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Narratives from Grief Counseling: Client Perspectives on Effective Interventions and Strategies for Recovery

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Narratives from Grief Counseling: Client Perspectives on Effective Interventions and Strategies for Recovery

Janalee Weaver

The College at Brockport, State University of New York
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Abstract

This qualitative study examines the unique and personal experiences of individuals that have experienced grief and loss through bereavement. The terms associated with grief and bereavement are defined by the literature. An historical perspective of the research on theories of grief and interventions for recovery are presented. The narrative stories of bereaved individuals are shared and common themes identified. The major themes of experiences, coping strategies and successful interventions as identified by the participants are compared to the literature. Recommendations for counseling bereaved individuals are made based on the experiences of the bereaved participants. Implications and recommendations for counselors working with bereaved individuals are made. The need for continued research in the area of bereavement theory and counseling is stated.
Narratives from Grief Counseling: Client Perspectives on Effective Interventions and Strategies for Recovery

It has been the observation of this writer that individuals seeking support through counseling have frequently experienced the death of a loved one in their past and that regardless of their current presenting problem, their experience of grief and loss has had a profound effect on their ability to cope with subsequent difficulties in their lives. As the result of this observation, this writer supports the need for continued research on effective interventions and strategies in dealing with grief and loss as, “the death of a loved one is a universal human experience” (Servaty-Seib, 2004, p. 95). According to Kastenbaum, “Bereavement is a universal experience. No society, ancient or contemporary, has been spared the loss of people it valued, loved, and depended on” (Kastenbaum, 1998, p. 313). As bereavement is a universal experience, new perspectives gained from the narrative stories of individuals have the potential to help individuals and counselors understand and cope with the experience of grief. The purpose of this study is to hear the voices of individuals that have experienced the loss of a loved one and use the information gained to identify common themes and effective interventions.

Our contemporary society emphasizes the need for bereaved individuals to break their bonds with the deceased in order to return to normal functioning as quickly and effectively as possible (Strobe, Strobe, Gergan, & Gergan, 1992; Worden, 2002). One of the purposes of this study is to determine whether individuals that have experienced the loss of a loved one found it necessary to break their bond with the deceased by saying good-bye forever or to maintain an ongoing connection with their deceased loved one as grief is felt “quite possibly as long as one lives” (Rosenblatt, 1983 p. 59).
Literature Review

This review of the literature defines common terms used in the study of grief and loss and describes the experience of grief as thoughts, feelings and behaviors exhibited by the survivor as described in the literature. An historical perspective of the history of grief is discussed. Theoretical studies of grief are presented and factors that influence the experience of grief are discussed. Intervention and counseling strategies recommended by the major theories are presented. The need for counseling for bereaved individuals is addressed as well as the role of grief support groups. The topics are addressed in the following order:

- Definitions of the terms grief, bereavement and mourning and different types of grief
- The experience of grief as thoughts, feelings and cognitions
- An historical perspective of the history of grief
- Theoretical studies including task and stage theories, attachment theory and meaning and reconstruction theory
- Factors that influence the experience of grief including the nature of the relationship and attachment, the mode, location and circumstances of the death, historical antecedents and personality and social variables
- Intervention and counseling strategies as presented by the major theories are reviewed
- The role of grief support groups and the need for counseling are discussed

Definitions

In order to assist the reader in understanding the terms frequently used in the literature, the most common terms are presented as defined by different authors. The need for these definitions is stated by Schowalter (1975) as “crucial, because a lack of agreement about definition leads to different interpretations and conclusions” (Schowalter, 1975, p. 172).
Bereavement.

In the words of Kastenbaum, “Bereavement is an objective fact.” (Kastenbaum, 1998, p. 309). An individual is considered to be bereaved when a person close to us dies. Bereavement represents the forcible separation of a relationship that we value (Kastenbaum, 1998). This definition is very similar to the one presented by Rando who states that “bereavement is the state of having suffered a loss” (Rando, 1988, p. 12). Switzer (1970) defined bereavement as the response of emotional pain to the deprivation of a loved one. The Diagnostic and Statistical Manual of Mental Disorders (2000) uses the diagnostic category of bereavement when:

the focus of clinical attention is a reaction to the death of a loved one. As part of their reaction to the loss, some grieving individuals present with symptoms of a Major Depressive Episode (e.g., feelings of sadness and associated symptoms such as insomnia, poor appetite, and weight loss). The bereaved individual typically regards the depressed mood as “normal”, although the person may seek professional help for relief of associated symptoms such as insomnia or anorexia. The duration and expression of “normal” bereavement vary considerably among different cultural groups” (American Psychiatric Association, 2000, p. 740).

Grief.

Grief is defined as an individual’s response to bereavement. It encompasses the ways in which the survivor “feels, thinks, eats, sleeps and makes it through the day” (Kastenbaum, 1998, p. 310). In the words of Doyle, grief is “an abiding and pervasive sense of sadness that overwhelms us when we are separated from a person, place or object important to our emotional life (Doyle, 1980, p. 6). Schowalter considered both bereavement and grief to be “the subjective
state and observable reactions of an individual who has suffered the loss of a person with whom there has been a significant loving relationship” (Schowalter, 1975, p. 172).

Some authors have also seen grief as a disease (Engel, 1961; Averill & Nunley 1993). These authors argued that grief is compatible with medical models of disease as grief is “a debilitating condition, accompanied by pain, anguish, and increased morbidity; it is associated with a consistent etiology”, (Averill & Nunley, 1993, p. 85). Engell stated that grief also qualifies as a medical condition because it “fulfills all the criteria of a discrete syndrome, with relative predictable symptomatology and course (Engel, 1961, p. 18). In support of the concept that grief may be a medical condition Irwin and Pike (1993) found alterations in the functioning of the immune system as the result of bereavement.

**Complicated Grief.**

Complicated Grief is mentioned in the literature and described as “the intensification of grief to the level where the person is overwhelmed, resorts to maladaptive behavior, or remains in the state of grief without progression of the mourning process towards completion” (Horowitz, Wilner, Marmar, & Krupnick, 1980, p. 1157). The term complicated grief is used to describe grief reactions seen as differing from “normal” grief reactions in their intensity and duration. A reaction expressed a year or two after a death would be considered normal, but this same reaction expressed ten or more years later would be considered an abnormal reaction (Schulz, 1978). Individuals that remain attached to the deceased person over a prolonged period of time may be described as suffering from “pathological” grief according to (Kastenbaum, 1998).

The term used by Parkes & Weiss (1983) to describe complicated grief is unresolved grief and they described three types. The first is unexpected loss syndrome that Parkes & Weiss (1983) described as an unexpected loss that results in avoidance, disbelief and anxiety. The
second is termed conflicted grief syndrome and follows conflicted attachments with a minimum of early grieving but subsequent pining and anxiety. The last term presented by Parkes & Weiss (1983) is the dependent grief syndrome that links clinging or overly reliant attachments to chronic grief.

The terms used to define complicated grief by Worden & Kastenbaum are chronic grief, delayed grief, exaggerated grief and masked grief (Kastenbaum, 1998; Worden, 2002).

**Chronic Grief.**

Chronic grief is defined as grief that is excessive in duration and never reaches resolution (Worden, 2002). The individual experiencing chronic grief often recognizes that they have never recovered from a loss, making this the easiest type of complicated grief to diagnose. The chronic grief syndrome is marked by a “strong sense of continuing dependency in the survivor in which the survivor feels incapable of continuing without the loved one and a deep sense of yearning becomes a chronic condition” (Kastenbaum, 1998, p. 328). Although chronic grief is seen as a pathological condition by some (Kastenbaum, 1998; Worden, 2002), some more recent authors presented a model in which the grieving individual maintained a continuing bond with the deceased and stated that this bond does not represent a pathological condition (Silverman & Klass, 1996; Strobe, Strobe, Gergan, & Gergan, 1992).

**Delayed Grief.**

Delayed grief is sometimes also referred to as “inhibited, suppressed, or postponed grief” (Worden, 2002, p. 90). Delayed grief may occur when an individual experiences excessive grief over a subsequent loss as a result of postponing the original grief. This may be caused by the necessity of individuals to protect themselves from an overwhelming loss only to be overcome with grief after a subsequent loss. Any type of loss, such as a divorce or viewing a sad movie...
may trigger delayed grief (Worden, 2002). Delayed grief may also present as insomnia, panic attacks, irrational angry outbursts and social withdrawal according to (Parkes, 1972) and are more likely to be associated with unanticipated and conflicted bereavements (Parkes & Weiss, 1983).

**Exaggerated Grief.**

Exaggerated grief is characterized by the intensification of normal grief reactions that result in an individual becoming completely overwhelmed or exhibiting maladaptive behavior that is excessive and disabling (Worden, 2002). An individual experiencing exaggerated grief is aware that their symptoms are related to their loss and if treatment is sought, these individuals frequently receive a DSM diagnosis, which may include clinical depression, anxiety disorders, phobias, substance abuse or Post-Traumatic Stress Disorder (Middleton, Raphael, Martinek, & Misso, 1993; Worden 2002). Parkes and Weiss (1983) stated that because grief does not exist as a clinical diagnosis individuals may be diagnosed with “reactive depression” as the result of exaggerated grief.

**Masked Grief.**

Masked grief reactions occur when the individual experiences symptoms or behaviors that cause them difficulty but they do not recognize that they are related to loss. According to Worden (2002), individuals that do not allow themselves to experience the stages of grief may develop a physical symptom, which may be identical to the symptom first presented by the deceased. Masked grief may also be masked by a psychiatric symptom or maladaptive behavior such as delinquency (Worden, 2002).

According to Parkes & Weiss (1983) there are two more types of grief that they referred to as types of unresolved grief. The unexpected grief syndrome occurs when a death
occurs with no warning. An individual coping with this kind of loss may remain in disbelief with intense anxiety for a prolonged period of time (Parkes & Weiss, 1983). Conflicted grief syndrome may be experienced when a death ends a troubled relationship and the survivor continues to experience the frustrations and disappointments that existed previous to the death (Parkes & Weiss, 1983). These two types of grief are more likely to be present if the survivor maintains an idealized view of the deceased or there existed an inappropriate intensity in the relationship (Rubin, 1985).

**Mourning.**

Mourning is defined by Kastenbaum as the “culturally patterned expression of the bereaved person’s thoughts and feelings” (Kastenbaum, 1998, p. 313) and by Worden as “the process which occurs after a loss” Worden (2002, p. 25). Although every society experiences grief, the ways in which individuals express mourning varies from culture to culture and across time. Mourning has also been defined as the “active processes of coping with bereavement and grief” (Rando, 1995 pp. 211-241). Mourning is defined as a process of interaction between a survivor and the society they currently live in (Kastenbaum, 1998).

**The Experience of Grief**

**Physical Symptoms**

It has been argued by several authors that grief is an illness as it is a painful condition that prevents individuals from functioning in their everyday lives (Lindeman, 1944; Parkes & Weiss, 1983; Worden 2002) An early article written by Lindeman described the physical symptoms of grief as “sensations of somatic distress occurring in waves lasting from twenty minutes to an hour at a time, a feeling of tightness in the throat, choking with shortness of breath, a need for sighing, an empty feeling in the abdomen, lack of muscular power, and an intensive subjective
distress described as tension or pain” (Lindeman, 1944, p. 145). Although Lindeman (1944) was describing the reactions to the sudden deaths of loved ones in the Cocoanut Grove fire that occurred in Boston in 1942, his description, according to Kastenbaum (1998), continues to be the most widely quoted source when describing the physical symptoms of grief (Kastenbaum, 1998). Worden (2002) described the physical symptoms as hollowness in the stomach, tightness in the chest and throat, oversensitivity to noise, breathlessness, muscle weakness, lack of energy, dry mouth and a sense of depersonalization while Parkes & Weiss (1983) added a heaviness in the limbs, loss of appetite and weight and sleeplessness.

