of their loved ones, also simultaneously struggle with feeling “angry with or distant from” God and from members of their church, feel punished by God for lack of devotion, wonder whether God has abandoned them, question their religious beliefs and faith, and endorse the notion that the devil made the death occur (Burke, 2014). “Negative religious coping influences emotional processes, the content of negative religious coping is (1) highly distressing and (2) it is linked with maladaptive mood states” (Lee,

2013, p. 292). Negative religious coping is linked to anxiety, depression, hostility, and various manifestations of bereavement distress (Lee, 2013, p. 293). Attributing a personal loss (death of a loved one) to God's punishment for one's wrong doing is a disturbing but surprising common explanation among the bereaved (Lee, 2013, p. 300). "This type of spiritual struggle is particularly potent because it reflects a ruptured relationship with God during a time where God's support is sorely needed" (Lee, 2013, pp. 299-300).

Belief in an abandoning God is associated with a host of negative outcomes such as; low-self-esteem, anxiety, depression, hostility, as well as lower levels of spirituality, religious and existential well-being" (Lee, 2013, p. 300). This may be due, in part, to the fact that the belief in a punishing, abandoning God is powerfully aversive, and it has developed over many years, starting in early childhood when parents used the threat of God's punishment for disciplinary purposes (Lee, 2013, p. 300). Even when we feel like God has completely abandoned us we as Christians need to remember one of God's greatest promises: "*I will never leave you or forsake you.*" (Hebrews 13:5, NKJV)



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