Feelings

In addition to the physical symptoms of grief, grief may be experienced as feelings, cognitions and behaviors. The feelings of grief may include numbness, disorientation, anger, fear, depression, anxiety and guilt (Glick, Weiss & Parkes, 1974; Kastenbaum, 1998). Grief may also be experienced as shock, loneliness, ambivalence, hopelessness and helplessness (Lendrum & Syme, 1992). In the Harvard Bereavement Study of forty-nine widows and nineteen widowers shock and confusion were cited as the most common feelings experienced by widowed women (Glick, Weiss, & Parkes, 1974). Kauffman (1993) stated that the shock experienced in the initial stage of grief is actually an acute dissociative reaction caused by the inability of the survivor to accept and assimilate the fact of death. This dissociation is described by Kauffman (1993) as a process in which the “affective link to the loss remains intact while the cognitive awareness of the loss is dissociated” (Kauffman, 1993, p. 36).
Anger.

Deits states that “virtually every bereaved person is angry” (Deits, 2009, p. 59) and that anger is especially intense when a loss is sudden or unexpected. Kubler Ross & Kessler (2005) stated that anger might present itself in many forms. An individual may be angry with their loved one for leaving them or angry with themselves for not taking better care of the loved one. Anger may be specifically directed at a doctor or health care provider or it may be a sense of wondering how something bad could happen to a loved one. An individual may be angry with God for allowing the death to occur and this anger may cause the survivor to question his or her religion and beliefs (Kubler-Ross & Kessler, 2005). Shuchter & Zisook (1993) stated, “anger may be felt as anger, hatred, resentment, envy or a sense of unfairness, and it can be directed at the deceased, family or friends, God, physicians, or oneself” (Shuchter & Zisook, 1993, p. 28).

Guilt.

Guilt is frequently felt after the death of a loved one, especially after a sudden loss in which the survivor was not present at the time of death (Deits, 2009; Parkes & Weiss, 1983). The feeling of guilt described by Deits (2009) is similar to the word remorse used by Rynearson (2001) as he described the common fantasy following a sudden death in which the survivor feels that they could have prevented the death if they had been present (Glick, Weiss & Parkes 1974; Rynearson, 2001; Worden 2002). Worden (2002) discussed the guilt often felt by the survivor as the inability to express to their loved one how much they were loved or regrets about not participating in a favorite activity of the deceased. Survivors may experience guilt over choosing the wrong doctor or hospital, or for allowing or not allowing an operation. Worden (2002) stated, “most of this guilt is irrational and centers around the circumstances of the death” (Worden, 2002, p. 60).
Relief.

The authors Kubler-Ross & Kessler (2005) and Worden (2002) described the sense of relief sometimes experienced if the death of a loved one was preceded by a lengthy illness or period of suffering. These same authors discussed resentment that may be experienced when an estranged family member dies. If there has been conflict in a relationship, the survivor may feel resentful that the death occurred before conflicts could be resolved (Kubler-Ross & Kessler, 2005; Worden 2002).

Cognitions

Common cognitions of grief are disbelief, confusion, preoccupation and a sense of presence of the deceased. (Kastenbaum, 1998; Rees 1975; Weiss & Parkes 1974). Many individuals faced with the experience of grief think they are being punished by a known or unknown God for some mistake they may have made. Hallucinations, both visual and auditory, in which the deceased family member is either seen or heard, are also common as well as dreams of the deceased (Kastenbaum, 1998; Kubler-Ross & Kessler, 2005; Rees, 1975; Tyson-Rawson, 1996). These hallucinations of the deceased are referred to as “hauntings” by Kubler-Ross & Kessler (2005) and are “considered normal and common” (Kubler-Ross & Kessler, 2005, p. 57). In a study done by Rees (1975) of two hundred twenty-seven widows and sixty-six widowers, 46.7 percent had experienced visual or auditory hallucinations of their deceased spouse.

Behaviors

Several authors discussed behaviors expressed by an individual experiencing grief including sleep and appetite disturbances, crying, and absent-minded behavior (Glick, Weiss & Parkes, 1974; Kastenbaum, 1998; Parkes, 1972). According to (Nadeau, 1998), a grieving individual may visit places where the deceased spent time or carry an object that previously
belonged to the deceased, or they may avoid all reminders. Nadeau (1998) stated that these two behaviors are especially seen following the death of a child. Glick, Weiss & Parkes (1974) refer to these behaviors as “linking phenomena” in which the survivor uses mementos, pictures, or objects that previously belonged to the deceased in an effort to stay connected. Another behavior seen in the bereaved individual mentioned by Kastenbaum (1998) is restless over activity and searching and calling out for the missing person. In some cases, the bereaved individual may develop traits of the deceased in their own behavior (Lindeman, 1944). Social withdrawal may occur or the person may not want to be left alone (Worden, 2002).

**Historical Perspective of Grief**

Evidence has suggested that mankind has always had rituals and procedures to deal with the deceased over time (Lerner, 1975; Lensing, 2001). “Research indicates that as far back as 50,000 years ago, man exhibited concern for the dead” (Lensing 2001, p. 46). Neanderthal burials included food, decorative shells and stone tools along with the dead. The inclusion of these articles suggests a belief in an after life. Other ancient civilizations have been shown to engage in similar practices (Lensing, 2001). The rituals of burial, cremation and dealing with the body of a loved one have changed considerably over time, but remain important to society today.

**Middle ages**

Rituals of mourning that emerged during the middle Ages and society during that time viewed death as the natural order of things and the belief that everyone must eventually die. This belief was reinforced by the plagues that occurred during this time and death was romanticized (Lensing, 2001).
Eighteenth and nineteenth centuries

In the eighteenth and early nineteenth centuries mourning rituals became more elaborate as evidenced by ornate tombstones. During this time the desire to blunt the finality of death was encouraged by perpetuating the memory of the family member and imagining their existence in heaven where the survivor would ultimately rejoin their loved one (Despelder & Strickland, 1992; Shuchter & Zisook, 1993). According to Lerner (1975) widows during this time period were expected to wear mourning clothes for two and a half years and strict guidelines existed for the clothes to be worn. Similar strict guidelines were observed depending on the relationship of the survivor to the deceased (Lerner, 1975).

In nineteenth century America grief was shown through stoicism and acceptance by early American settlers (Aries, 1981) and as the United States continued to develop, death continued to be a part of family life. Most people were born and died at home. Family members took care of the deceased loved one by washing and preparing the body for burial. Friends were involved in making a coffin and the body was displayed in the home with family members keeping vigil. Family and community members came to the home to pay their respects and offer support for the bereaved. The coffin was carried to the cemetery by the same family and friends and lowered into a hand dug burial site. Following a service, the grave was filled in by the hands of family members wielding shovels (Despelder & Strickland, 1992).

Twentieth century

Lensing (2001) discussed the changes that the twentieth century brought such as urbanization, technology, and smaller homes and how these changes affected the participation of families in death. Families often left home and moved long distances away and extended families were less likely to share a home. Individuals began to live longer and there were medical
advances that extended the life span. During this time, death began to move out of the home and into hospitals, nursing homes and funeral homes.

Lensing (2001) also stated that “in the past, extended families were close and neighborhoods provided a sense of cohesive bonding that helped people to cope with loss. But now that sense of community may no longer exist to provide immediate support, nor is the extended family available” (Lensing 2001, p. 48).

Contemporary society

Today, according to Caroff and Dobrof (1975), with smaller family units and increased geographical distances between family members, individuals that previously turned to religious leaders and extended family members for support now turn to funeral homes and mental health workers. In today’s society, with death removed from the home and placed in a funeral home or hospital, the subject of death and dying has become an embarrassment. We find ourselves so uncomfortable with the topic that we distance ourselves from the dying and from the elderly and infirm as it is so much harder to deny their mortality and thus our own. As a result, we deprive ourselves and the dying from needed touch, words of support and recognition and the expression of our feelings go unsaid and unheard. Well-meaning doctors and nurses may encourage family members to go home and get needed rest rather than remain at the bedside of a dying family member (Caroff & Dobrof, 1975). Most individuals in today’s society have never seen a human corpse much less tended to the dead with their own hands. Instead, we “protect” our children and ourselves from this most human of all experiences and we lose ourselves in denial (Lendrum & Syme, 1992).

The term “modernist” was used by Strobe, Strobe, Gergan, & Gergan (1992) to describe the contemporary approach to death taken in the society of today. This view “emphasizes goal
directedness, efficiency, and rationality…when applied to grief, this view suggests that people need to recover from their state of intense emotionality and return to normal functioning and effectiveness as quickly and efficiently as possible” (Strobe, Strobe, Gergan, & Gergan, 1992, p. 32).

**Hospice**

A discussion about contemporary approaches to death would not be complete without mentioning the role of hospice. Lendrum & Syme (1992) stated that in the last twenty-five years, the hospice movement has reversed the trend towards denial of death and dying. The hospice experience allows individuals to choose their own personal level between denial and acceptance and provides comfort and care to both the dying and their families. Dobratz (1995) stated that the quality of life of a dying person depends on the social support that has been available to that person and that hospice care helps terminally ill people to find meaning at the end of their life. According to Hedtke & Winslade (2004), the hospice movement changed the emphasis from a focus on the final outcome of death to the quality of the experience.

**The Funeral or Memorial Service**

Averill & Nunley (1993) stated that society has developed elaborate rules governing the behavior of the bereaved based on religious and political systems. The purpose of these rules is to “reinforce the fabric of society by assisting surviving members of the group to assign meaning to the loss, renew alliances, and realign commitments” (Averill & Nunley, 1993, p. 82). Rando (1988) stated that these rules and rituals give form, structure and meaning to our feelings by providing an opportunity for communication, ventilation and appropriate acting out. Glick, Weiss & Parkes (1974) believed that the funeral ceremony provides a setting in which relatives;
friends and co-workers of the deceased may say good-bye and celebrate the role that the deceased played in their lives.

Kastenbaum (1998) viewed the funeral service as fulfilling two major purposes: the final placement of the remains of the deceased and “society’s public recognition that one of its members has made the transition from life to death” (Kastenbaum, 1998, p. 353). Worden (2002) stated that the funeral serves the purposes of helping to make the loss real, provides a chance for survivors to express their feelings about the deceased and reflect on their life, and provides a social support network for the family.

The wake and viewing

The decision whether to have a wake and viewing of the body is a decision most frequently made by the individual closest to the deceased, often with the input of other family members (Rando, 1988). These decisions are sometimes complicated in some families by unresolved family disagreements or resentments (Kastenbaum, 1998). Sometimes the decision to have an open or closed casket is affected by the means of death. As an example, Rando (1988) stated that a family may not be able to display the body of an accident victim or may choose not to show someone that suffered a long illness.

Disposition of the body

There are several options for the final disposition of the body of the deceased. The most often used currently in the United States according to Rando (1988) is interment or burial in the ground. The advantages of this type of burial are that the gravesite provides a place where family members may go to visit or leave flowers or keepsakes in memory of the individual (Rando, 1988). Some families choose entombment, which is a final place in an aboveground structure most commonly made of stone or marble. Families that cannot bear to put their loved ones
underground often make this choice. The third choice is cremation in which the body, inside a container, is placed in a furnace and the body is reduced to several pounds of bone and ash. The bone and ash fragments are then placed in an urn or canister and may be buried underground, placed in a mausoleum, scattered in a place with a special attachment to the deceased or kept by family members (Rando, 1988; Kastenbaum, 1998).

**Theoretical Perspectives on Grief**

Theoretical perspectives on grief may serve many different purposes. They may help individuals to better understand their own responses following a death and enable others to help survivors cope with loss. However, there is no clear evidence that any of the theories present a complete or accurate picture of the experiences of bereavement of any one individual (Kastenbaum, 1998).

**Task and Stage Theories**

One of the earliest theoretical perspectives on grief was offered by the grief work theory of Sigmund Freud (Parkes, 1972). Freud developed his perspective from his observation of widespread grief following the mass deaths and bereavement experienced during World War I (Kastenbaum, 1998). Freud stated that there are six core propositions in recovery from grief. These are as follows:

Grief is an adaptative response to loss. Grief is seen as the work we must undergo in order to restore our peace of mind….The work of grief is difficult and time-consuming. It is not possible to quickly return to a normal life….The basic goal of grief work is to accept the reality of the death and thereby liberate oneself from the strong attachment to the “lost object”. We must accept on a deep emotional level that the loved one is truly lost to us….Grief work is carried out through a long series of confrontations with the reality of
the loss. For example, a certain song or place that reminds us of the lost person may be experienced repeatedly before the association no longer overwhelms the survivor with emotion….The survivor’s resistance to letting go of the attachment complicates the process. Our need to hold on to the attachment may increase the time it takes to return to a normal life….The failure of grief work results in continued misery and dysfunction. We must actively work to free ourselves from the deceased person, as time alone will not heal. (Kastenbaum, 1998 p. 317).

Lindeman (1944), Rando (1988), and Worden (2002) also presented task theories. Lindeman and Worden’s theories appeared to be greatly influenced by the work done by Freud and are very similar.

The tasks of Lindeman are as follows:

1. Accept the loss.
2. Work through the pain.
3. Adjust to life without the person who has died (Kastenbaum, 1998).

The tasks as explained by Worden (2002) are similar to Lindeman. They are as follows:

1. Accept the loss.
2. Work through the pain.
3. Place the lost person in the past (Worden, 2002).

Rando (1988) preferred to call his steps in the grieving process phases rather than stages. Although his first two phases are similar to those of Lindeman (1944) and Worden (2002), Rando (1988) did not think it as necessary as Lindeman and Worden to set aside attachments to the deceased.

Rando’s phases are listed below:
1. Accept the loss.

2. React to the separation.

3. Remember and re-experience the lost person and relationship.

4. Give up the attachment to the lost person and the life that used to be.

5. Move into the new life but remember the old.

6. Reinvest emotions and energies in other relationships and activities (Rando, 1988).

There are many different theories that rely on a description of stages or phases of grieving. All of these theories mentioned shock, numbness and disbelief as one of the first stages. They differed the most in their descriptions of the middle stage and came together again in the recognition of some reintegration or reestablishment of the physical and mental self in the final stage (Kastenbaum, 1998).

One of the most well known studies done on the stages of coping with anticipated death has also been applied to grief. This study was done by (Kubler-Ross & Kessler, 2005). They stated that these stages represent typical responses to loss, but were not meant to suggest that all individuals proceed through them in an orderly progressive way, as according to Kubler-Ross & Kessler “our grief is as individual as our lives” (Kubler Ross & Kessler, 2005, p. 7). They described their model as having five parts consisting of denial, anger, bargaining, depression and acceptance.

Denial is the first stage in this model and may sound like disbelief as the bereaved individual frequently wonders aloud if in fact there might have been a mistake and their loved one may not actually be dead. It is believed that this stage of numbness and disbelief may protect the individual from the pain and sorrow that would otherwise be too much for them to cope (Schulz, 1978).
The anger stage as described by Kubler-Ross & Kessler (2005) may take many forms. An individual may be angry with himself or herself as they wonder if there was something they could have done to prevent the loss. Doctors or the health care system may be a target of anger. An individual may be angry with the deceased for leaving them or for being left to spend time on this earth without the loved one. Anger may be directed at family or friends that have not yet experienced loss or be directed at fate, the cause of an accident, or even at God for allowing the loss. According to this model it is important that the anger be allowed to express itself and should be seen as an important step towards recovery (Kastenbaum, 1998).

Bargaining is the next step in the Kubler-Ross (2005) model. Although this stage is more frequently thought of in the process of dying, in the grief model it is presented as thoughts of “if only” and “what ifs”. An individual may wonder what would have happened if only they had been a few minutes later in traffic or what if their loved one had seen a doctor earlier. Bargaining may take the form of a mother bargaining to keep her other children safe after the death of a child or bargaining that fate be kind to other family members (Kubler-Ross & Kessler, 2005). Glick, Weiss & Parkes (1974) described this stage as an obsessional review in which the survivor imagined alternative endings that did not result in loss.

Depression is the fourth stage of the model presented by (Kubler-Ross & Kessler, 2005). Depression in our society is often viewed as something that needs to be fixed quickly. However, the depression that results from the loss of a loved one is an appropriate response. It is considered a normal and necessary part of recovery according to most authors that have written about the effects of grief (Lendrum & Syme, 1992; Parkes, 1972; Parkes & Weiss, 1983; Worden, 2002).
Although depression may be a component of grief and depression and grief share many common features, there are several ways to distinguish between the depression of grief and depression. A depressed individual is preoccupied with self while a grieving individual is preoccupied with the deceased. Suicidal gestures are common in depression but rare in uncomplicated grief. Depression is demoralizing and humiliating, while grief is not. Individuals experiencing grief elicit sympathy, concern and a desire to embrace while a depressed individual elicits irritation, frustration and a desire to avoid (Horinek & Solove, n.d.). A misdiagnosis of grief and depression can result in “overlooking depression when it is present and inappropriately treating grief” (Horinek & Solove, n.d., p. 6).

**Attachment Theory**

The premise of attachment theory as presented by Bowlby (1969) is that human infants are biologically predisposed to bond with their primary caregivers and later with other emotionally important persons such as romantic partners. Even as adults, individuals will experience distress when separated from an attachment figure (Bowlby, 1969). Some research suggested that there may be a connection between attachment style and grief response (Parkes & Weiss, 1993; Worden, 2002) Although the studies done by Bowlby (1969) were primarily related to the attachment between a child and his or her primary caregiver, correlations have been done between these studies and the presentation of grief (Worden, 2002).

Bowlby (1969) described an infant separated from the primary caregiver as progressing through stages. At the beginning of separation, the infant experienced anxiety and attempted to re-establish contact with the absent figure by calling, crying and clinging. If the separation was extended a second phase of despair marked by sadness and withdrawal occurred as a result of the failure of the attachment figure to return. A third stage of detachment, seen as a defensive
suppression of attachment responses that have failed, was characterized by an apparent recovery and a returning interest in other activities and social interactions (Fraley & Shaver, 1999).

According to Fraley & Shaver (1999) these stages of separation between an infant and the infant’s primary caregiver are similar to the stages of grief presented by a securely attached individual experiencing bereavement. During the initial stages of bereavement, individuals will call out and search for the missing person. When it becomes apparent that the missing figure is not returning, despair is experienced that cannot be alleviated by the presence of others (Fraley & Shaver, 1999). This stage is marked by sadness and withdrawal. Finally, the bereaved individual reaches the stage of detachment, now referred to in grief work as reorganization as adults attempt to cognitively and emotionally deal with the loss. (Fraley & Shaver, 1999)

**Meaning Reconstruction and Loss Theory**

In a qualitative study done on the meaning making of individuals and families following bereavement, meaning making was defined as the social act in which an individual interprets stimuli in a setting and represents the situation to him or herself in symbolic terms (Nadeau, 1998). In an effort to understand the death of someone important to us, we frequently question the significance that the event holds for us and the meaning that our life now holds (Nadeau, 1988; Sedney, Baker, & Gross, 1994).

Neimeyer (1998) used the ideas from constructivism and narrative conceptualizations when he stated that the reconstruction of meaning is the main process faced by bereaved individuals. One way that individuals describe and organize their lives is through the use of stories. In the construction of these stories an attempt is made to compose meaningful accounts of the important events in a person’s life by revising, editing or rewriting, especially when the
stories are changed by an unanticipated event such as a death (Bruner, 1990; Sedney, Baker, & Gross, 1994).

Some of the most recent research done in the study of death and grief has been done in the context of narrative therapy (Burr, 1995; Gergen, 1994; Hedtke, 2007; Hedtke & Winslade, 2004; White, 1989, 1995; White & Epston, 1990). These authors question the need for individuals to progress through a series of stages in order to come to terms with the finality of death and the need to find closure and say a final good-bye. In the words of Hedtke (2007), “thinking about death using a narrative lens allows, not just for a hopeful story to grow, but also creates critical reexamination of standard notions of grieving (Hedtke 2007, p. 7). In the practice of narrative therapy death and grief are discussed in terms of including the deceased family member (termed re-membering). The inclusion of the deceased member is encouraged and building an on-going connection is valued and supported (Hedtke, 2007). It is believed that through narrative stories individuals outlive their biological deaths and continue to influence the lives of their loved ones (Hedtke, 2007).

A study done by Davis et al (2000) concluded that eighty percent of bereaved individuals engaged in asking questions such as “why me?” when faced with the death of a loved one. They also found that those individuals that searched and found meaning were better adjusted than those that searched and did not find meaning (Davis et al, 2000).

Factors that Influence the Experience of Grief

Worden (2002) stated that there are many factors that influence the experience of grief in bereaved individuals. Worden (2002) labels these factors as “mediators of grief” and they are described as “determinants of grief” by Parkes (1972).
The Nature of the Relationship and Attachment

The first mediator is who the person was that died and the nature of their relationship to the survivor (Worden, 2002). A second cousin will be grieved differently than a sibling. The death of a child was found to cause prolonged and maladaptive grief for many parents by Rubin (1985). A grandparent that died of natural causes will be grieved differently than a young person that died as the result of an accident. According to Rando (1988), an individual’s grief depends on their perception of what they have lost and must be viewed from what the loss means to the mourner.

The strength of the attachment must be considered, as “The grief reaction will often increase in severity proportionate to the intensity of the love relationship” (Worden, 2002, p. 38). The security of the attachment is a factor and is measured by the need of the survivor to have their needs for self-esteem fulfilled by the individual that died. Every close relationship has a certain amount of ambivalence but in the case of highly ambivalent relationships in which negative and positive feelings are relatively equal, the death may lead to excessive guilt and anger (Worden, 2002). This is also true for conflicted relationships as conflicts in a relationship frequently leave the survivor with guilt and a sense of unfinished business.

The Mode, Location and Circumstances of Death

How the person died has a tremendous impact on the survivor. An accident victim will be grieved very differently than someone that dies a natural death. Worden stated, “violent deaths are highly likely to shatter a person’s world view” (Worden, 2002, p. 40). Rando (1988) found that if your loved one died in an accident or natural disaster your first concern is about the issue of preventability. If a loved one dies as a result of a natural disaster such as an earthquake or hurricane, the survivors cope better than when their loved one dies from an avoidable human
error, such as a plane crash (Rando, 1988). Rando stated that the reason for this is that there is no one to blame in the cause of a natural disaster but in the case of an accident, the survivor must cope with the sense of unfairness and injustice that the death brings (Rando, 1988). A preventable death is known to “prolong the mourning process” (Worden, 2002, p. 40).

If the mode of death is due to suicide or is AIDS related it is sometimes defined as a stigmatized death, which may result in what is defined by Doka (1989) as “disenfranchised” grief. The survivor of this type of death may not receive the social support that they need. Rynearson (2001) stated that the stigma of suicide is sometimes reinforced by the absence of an investigation by police and that family members may insist that the death was accidental to avoid social stigma. Death due to AIDS has been shown to heighten public stigma and create anxiety for the survivors, especially in the case of gay men, leading to further social isolation and lack of social support (Martin & Dean, 1993). Narrative practices attempt to re-tell the stories of individuals that die as a result of AIDS by creating stories about the positive aspects of these individuals’ lives (Hedtke & Winslade, 2004).

In the case of the death of a criminal, alcoholic, mentally retarded individual or AIDS victim Rando (1988) observed that it is as if our society said “This person is not valued very much by us, so it cannot hurt that much for you to lose him” (Rando, 1988, p. 60). Rando stated that while society may not value these individuals, the people that love them are left unsupported in their grief and that the lack of social validation for death continues the discrimination begun in life when their survivors are not seen as having a need to grieve (Rando, 1988).

In cases where the survivor remains uncertain about whether their loved one is alive or dead, grief is prolonged (Worden, 2002). One example of this is during war when a loved one is listed as Missing in Action. This is true also for an accident, such as a plane crash over an ocean
when bodies are not recovered but individuals are presumed dead. (Rynearson, 2001).

**Historical Antecedents**

Historical antecedents refer to previous losses and how they were grieved. If a previous death was not adequately grieved, the unresolved death will affect the grieving of subsequent deaths (Worden, 2002). Rando stated that an individual’s past experiences with death would influence the coping strategies used for subsequent losses. An individual that has learned through experience that grief will diminish if attended to will more readily move through the grief process than someone that previously learned to deny loss in an effort to avoid pain (Rando, 1988).

**Personality and Social Variables**

The age and gender of the survivor will be factors in the experience of grief. Nolenn-Hoeksema & Ahrens (2002) found that older bereaved adults consistently showed milder and less enduring grief symptoms that younger bereaved adults. Although it has long been thought that the differences between the grieving of men and women were different due to women receiving more social support, Gray (2005) stated that women prefer to focus on the emotional work of grieving after bereavement while men prefer to focus on the day-to-day problem solving aspects. The Harvard Study of forty-nine widows and nineteen widowers found that women showed more overt distress after bereavement than men and that the men’s psychological and social adjustment a year following bereavement was much greater than the women’s adjustment (Parkes, 1972). In a study done by Glick, Weiss, & Parkes (1974) of twenty-two widowers, men were more likely to view self-control as strength and although they experienced the same trauma of loss, they were more focused on continuing to meet the every day demands of their lives.
An individual’s coping and cognitive style as well as their ego strength, beliefs and values, provide further information about how they will handle grief. An individual with a more active coping style deals with grief more effectively than one with a passive style (Worden, 2002). From the results of the Harvard Child Bereavement Study Worden (2002) stated that “optimism and the ability to redefine were associated with lower levels of depression… during the first two years following the loss” (Worden, 2002, p. 42). The greater the ego strength (self-esteem and self-efficacy), the more successful individuals are at coping with the death of a loved one. The beliefs and values held by an individual affect the experience of grief. A senseless loss may challenge an individual’s sense of life’s meaningfulness. However, a person that believes that all things are part of a larger plan may show less distress when faced with a death (Worden, 2002).

The final mediators of death according to Worden (2002) are the social variables that include the supports available to and perceived by the individual and any other stressors currently in the bereaved’s experience. Individuals must have adequate social supports and they must perceive these supports as being adequate. Persons with multiple social roles such as community, religious and work related were found to adjust better to a death (Worden, 2002). Survivors that faced other major stressors as a result of bereavement (such as the need to move or a major economic disruption) will have a harder time adjusting to a death. (Worden, 2002). Glick, Weiss, & Parkes (1974) found that although friends and relatives support both men and women in loss, the type of help perceived as needed differed. Women were seen as needing help and relief from their feelings while men were perceived as needing help with practical responsibilities. It was assumed that men could handle their feelings on their own (Glick, Weiss, & Parkes, 1974).
Intervention and Counseling Strategies

Is There a Need for Counseling?

Most of the authors of bereavement literature stated that bereaved individuals had specific needs to be met in the time period following bereavement (Despelder & Strickland, 1992; Kastenbaum, 1998; Kubler-Ross & Kessler, 2005; Parkes & Weiss, 1983; Rando, 1988; Worden, 2002). This view that it is necessary to undertake grief work in order to adjust to the loss of a loved one is referred to as the grief work hypothesis (Stroebe, 1992) and is discussed earlier in this study. The ways that the goals of grief work had to be met varied from author to author and depended a great deal on the author’s theory of bereavement, circumstances of the bereavement and the survivor. There are many different views on the type of counseling provided to bereaved individuals and what is considered most effective. The type of counseling provided and the goals set in therapy depend, to an extent, on the theories held by the therapist, yet there are many overlapping beliefs.

There is also some evidence in the literature to suggest that “grief work” may not always be as essential to future adjustment as believed. One study done with thirty widows and widowers found that widows who avoided confronting their loss did not differ in depression scores from widows who worked through their grief (Stroebe & Stroebe, 1991). However, this same study also showed that grief work was associated with better adjustment scores and less depression in widowers. This study done by Strobe & Strobe (1991) concluded that the absence of a relationship between grief work and depression in widows may suggest that the need for grief work for everyone may be an oversimplification and needs more testing (Strobe & Strobe, 1991).
A second study on the effectiveness of grief counseling (Gray, 2005) concluded that gender differences exist in the expression of grief and that “women prefer to focus on the emotional work of grieving after a bereavement, and men prefer to focus on the day-to-day problem solving aspects” (Gray 2005, p. 4). The conclusion reached by Gray, (2005) is that grief counseling cannot help everyone who has suffered bereavement but that as professionals, counselors may be able to relieve some unnecessary suffering, even if we are not able to take away the pain of bereavement that is considered by Gray (2005) as a necessary part of life.

**Task and Stage Interventions**

The task and stage theories presented primarily by (Kubler-Ross, 2005; Rando, 1995; Worden, 2002) sometimes presented a rigid view of how individuals “must” progress through the stages of death, even though all three theories have “argued for a fluid understanding of mourning, one in which the… stages… can and do exist simultaneously and are revisited over time” (Servaty-Seib 2004, p. 129).

There are four goals of grief counseling presented by Worden (2002) that correspond with his four tasks of grieving. These four goals are:

To increase the reality of the loss…to help the client deal with latent and expressed affect… to help the client overcome impediments of readjustment after the loss…to help the client find a way to remember the deceased while feeling comfortable reinvesting in life (Worden, 2002, p. 52).

In order to meet these goals, Worden (2002) discussed major tasks of the counselor to facilitate the achievement of the goals. The first is to help the survivor actualize the loss in order to accept the reality. This may be accomplished by talking about the circumstances surrounding the death or visiting the gravesite (Worden, 2002). The next task is to help the survivor identify
and experience their feelings including those of anger, guilt, and anxiety as well as sadness (Lord, 1990). The survivor will then need assistance living without the deceased (Deits, 2009). This may include learning to do tasks and make decisions formerly done by the deceased or learning how to recognize the need for physical touch after losing a romantic partner (Glick, Weiss, & Parkes, 1974). Another necessary task is to help the survivor find meaning in their loss. For some individuals, this may come from a religious or spiritual belief (Nadeau, 1998) and for others, especially in the case of a tragic or unexpected death, meaning may be found through a memorial or scholarship in the name of the deceased (Kastenbaum, 1998). Another task of counseling according to Worden (2002) is to facilitate the emotional relocation of the deceased to a new place in the survivor’s life in order to eventually open up a new place for new relationships. This may take time, however, and it must be recognized that grief does take time and often reemerges around the anniversary of the death and other times that were important in the relationship (Doyle, 1980). The counselor will need to help interpret “normal” behavior for the survivor. Many individuals fear that they are “going crazy” after the death of a loved one and it can be helpful for a counselor to give reassurances about the range of “normal” grief reactions (Parkes, 1972). While interpreting normal reactions, it is also important to allow for individual differences in the expressions of grief. Members of a family may experience and express their grief in different ways and it can be helpful to understand this in order that family members do not become resentful that others may not appear to be grieving properly or grieving at all (Lendrum & Syme, 1992). The counselor should examine defenses and coping styles with a bereaved client. It is important to keep an open dialog about drinking, drug use and the use of sleeping medications used as coping strategies as heavy use may impair the individual and his or her ability to cope (Parkes & Weiss, 1983). In the case of the client that is unable to discuss the
experience, it may be helpful to discuss the effectiveness of the coping strategies used in order to find more effective ones. If the client continues using ineffective strategies for a prolonged period of time, it may then be necessary for the counselor to refer the client to another professional more experienced in grief counseling (Worden, 2002).

**Attachment Theory and Counseling**

The attachment perspective stated that successful recovery from a loss “entails finding a way to maintain a secure bond with the attachment figure while simultaneously acknowledging that the person is not physically available to provide comfort and care” (Fraley & Shaver, 1999, P. 754). Individuals with an anxious-avoidant attachment style characterized by preoccupied, clingy and anxious relationships may be more likely to experience chronic or extended grief (Servaty-Seib, 2004). Those with an avoidant attachment style who avoid establishing intimate relationships with others may have little need to mourn or maintain a bond with the deceased (Bowlby, 1969).

Fraley & Shaver (1999) concluded from the work of Bowlby (1969) that through the process of grieving, individuals find ways to continue their attachments to the loved ones they have lost even though they are no longer physically present. They maintained that a better understanding of the nature of attachment styles would contribute to a better understanding of bereavement (Fraley & Shaver, 1999). Hedtke (2003) stated that although a great deal of research has been done on the importance of “letting go” of relationships, finding ways to keep alive a relationship with the deceased offers an alternative path that may be sustaining and hopeful for the bereaved.
Meaning Reconstruction and Loss

“Bereavement theory has evolved considerably in recent years” according to (Neimeyer, 2001, p. 171). Neimeyer contended that the reliance on universal stage models of recovery from loss following a death have given way to concerns with the disruptions of life assumptions and the transformations of self and the world caused by a loss (Neimeyer, 2001). The narrative and constructivist theorists conceptualize loss in terms of a narrative disruption in the life of the bereaved individual. They maintained that grieving consists of a potentially anguishing process of reconstructing a world of meaning that has been challenged (Neimeyer, 2001). The goals of meaning-making and reconstruction theorists are to:

• find or create new meaning in the life of the survivor, as well as in the death of a loved one
• seek strands of continuity in the relationship to the deceased, as well as in points of transition
• attend to tacit and preverbal, as well as explicit and articulate meanings
• seek the integration of meaning, as well as its construction
• facilitate the construction of meaning as an interpersonal, as well as a personal process
• anchor meaning-making in cultural as well as intimate contexts
• use narrative as a method, as well as a guiding concept, to facilitate the re-authoring of the self in the wake of loss (Neimeyer, 2001).

The literature on meaning-making and narrative theories (Neimeyer, 2000; Hedtke, 2003; Hedtke & Winslade, 2004; Tyson-Rawson, 1996; Normand, Silverman, & Nickman, 1996; Fraley & Shaver, 1999) contained many examples of strategies used to facilitate the accomplishment of these goals. According to Payne (2002), there are seven themes used by counselors working with the bereaved. These themes are:
• discovering family structures and relationships
• letters and pictures
• saying good-bye and unfinished business
• information and advice
• listening and allowing the client to talk
• telling stories
• specific techniques (Payne, 2002 p. 169).

The theme discussed most frequently by counselors working with bereaved clients was active listening and allowing the client to talk and tell stories (Payne, 2002). This theme was also discussed by Servaty-Seib (2004) as the basic premise of meaning-making and reconstruction theorists. Servaty-Seib (2004) stated counselors could provide a “safe and validating environment in which bereaved clients can tell and retell the stories associated with their death losses” (Servaty-Seib 2004, p. 134). This process is best facilitated through “careful listening, guided reflection, and a variety of narrative means for fostering fresh perspectives on their losses for themselves and others” (Neimeyer, 2000, p. 264). Narrative therapy and the concept of resilient story retelling have been shown to be especially helpful in the case of violent and unexpected death (Rynearson, 2001).

Specific counseling techniques were presented by (Neimeyer, 2002; Payne, 2002; Raphael, Middleton, Martinek, & Misso, 1993; and Servvaty-Seib, 2004).

One technique is for the bereaved individual to write a character sketch in the third person to explore “who they are” in light of their loss. The suggestions given for this are to write it from the perspective of someone else that knows the individual intimately and write as if the principal character was in a play or movie about the life of that person (Neimeyer, 2001). A second
technique is called the past/future self letter and asks the client to write a letter to the person that he or she was at the time of the loss, expressing support for this past person, while writing from the resilient future self (Neimeyer, 2001; Payne, 2002). Two additional techniques commonly used in narrative therapy are personal journals and unsent letters. Personal journals may be written in many different voices and allow for the expression of many emotions. Unsent letters may provide an outlet for the many things left “unsaid” in a relationship or give voice to what the bereaved individual still needs to “hear” from the deceased (Neimeyer, 2001).

Poetic explorations of loss and the use of metaphoric stories in which a metaphor may be used to give voice to stories have also been found to be of value to bereaved individuals (Neimeyer, 2001; Payne, 2002). Sue wrote poems to express her feelings about the loss of her son. This poem was written in memory of Joel David Jones, who passed away June 10, 1991, by his mother, referred to as Sue in this study. Sue kindly granted permission to share her writing.

The nights are so long, and finally comes the dawn
Eyes open and I realize you’re gone
My heart is heavy, it feels like it is breaking
My arms feel so heavy for you, they are aching
I try to forget that terrible morning, the heart wrenching fear
I try to comprehend you are no longer here
I must get up and go on with a smile, knowing inside I hurt all the while
Hopefully there will finally come one day, I can wake up and no longer feel this way
You are no longer hurting, you are finally free,
My happiness should be for you, not selfishness for me.
Sue’s poem includes many of the concepts of grief previously discussed in this study. She describes her inability to comprehend the loss of her son as well as her thoughts, feelings and the physical sensation of heavy arms. She also expresses hope that her feelings will pass and her belief that her son is now free.

Collective remembering and videography are two additional techniques used in narrative practice with bereaved clients. Collective remembering is much as the name implies and is simply a planned or spontaneous form of storytelling in which family members and friends gather together to share stories of the deceased. Videography may allow these stories of the deceased to be preserved and remembered (Sedney, Baker, & Gross, 1994).

In order to anchor meaning making in cultural and intimate contexts the techniques of personal ritualization and ceremonies of inclusion may be used. Personal ritualization varies among individuals but may include the construction of collages, pictures or symbols of the deceased. Examples of ceremonies of inclusion might be planting trees, reciting poems at a community gathering or constructing a memorial. (Neimeyer, 2001).

The literature presented many specific techniques used in counseling the bereaved but the most recent research presented active listening with the elements of summarizing, reflecting back, questioning and paraphrasing what the client says to be the most effective (Neimeyer, 2001; Payne, 2002; Worden, 2002). Payne (2002) quoted a client that said, “people need to talk about it and the other helpful thing um in counseling…is to just have patience and just hear the story…they’ll keep wanting to tell you the same story over and over and over again (Payne, 2002 p. 172).
Grief Support Groups

An examination of the literature on death and survivor recovery would not be complete without the inclusion of the role of grief support groups. According to (Hughes, 1995) the definition of a bereavement support group is a group of people that get together on a regular basis and, with the help of a leader, discuss their problems adjusting to a world in which their loved one no longer lives. The role of the bereavement support group is to “provide a safe place where the bereaved individual may release the physical and emotional symptoms of grief, exchange information, and receive education and resources in how to help themselves” (Lensing, 2001, p. 53). Lieberman (1993) found that bereavement self-help groups “create experiences that are thought to be therapeutic, such as inculcation of hope, development of understanding, and the experience of being loved,” (Lieberman, 1993, p. 412). In a study done by Parkes & Weiss (1983), widows attending a support group in the second year of bereavement were found to be doing better on measures of coping than widows not attending a group.

Conclusion

The literature on thanatology (the science of death and dying) provided many theories on the ways in which individuals experience the death of a loved one and how the needs of the bereaved individual may be met (Bowbly, 1969; Kubler-Ross, 2005; Worden, 2002; Neimeyer, 2001; Rando, 1995; Worden, 2002). In an effort to integrate theory and actual experience, this author will use the results of narrative interviews to present the themes of grief and effective coping strategies as described by bereaved individuals. The most common themes, effective interventions and coping strategies as presented by the participants will be identified and presented in this research study.
Method

The leader of a support group for bereaved individuals was contacted and permission was requested to invite the participants of the support group to take part in a research study being done as part of a master’s thesis project (Appendix A and B) required for a program of study in counselor education. The information about the research study was shared with the members of the group and individuals were invited to participate. The individuals who volunteered to participate were given this researcher’s contact information and they made initial contact with the researcher through a telephone call or e-mail. Some of the participants learned about the research study through the researcher and requested to be included. The researcher then returned the initial contact and asked the participant to suggest a time and place where they would be most comfortable sharing their story. Six of the participants were interviewed in their own homes, two were interviewed in the home of the researcher, two were interviewed in a quiet coffee shop and two were interviewed in a private room at their place of employment.

At the agreed upon interview time and place the researcher greeted the participant and spent several minutes talking to the individual in an effort to get to know the participant and establish an atmosphere of trust and rapport. The interviewee was asked to read and sign the statement of informed consent (Appendix C). Participants were told that they would be assigned a pseudonym to be used in the research and that all personal information gathered during the interview would be kept in a locked cabinet and shredded upon completion of the study. Permission was also requested to tape the interviews but the granting of permission was not required in order to participate. Permission was asked for the interviewer to take brief notes to help the researcher locate key words in the transcribed tapes. Two of the participants declined to be recorded but agreed that the researcher could take notes during the telling of their story. All of
the participants granted permission for the researcher to take notes. The researcher began the interviews (Appendix D) by asking the participants to share what their lives are like in the present to enable them a chance to become comfortable with the interviewer. The participants were asked basic data such as their age, relationship to the deceased, date and means of death. The interviewees were then asked to tell their story in their own words while the researcher actively listened. The philosophical basis for this method was taken from the narrative view that stories facilitate the re-authoring of the self following a loss (Neimeyer, 2001). At the conclusion of their story, a series of open-ended questions were asked to gather information that could be compared to the experiences of other participants. The participant was asked at the end of the interview if there was anything they would like to share that had not been asked or discussed and at the conclusion of the interview they were thanked for sharing their personal story. The type of questions used in this study and the opportunity for the participants to add comments of their own were based on suggestions given for qualitative research by Royse, Thyer, Padgett, & Logan (2006).

**Participant Demographics**

A total of 12 adults aged 18 or older were interviewed for this study. Four individuals volunteered through an announcement requesting volunteers through a grief support group that meets monthly in a small rural town located in the northeastern United States. Eight interviewees were known to this writer and volunteered for the study. The use of 12 individuals was determined in order to gather in-depth data on a sensitive issue. The group was comprised of 5 men and 7 women ranging in age from 25-78. The participants’ educational levels ranged from a high school graduate to an individual with a Doctoral Degree. Eight of the participants had achieved a Master’s degree, making this the most common educational level achieved. The
following circle graphs illustrate the employment status and the losses experienced by the participants.

As seen in the above graphs, the interviewees included 5 individuals currently employed by others, 2 self-employed, 2 unemployed, 2 retired, and 1 graduate level student. The losses experienced by the interviewees occurred from 9 years ago to 64 years ago. The losses experienced by the participants included 3 losses of a mother, 3 of a father, 1 of a husband, 2 of a child and 3 individuals that lost siblings (one individual lost two siblings in separate accidents). The losses occurred as the results of two expected deaths and ten unexpected deaths including one suicide and one murder-suicide.

The Participants

The participants are assigned pseudonyms by the researcher designed to protect the confidentiality of the participants. Only the researcher knows the pseudonyms and all identifying information was kept locked during the duration of the study.
Loss of Mother.

Three of the participants experienced the loss of their mother. Dave is a thirty-two year old high school music teacher whose mother died at the age of fifty-three after complications from a two-year struggle with breast cancer. Alyssa is a forty-three year old woman whose mother died unexpectedly of heart disease at the age of sixty-seven. John is a sixty-seven year old man whose mother was murdered by his stepfather in a murder-suicide when she was thirty-six and John was fourteen years old.

Loss of Father.

Included in the study are four individuals that lost their fathers. Tom is a twenty-five year old graduate student whose father was killed by a drunk driver while serving in the military when Tom was five years old. Sharon is a fifty-two year old woman whose father died eight years ago at the age of eighty-two. Sharon’s father had endured many illnesses in the years previous to his death but was doing very well at the time of his death. Elaine is a fifty-eight year old woman whose father died suddenly eight years ago at the age of seventy-nine as the result of an unknown heart condition.

Loss of Sibling.

Two of the participants in the study experienced the death of a sibling. Vivian is a fifty-three year old woman whose brother committed suicide ten years ago. Her brother was three years older than Vivian. Vivian’s brother had experienced some difficulties in his life and was living with their parents as a result of his current life situation when Vivian went to visit him. Vivian left her brother at her parent’s home thirty minutes before her parents were expected home and by the time her parents arrived, her brother was missing. He was missing for two weeks until a snowmobiler found his body in a swampy area not too far from his parent’s home.
Bobby experienced the deaths of two siblings three years apart. Bobby was the oldest of four siblings. His youngest brother Gage (ten years younger) was killed in a plane crash while in a foreign country as an International Exchange student almost forty years ago. Bobby was twenty-seven at the time of his first loss. Three years later Bobby’s other remaining brother was killed in a small plane crash while traveling for work leaving Bobby with one remaining sibling, a sister.

Greg is a sixty-three year old man whose brother died when Greg was eleven and his brother was twelve. His brother had been born with a heart defect and died during what was supposed to be routine surgery to correct the problem.

**Loss of a Child.**

Two of the research participants experienced the loss of a child. Jackie was a mother of two in her thirties when her second child accidentally strangled on the cord of a window shade eighteen years ago while taking a nap at the babysitter’s five days before his first birthday.

Sue was a forty-eight year old mother of eight when her youngest son died in his sleep. Sue’s son became disabled at the age of eight during surgery to correct an accumulation of fluid on his brain that caused him to prematurely enter puberty. He lived at a group home and died a month before his twenty-first birthday and just five days before he was to celebrate his graduation from high school.

**Loss of husband.**

Lynn is a forty-three year old widow whose husband died an unexpected death nine years ago at the age of thirty-three as the result of a snowmobile accident in their back yard while Lynn was asleep. Her husband’s snowmobile turned over within sight of their house and he suffocated in a snowdrift after being knocked unconscious. They had been married for eleven years and had
recently made the decision to start their family.

**Data Analysis**

At the conclusion of the interviews, notes were reviewed and tapes were transcribed into a notebook. Key words, phrases and common themes were highlighted and quotes deemed significant by the researcher were underlined for future review. At the completion of this task, a chart was developed. The chart listed the assigned pseudonyms down the left-hand column of the chart. Across the top of the chart were identified themes and the questions that had been asked. The chart was then filled in with the details and quotes given by the participants. Current theories of grief and grief recovery were used to analyze the stories told by the participants. Common themes in dealing with grief were highlighted and recorded and compared to the existing research. Interviewee’s initial reactions, feelings and thoughts were compared. Individuals whose reactions differed due to cause of death were studied. Helpful and non-helpful coping strategies were identified and linked to the research. This data analysis was based on evaluation techniques of qualitative research presented by Royse, Thyer, Padgett, & Logan, (2006).

**Results**

At the conclusion of all the interviews, the narrative stories as shared by the participants, including tape transcriptions and notes taken, were analyzed in order to identify common themes. A chart was developed with the assigned pseudonyms of the participants listed down the left side of the chart and common themes and questions used across the top. The chart was then filled in with quotes and notations taken from the interviews. In order to qualify as a common theme, it was determined by this researcher to include topics mentioned as important by a minimum of four of the participants which is statistically 25% of the group interviewed.
The participants in this research study all experienced bereavement as defined by Kastenbaum (1988) as the forcible separation of a relationship that they valued. It is an objective fact that someone close to them died. Many of them experienced similar feelings and thoughts, but each individual had a unique story to tell about their journey through grief. Their experiences are personal stories as unique as the individuals themselves. In the words of Kubler-Ross and Kessler “our grief is as individual as our lives” (Kubler-Ross & Kessler, 2005, p. 7). Although all of the participants’ stories are rich in detail and depth, only the most common themes, thoughts and feelings are included in the results of this study.

The experience of listening to the stories as shared by the participants was profound for this researcher. The participants demonstrated the very essence of what it is like to be human as they recounted their very personal and individual stories of grief. It was a privilege and responsibility taken seriously by this researcher to hear the unique stories of the individuals.

The Experience of Grief

Some authors (Lindeman, 1944; Parkes & Weiss, 1983; Worden, 2002) stated that grief is a painful condition that prevents individuals from functioning in their everyday lives. All but one of the participants in this study stated that their grief significantly impacted their ability to cope with their day-to-day lives. The exception was Tom, whose father died when Tom was five and since his father had been away from home serving in the military, Tom’s everyday life did not change.

Shock, Disbelief, and Confusion.

The most significant theme identified in this study was the feelings of shock, disbelief and confusion experienced by nine of the twelve participants. Several studies (Kastenbaum, 1998; Rees, 1975; Weiss & Parkes, 1974) all found that disbelief and confusion were the most
common emotions experienced after the death of a loved one, especially if the death was unexpected. The Harvard Study (Glick, Weiss & Parkes, 1974) cited shock and confusion as common feelings experienced by bereaved individuals, especially widows and widowers. Lynn, the only widow in this study, described the most intense feelings of shock. Lynn was home asleep at 2:00 in the morning when two policemen came knocking at her door to inform her that her husband had been killed in a snowmobile accident. She said, “I knew there had been a mistake and they were lying to me. My husband always stayed out until early morning on his snowmobile and it wasn’t time for him to come home yet.” She said that after hearing the news she calmly proceeded to feed her dogs and attend to routine household tasks, as she knew that the police were mistaken. The police contacted a family member to stay with her and even then she could not comprehend what they were telling her. Kauffman (1993) referred to this inability to comprehend as disassociation of the cognitive awareness of the loss. At the time when her husband usually returned home, she began to scream and demanded to see her husband. Lynn said that they told her she couldn’t see him until the next day. She became hysterical until they showed her a picture they had taken of him in the morgue. Lynn cried as she shared, “It was the worst moment of my life.”

Shock was also the first word used to describe the strongest emotion in all of the cases of unexpected deaths as told by Bobby, John, Vivian, Sue, Jackie, Alyssa, Greg and Elaine.

Bobby and his brother George were hiking in Europe together at the time of their youngest brother’s death. Bobby described the shock they both felt when they heard the news. At that time, there were no cell phones and their parents could not locate them. Their parents finally enlisted the help of a United States senator who contacted the embassy in the foreign country to locate the brothers. Bobby remembered trying to arrange a flight home while realizing that their
younger brother had died in a plane crash. He described the flight home as “unreal” sitting next to his brother and not comprehending that their youngest brother was gone. This reaction would be considered disassociation by Kauffman (1993). Bobby reflected, “I concentrated on getting home to my parents and did not really understand my own loss. After I got home, I concentrated on the things that needed to be done and I remember wondering whether or not my behavior was appropriate. I didn’t know how to act.” Bobby’s focus on the things that needed to be done was described by Gray (2005) as the need for men to focus on day-to-day problem solving and by Glick, Weiss & Parkes (1974) as the need to meet everyday demands. Bobby went on to tell of the shock he experienced three years later when his brother George was also killed in a plane crash while traveling in a small plane on a work-related trip. He stated that he works in the field of mathematics and could not comprehend the sheer statistical improbability of losing a second brother in the same way.

John wept openly as he described the shock he felt sixty-two years ago the day he opened his hometown newspaper at boarding school to see a picture of his mother and stepfather on the front page with the headline that read “Murder-Suicide of Local Couple.” This researcher waited as John sat in silence for several minutes to compose himself before he described the details of the newspaper picture. He then described seeing the picture of his mother lying on a sidewalk covered by a blanket and his stepfather lying in the grass. John’s childhood home was surrounded by police crime scene tape. John’s shock was consistent with the statement made by Kauffman (1993) that shock is one of the strongest reactions to unexpected death.

John remembered going to talk to the headmaster at the boarding school. He expected that the headmaster would be surprised and horrified but described his confusion when the headmaster calmly responded that he already knew and was making arrangements to send John
home for the funeral. John could not understand the lack of emotion expressed and could not understand why he had not been told when it happened the previous day.

Vivian’s brother had been missing for two weeks when she received a phone call from the police requesting her to identify a body that had been found near her parent’s home. She described feeling “as though I was in a trance” and felt removed from the situation. She clearly remembered walking with the police to the wooded area where her brother was found and as she stood with the police, she felt as though the experience was happening to someone else and she was a television viewer observing a news story. She said, “I felt removed from the situation and I had the feeling it was happening to someone else.” Vivian’s words are the same words used by Kauffman (1993) to describe shock and disassociation experienced as a result of unanticipated death.

Sue’s phone rang on a Monday morning shortly after her husband left for work. The caller, a representative of the group home where her son was living calmly told her “your son passed last night.” The words made no sense to her and she remembered her feelings of shock as being so intense that she thought, “I might die before Bill gets here to be with me.” Bill is her husband who was at work an hour away when Sue got the news. She does not remember who called him or her other children to be with her. Her next memory was of being at her home surrounded by her other children and extended family. Sue’s reaction is another example of disassociation described by Kauffman (1993).

Jackie remembered exactly where she was standing and what she was doing at work when her supervisor told her she had a phone call. She worked at a group home with disabled adults and was attempting to calm an agitated client in front of the building. She answered that she could not take a call and a coworker came out to relieve her and told her she needed to take
the call. The caller told her she needed to go to the hospital as her son had had an accident. She described a feeling of paralysis and being unable to move or think. Her supervisor drove her to the hospital where a doctor told her that her son had died. She was told that her son had strangled on a window blind cord while taking a nap at the babysitter’s home. She was taken into a room where his body lay on a table hooked up to wires and tubes. She described standing frozen as her husband joined her a few minutes later. He entered the room and had not been told. Jackie could not find the words to tell him, but stood unable to say the words or move next to the table that held the body of her son. Lord (1990) described this state as “frozen fright” and stated that the death of a child is especially difficult for a parent who experiences not only the death of the child, but of all their hopes, dreams and expectations for the child.

Alyssa was at a basketball game watching her daughter perform as a cheerleader when she got a call that her mother was in the hospital. Alyssa took her older daughter home to stay with her younger daughter and asked her boyfriend at the time to go to the hospital with her. Alyssa attributed her shock to the fact that her mother had been in good health and had no warning signs before experiencing her heart attack. She recalled that she wanted to drive since she was more familiar with the hour long route to the hospital, but her boyfriend would not let her drive. She described her most vivid memory as losing the ability to speak. She said, “I knew there was a faster way to get to the hospital but I was unable to tell him which way to go and I remember feeling angry that he was taking the slower route.” Alyssa’s experience of being rendered speechless is also an example of “frozen fright” described by Lord (1990). Alyssa tearfully shared, “All I could think of was how much God must have hated me to take my mother.” Kubler-Ross & Kessler (2005) stated that unexpected death sometimes causes the survivor to question their religious beliefs.
Greg needed time to compose himself before he could begin to talk about the death of his brother. Greg, who is now sixty-six and lost his brother fifty-five years ago when Greg was eleven and his brother was twelve, openly wept as he remembered how confused and lonely he was after his brother’s unexpected death. Greg shared that he cried for two weeks and felt as though his “insides might explode” and that his arms and legs were “too heavy”. Greg used the same words to described his physical symptoms that were used by several authors (Kastenbaum, 1998; Lindeman, 1944; Parkes & Weiss, 1983).

Greg got up and stood looking out the window with his back to the researcher as he shared that his brother was only a year older than him and due to his brother’s health, his brother had been held back a year in school. This had resulted in the two brothers being in the same class at school as well as sharing a bedroom. His grief was evident as he said; “I was lonely all the time since we were together constantly.” Loneliness caused by grief is mentioned as a common feeling by Lendrum & Syme (1992). Greg remembered being confused as no one had ever told him that his brother’s surgery could be risky and the thought that something might happen to his brother had never occurred to him.

Elaine described how much her father loved to square dance and shared that her father had been square dancing a few nights previous to his death. She described the feeling as “shock that my father could be gone.” She said that she mouthed the words “my father is dead” but that the words had no real meaning to her at the time.

The three participants that did not describe feelings of shock were Tom, Dave and Sharon. Tom wondered if the reason he didn’t remember a lot of details was the fact that he was only five at the time and could not really understand what was happening. He did share however,
that he was confused about the way his mother was acting at the time and why there were so many people at his house.

Dave described his feelings as “surreal” after his mother died from breast cancer but also felt sadness and relief that his mother was no longer suffering. Dave was sitting at his mother’s bedside when she died and he thinks that this helped him to accept her loss more easily. He apologized for becoming teary at this point in the interview and said that even though he expected his mother to die, “No one is ever really ready for the moment when it comes.”

On Memorial Day in 2002, Sharon attended a Memorial Day parade along with her husband, children and parents. Sharon’s father was a veteran and this was a yearly tradition for the family to watch the parade together and thank her dad for his service to his country. At the conclusion of the parade, Sharon turned to her dad and thanked him before her parents returned to their home, which sits just up the road from Sharon’s home. A short time later, she was having an outdoor picnic with her immediate family and heard her phone ring. She decided not to answer it “because it was a holiday and I figured whoever it was could call back.” A few minutes later she heard sirens and watched as an ambulance pulled into her parent’s driveway. She rushed to their home to find an EMT working on her dad as he lay on the kitchen floor where he had fallen while drying dishes. Sharon and her husband and mother followed the ambulance to the hospital where he was pronounced dead. Sharon said, “I felt shocked that we had just been together and he was having such a good day, but I also felt relieved that he had died when he was having a good day and that he had not endured another long illness.”

The thoughts of disbelief and confusion were predominant in many of the participants, especially in the cases of unexpected death. This is consistent with the findings of (Kastenbaum, 1998; Rees, 1975; Weiss & Parkes, 1974). John remembers clearly his feelings of shock and
disbelief when he opened the front page of his hometown newspaper while at boarding school to see the picture of his mother and stepfather and read the news of their murder-suicide. Alyssa was shocked when the doctor at the hospital said that her mother had passed away as she knew her mother had been pronounced in good health during a physical the previous week. Valerie described her state of shock as being numb and “in a complete trance” when they found that her brother had committed suicide. Bobby used the word “frozen” when he was contacted during a hiking trip in Europe and told of his brother’s plane crash. At the time of his second brother’s death in another plane crash, he stated that he couldn’t get over the unreality of losing two brothers in the same kind of accident.

**Guilt.**

Some authors (Glick, Weiss & Parkes, 1974; Rynearson, 2001; Worden, 2002) described guilt as a common feeling in survivors, especially if they felt that they could have prevented the death by their presence. Seven of the twelve participants of this study described their feelings of guilt. Lynn shared that her husband had asked her to go snowmobiling that night with him and she feels guilty that she did not go. She is convinced that she would have been able to prevent his death if she had been there. She feels strongly about this, as her husband was knocked unconscious when his snowmobile tipped over but his cause of death was suffocation in the snow. Lynn believes that her decision to stay at home that night instead of going with her husband has caused her to question her own identity and see herself as selfish. Lynn’s questioning of her identity was described by Kubler-Ross & Kessler (2005) as common in unexpected deaths.

Vivian went to her parent’s home to visit her brother one day because she knew he was feeling down and depressed. She decided to return home to her own family after visiting as she
expected her parents to return home in approximately thirty minutes and her brother had reassured her he was fine. When her parents returned home that evening, they called Vivian to ask if her brother was with her. In the short time that she had left him alone, he had left the house. He was missing for two weeks until he was discovered in a swampy area in the nearby woods. Vivian still feels guilty nine years later and thinks that her brother would still be alive if she had stayed with him that night.

The two mothers that lost their children both shared their feelings of guilt. Sue had returned her son to his group home the night that he died in his sleep in spite of her desire to keep him at home. She thinks that if he had been at home she may have heard him in distress and been able to prevent his death. Jackie’s son strangled on the cord of a window blind during a nap at the babysitter’s home. Jackie recalls that she almost called in to work that day and she maintained that the accident would have been prevented if she had been home with her children. Several authors (Glick, Weiss & Parkes, 1974; Rynearson, 2001; Worden, 2002) found that this belief that the survivor might have prevented the death by their presence is frequently present after a sudden loss in which the survivor is not present. Following her son’s death, Jackie found herself unable to return to work and leave her children in the care of someone else and she opened a licensed day care in her home so that she could be with her own children.

Although John’s mother was killed by his stepfather in a murder-suicide 64 years ago, John still feels guilt over his mother’s death. He thinks that even though he was only fourteen at the time, he would have been able to protect his mother or call for help. John told this researcher, “I knew my step-father was hurting my mother and that is the reason I was sent to boarding school. She wanted to keep me safe, but I couldn’t keep her safe.”
Alyssa feels cheated that a nurse spent the last hour of her mother’s life talking to her mother and still wishes it had been her. She recognized the fact that she would have been there if she had been called to the hospital sooner but that fact does little to relieve her guilt.

Greg stood up and turned his back to this researcher as he shared that the cause of his guilt is the fact that he was never able to tell his brother what he meant to him. He realized intellectually that he was only eleven and had no idea his brother could potentially die during surgery but that does little to change his feelings of guilt. He says, “I never had a chance to say good-bye because I never knew anything could happen to him.” Greg’s statements were painful to hear as his pain was still so evident even after the passage of so many years.

Sharon recognized that although she felt relief that her father died quickly without another prolonged hospital stay, she would always feel guilty that she did not answer the phone that day. She wondered if she had arrived a few minutes earlier, she might have arrived when her father was still conscious and been able to speak to him in his last moments.

**Anger.**

Deits (2009) stated that almost every bereaved person is angry; particularly following a sudden loss and Kubler-Ross & Kessler (2005) added that anger may take many forms. Six of the participants in this study identified anger as an emotion that they experienced.

Bobby’s emotions took him by surprise as he shared with this researcher that he is still angry forty years after the deaths of his two brothers in separate plane crashes. His anger stems from the fact that he was left to be his parents’ only son and that his own children were deprived of uncles, aunts and cousins. He is also angry that his brothers never had a chance to marry, have children and grow up. As Bobby shared these feelings he said, “I am surprised at how angry I
still feel when I talk about this. I didn’t know it was still there.” Bobby’s anger at the fact that his brothers left him was described by Kubler-Ross & Kessler (2005).

Elaine’s anger that “the wrong parent died” was a reflection of the fact and that she was much closer to her father than to her mother. Her recognition of this feeling of anger also causes some guilt for having this thought. The anger she felt toward her mother during the days following her father’s death were attributed to her mother being “selfish” by planning the service to meet her own needs rather than doing what her father would have wished. Elaine said, “Everything was always about my mother and even when my father died, it was all about her and her feelings and how it would affect her life. I felt angry that it was more about her than the fact that my father had just died.” She then went on to tell this researcher that her mother is currently dying and she is having a difficult time dealing with her current emotions, which range from guilt to anger and depression.

John feels ongoing anger at his stepfather, not only for killing his mother, but also for being a “coward” and taking his own life. He was also angry with the individuals that made negative statements about his mother during calling hours and the individuals that gossiped and repeated the story. Anger was directed at the funeral home for displaying the bodies of his mother and stepfather in the same room. He was outraged that his mother’s body lay next to the body of the man that had killed her.

Sue felt anger at her son’s group home for the manner in which she was informed of his death over the telephone and the fact that they wrote his obituary and “took over” the funeral preparations. They bought a suit and dressed her son in it, even though her son never wore a suit in his lifetime. Sue would have chosen clothes that were more comfortable and represented the way he dressed in life.
Alyssa is still angry that her stepfather did not call her as soon as her mother went to the hospital. She still feels jealous that a nurse was the last person to talk to her mother and feels deprived of the time that her stepfather took away from her. To this day she continues to feel that that time should have been her last time to spend with her mother.

Vivian’s anger was directed at her brother for taking his own life and at community members for talking about her brother’s death without knowing all of the facts. She said that her brother was not able to imagine the pain that his actions would cause his family. The people in the community assumed that he had been drinking or using drugs at the time of his death even though the autopsy found no drugs or alcohol in his system. She thinks that his death was not acknowledged by some because of his past history and the fact that he took his own life. This type of death is referred to as a “stigmatized death” by Doka (1989) in which the survivor of a suicide may not receive the social support that they need. In the case of Vivian’s brother, family members explained the death as accidental in order to avoid social stigma, which is common following a suicide according to Rynearson (2001).

An unexpected finding of this study was that Jackie did not feel anger at the babysitter in charge of her son when he died. She stated that she knew it was an accident and never felt anger. The day after her son died, she wanted to go to see the babysitter and was advised not to. She went anyway to give her a hug and reassure her. She said, “I knew she loved my son and would never have done anything on purpose to hurt him.”

**Depression.**

The feeling of depression is considered necessary and normal in the grief process according to Lendrum & Syme (1992), Parkes (1972), Parkes & Weiss (1983) and Worden (2002). The depression that occurs with grief may be exhibited by preoccupation with the
deceased (Horinek & Solve, n. d.). Eight of the individuals in this study used the word depression to identify the emotions experienced after the death of their loved one.

Lynn was a teacher at the time of her husband’s death. Of all the participants in this study, she reported the most extreme depression. She feels that she has never recovered from her loss. She shared that she returned to her teaching job after missing just eight days of work but was “in a fog.” At the end of the school year in June, without the structure of her job, she became so depressed that she was “unable to do anything” and did not return to teaching the next year. It has been seven years and she has not been able to hold a full time job. Her experience of grief is termed chronic grief by Worden (2002).

John also mentioned that he has never recovered from the death of his mother. He imagines that his life would have been very different if his mother had lived. He articulated an alternate life story that was very different than the one he actually experienced. The reality of being an orphan left him with no home to return to and no support. He described returning to his hometown when he was a young adult and looking at his childhood home. As he stood there remembering, someone that he had known as a child approached him and spoke without recognizing him. He said that he did not identify himself to this person because he felt as though that child and the person that child would have become no longer existed. The articulation of an alternative life story shared by John is explained as an attempt to rewrite a story to create meaning by (Bruner, 1990; Sedney, Baker & Gross, 1994). The grief experienced by John is described in the literature as complicated grief by Kastenbaum (2002).

Elaine was hospitalized for depression and grief after the death of her father. She described becoming so overwhelmed that she was hospitalized as an inpatient, received a DSM diagnosis, and subsequently spent time attending a day treatment program to help her cope. She
reported that her father had “always been there for her” and she did not think she could cope after he was gone. She also ate as a way of coping with her loss and gained over one hundred pounds which she was finally able to lose with the help of counseling and lap-band surgery. Elaine’s experience is defined as exaggerated grief by (Kastenbaum, 1998; Worden, 2002).

Bobby thought that he had “handled” his feelings of depression at the time of his brothers’ deaths but shared that he did not recognize the feelings of depression at the time. During an unexpected and stressful divorce years later, he experienced severe grief and depression. Bobby’s grief is termed delayed grief in the literature and often occurs years later following a subsequent loss (Worden, 2002).

Sue shared the story that following the funeral and her husband’s return to work, she did not get out of bed for a month. She still got up every morning to pack her husband’s lunch for work, a routine she had followed for years, but then returned to bed where she stayed until she knew he was due home from work. When asked how she managed to get past this most difficult time, she responded, “I knew my husband was hurting too and it wasn’t fair that he had to go to work every day and struggle while I gave up.” She then went on to tell about the decision she made to go to the lake and walk every day after her husband went to work. She spent hours walking and thinking. She remembered seeing others that had experienced a loss walking at the lake and described how they would give each other a nod of recognition in passing. Eventually, Sue made a decision and in her own words said, “I had to give back to others as a way to cope.” Four months after her son’s death she applied and accepted a job as a teacher’s assistant at the school for children with disabilities where her son had attended. She stated, “I had to give back and be of value to others. Having a pity party for myself didn’t work.”
Vivian was engulfed in depression the first few weeks following her brother’s death and stated, “I think I was very depressed because I felt guilty about not staying with my brother.” Jackie also linked her depression with her guilt at not being with her son and stated that although she tried to return to work, she was too depressed and quit her job a month after her loss. Jackie shared that her husband did not understand her need to quit her job and was not supportive of this decision. Her decision to quit her job “caused problems in their marriage” which Jackie said took a long time to resolve. She shared, “My husband and I grieve very differently. I needed to talk and talk about my son’s death but my husband kept to himself and stayed busy.” Jackie spent many hours talking to another bereaved mother and as a result of her experience established a grief support group in her community to provide a safe place for bereaved individuals to talk about their feelings. Jackie’s need to tell and retell the story of her loss was presented by Payne (2002) and Neimeyer (2001) as essential in the process of reconstruction and meaning making in narrative therapy.

Relief.

Kubler-Ross & Kessler (2005) and Worden (2002) referred to the sense of relief felt by some survivors if the death of a loved one was preceded by a lengthy illness or a period of suffering. Relief was the first and strongest emotion expressed by both participants whose parents died after an extended illness. Dave’s mother had suffered from breast cancer for several years and he was relieved that her suffering was finally over. Although Sharon’s father had been ill for many years, the day he died he had attended a parade. Sharon felt relief that her dad died while having a good day and that he did not experience a prolonged period of illness immediately preceding his death.
Denial, Disassociation.

The stage of denial (Kubler-Ross & Kessler, 2005) and the experience of disassociation (Kauffman, 1993) were common in many of the experiences shared. Lynn remembers the police coming to her home to inform her of her husband’s death. She said that after they told her the news, she calmly fed her dogs and took care of some household tasks because she knew it could not be true. She thought the police were lying to her. Vivian remembers going with the police to identify her brother’s body at the scene of his death and thinking it could not be him. Bobby remembers feeling “detached” and stated that it was easy to deny the death of his brothers, as he was unable to see them due to the violent nature of their deaths. Greg stated, “I was not really conscious after my brother’s death.”

Visual and auditory hallucinations.

Four of the participants experienced visual or auditory hallucinations of the deceased, which was found to be a common experience by (Conant, 1996; Kastenbaum, 1998; Kubler-Ross & Kessler, 2005; Rees, 1975; Tyson-Rawson, 1996). John vividly remembered the night when his mother appeared in his bedroom. He was at boarding school and felt all alone and his mother, dressed in a robe, stood at the end of his bed and told him she was alright. The experience was very reassuring to John.

Although Sue shared that she did not see her son as a hallucination after his death she recounted that during a time when he was ill and in the hospital, he appeared standing in her bathroom while she was taking a shower. She knew that he needed her and returned immediately to the hospital where the nurses told her that they thought he had been close to dying. Sue told the story of seeing her father after he died. She remembered that he came and stood near her and clearly told her to take care of her mother.
Vivian described her experience as a sense of presence of her brother and stated that she knows he was standing next to her with his hand on her shoulder in an attempt to comfort her. This happened at her parent’s home shortly after her brother’s funeral. The individuals that shared these experiences felt comforted and reassured by them.

Greg described an experience he had many years after the death of his brother. He shared, “I was attending church and was sitting alone when God clearly appeared and told me that my brother was alright.” He is certain to this day that this was a spiritual experience meant to bring him some peace. Nadeau (1998) described the support and understanding that some individuals derive from a religious or spiritual belief.

**Physical symptoms.**

The participants of this study were not asked directly about physical symptoms that they experienced, but half of the participants included physical symptoms in the narrative telling of their stories. Lynn, whose husband died in a snowmobile accident, described the most excessive physical symptoms. Lynn described symptoms consistent with those described by Worden (2002) as tightness in the throat and a lack of energy. Lynn also experienced the intensive distress and hollowness in the stomach described by Lindeman (1944). Lynn and Sue both experienced a loss of appetite (Parkes & Weiss, 1983) and lost significant amounts of weight as a result. Sue, Vivian, Dave, and Jackie reported sleeplessness consistent with Parkes & Weiss (1983) while Sue and Elaine reported sleeping excessively.

**Social supports.**

All the participants interviewed for this study mentioned the presence or lack of presence of family members and close friends. All of the participants in this study with the exception of Tom, who was only five at the time of his experience, expressed the need for others to be close
to them in the weeks following their loss. Worden (2002) found that this was a common experience.

The presence of supportive family and friends was important to most of the individuals interviewed. Lynn recounted how her family members and friends took turns staying with her for weeks, as she could not be alone in the home she and her husband had shared. She also remembered that she slept on the couch for weeks, as she could not face their empty bed. She slept with her husband’s shirt for months following her loss, a behavior described as “linking” by Nadaeu (1988). Lynn told a story about her husband’s co-workers that demonstrated support and meant a great deal to her. She shared that her husband was a construction worker and on the day of her husband’s planned interment in the mausoleum, she was told that it would need to be postponed due to a leak in the roof of the mausoleum. Her husband’s “crew” gathered together and put a new roof on the mausoleum in time for the interment to take place as planned. She shared that this meant to her that her husband’s crew was “protecting and taking care of her husband” and that this support was very appreciated and valued by her.

Sue shared how her other children stayed with her and her husband and said that her other children were her “pillars.” Jackie felt that her daughter “kept her here on this earth” and she would not have been able to go on without her. Vivian and Bobby stressed the importance of their need to be with their parents after they lost their siblings. Greg remembered the absence of his parents due to the fact that they had taken his brother out of state for his surgery and how much he wanted his parents to be there when he was told the news.

The spouses of Elaine and Dave were a constant presence following the deaths of their parents and they both said it was what they needed the most. Alyssa was not married at the time of her mother’s death and stated that her boyfriend at the time did not understand and thought...
she should be “over it” after the funeral. She shared that she was seeing a counselor at the time for other issues in her life and “it helped that I had someone objective to talk to.” Servaty-Seib (2004) stressed the importance of counselors providing a “safe and validating environment in which bereaved clients can tell and retell the stories associated with their death losses” (Servaty-Seib 2004, p. 134).

Bobby described the supportive behaviors of his extended family, especially his uncles, who were there for him and his family. They were a constant presence and provided groceries and ran errands in addition to sitting and talking to them. This support was very important to him.

Elaine described her feelings of isolation when family members directed most of their support to her mother. She said, “the thing I wanted the most at that time was for family members to share stories and memories about my dad, but instead my mother was the focus of attention.”

**Behaviors.**

Nadeau (1988) stated that individuals might visit places where the deceased spent time or carry an object that belonged to the deceased, especially in the death of a child. This behavior is referred to as “linking phenomena” by Glick, Weiss & Parkes (1974). Sue shared that after the death of her son in the group home, she drove around in her car for six weeks with all of her son’s belongings from the home in her car. She remembered that when she was finally able to let them go, she gave each item to someone that she knew would use his belongings. Lynn described visiting the places where her and her husband had spent time together as a way of helping her cope with her feelings. She went back alone to all of the places where she had traveled on vacation with her husband.
Kastenbaum (1988) described the behavior of some individuals as restless over activity. In the telling of her story, Sue recounted how immediately following her son’s death, she could not get out of bed. This changed after the first few weeks and was replaced by an excessive need to walk. She told of driving to the lake every morning and walking for an extended period of time. As a result of her walking, she lost a significant amount of weight that she has kept off in the nineteen years since her son’s death.

Jackie felt the need to stay constantly busy after her son’s death and spent her time planning all the details of the service. Bobby recalled how he felt a strong need to “do something” and he found tasks that needed to be done in an effort to stay busy. This need to do something useful is consistent with the findings of Gray (2005) who stated that men are more likely to focus on the day-to-day problem solving aspects of dealing with a death. The behaviors exhibited by these individuals were in these cases activities that were not a part of their experience prior to their losses.

The Experience of the Funeral or Memorial Service

As far back as 50,000 years ago, research has shown man’s concerns for the dead (Lensing, 2001). As early as 1975 (Lerner, 1975) and as recent as 2001 (Lensing, 2001) researchers have discussed rituals and procedures used to deal with the deceased. The funerals and memorial services for the deceased in this study varied as much as the individual stories. Some of the participants described the service as “beautiful” while one used the word “nightmare” in the telling of her story. Some individuals remembered every tiny detail while others remembered very little. Some of the deceased left detailed plans for their own service while others left no instructions and the decisions were made by the families. In spite of religious
or family traditions, the funeral or memorial service left the participants of this study with both positive and negative memories and emotions.

Two of the participants of this study do not remember the funeral. Tom was not allowed to attend his father’s funeral, as he was only five years old and his mother wanted to protect him from the experience. Tom sometimes wishes that he had seen his father’s body to say good-bye and accept that his father was not coming back from the military. Tom’s experience is confirmed by the research done by Lendrum & Syme (1992), which said that when we protect our children from this most human of experiences we are sometimes lost in denial.

Greg was also a child at eleven when his brother died and although he knows he attended the funeral, he has few clear memories of it. He knew that his parents were well known in the community and remembered there were a lot of people in attendance.

There were four participants that remembered vividly all the details of the service. Vivian described her brother’s funeral as “beautiful” but stated that the hardest thing for her was the fact that her other brother, who lived across the country at the time, did not understand that he was needed at the service by both her and her parents. Vivian felt that she needed the support of her brother to help her manage her feelings, yet her brother told her she could handle those emotions herself. This discrepancy in needs expressed by Vivian and her brother were discussed by Lendrum & Syme (1992) as the need for individual family members to understand that grief may be expressed in different ways so that resentment does not develop. Vivian’s experience is also consistent with the different perceptions that sometimes exist between genders as discussed by Glick, Weiss & Parkes (1974) in which female survivors are more likely to need social support, especially from family members.
Dave described his mother’s service as a “tribute” to his mother. He stated that his mother had left precise directions for all aspects of her own service and burial, as she knew she was dying. Dave is a music teacher and played music for his mother’s service. It pleased him to be able to do this one last thing for her.

Sharon delivered the eulogy for her father and remembered that at one point, she had everyone in the congregation laughing as she recounted stories of her dad. She shared that her father had a wonderful sense of humor and always made others laugh so she thought it was important for him to be remembered in the same way. She said:

My father always believed in practicing everything until he had perfected it before he would perform in public. He was a musician and he would not play a piece until he had learned it well and he would not ride his horse in a horse show until he knew they could compete and do well. I told everyone at the funeral that he had practiced going to the hospital many times until he could die quickly and do it right. He even timed it so that his pastor was at the hospital and performed the last rites on my dad while wearing a hospital gown.

Sharon possesses a strong sense of self-esteem and demonstrated the idea formulated by Worden (2002) that individuals with a strong sense of self-esteem are more successful at coping with death.

Alyssa expressed some feelings of guilt nine years after her mother’s funeral service because she did not honor her mother’s wishes for a closed casket. Rando (1988) found that guilt is frequently the result of choosing whether or not to view the body of the deceased. Alyssa wanted everyone to see how beautiful her mother was. However, she also said that her mother’s hair was arranged in a style that she had never worn in her lifetime. Alyssa countered her
feelings of guilt with the memory that her mother always liked bagpipes and she made sure there were bagpipes playing at the service. She knows that this would have made her mother happy.

The remaining six participants remembered some details of the funeral but did not consider it a positive experience. The mothers that lost children, Sue and Jackie, both mentioned that the hardest thing for them to do was to follow the casket as it made its way down the church aisle at the beginning of the service. They stated that this is a custom observed by their church. Jackie stated, “Brides think that their walk down the aisle is a long walk, but there is no longer walk than following your baby’s casket down that same church aisle for his funeral.” Sue remembered the vivid smell of incense and states that to the present day, this smell makes her feel sick to her stomach. Jackie and Sue also both told of putting keepsakes in their sons’ caskets. Jackie remembered that her son had to have his favorite blanket or he would not be comforted. Sue wanted her son to take a favorite stuffed animal to sleep with him.

Lynn recalled planning the entire service by herself and refused to allow anyone else to help her, but on the day of the service the only thing she can remember is that she climbed into the casket with her husband and several people were required to get her out. She mused, “At that moment, I could not bear to live without him and wanted to go with him. The hardest thing I ever did was close that casket for the last time and know I would never see his face again or feel his arms around me.”

Elaine described her father’s funeral as a “nightmare.” She was not able to stand in the receiving line with her family, as she could not be that close to the body of her dead father. She remembered sitting in the corner at the funeral home and feeling all alone. She was disappointed that the funeral director had done a poor job preparing her father and she could not bear to look
at him. She also could not stand next to her mother, as she was so angry with her mother for some of the decisions she had made.

Bobby stated that he does not remember very much about the funeral service, but he did remember clearly that both of his brothers’ caskets were in the family home for visitors to pay their respects before the service. Neither of the caskets could be opened due to the violence sustained in the airplane crashes and he said that this made it very unreal. The custom in his family was to have a family member sit with the casket around the clock until the service. He told the story that during the death of his first brother one of his uncles failed to wake him at the scheduled time to sit with the casket in the night. He recognized that the uncle was trying to do him a favor and allow him to sleep, but he still regrets not having had his turn to sit with his brother.

John was only fourteen at the time of his mother’s death but he remembered clearly that both his mother’s casket and that of his step-father were placed in an L shape during calling hours. He thought it was disrespectful that his mother was in the same room as his stepfather. He also remembered many people discussing the circumstances of their deaths, which was extremely upsetting to him.

**Coping Strategies**

The participants of this study identified the presence or absence of social supports as the largest determining factor in their ability to cope with the loss of a loved one. The comments made to them by others were remembered as especially helpful or hurtful. The participants also shared what they wanted others to know about their experience and how they help others to cope as a result of their experiences.
Social supports

All the participants in the study mentioned social support or the lack of support. Ten of the participants expressed a strong need for social support from family and friends following their loss. Some examples have been mentioned previously in this results section, such as Lynn whose family and friends took turns staying with her, as she could not be left in her home without her husband. Elaine, Vivian, Dave, and Sharon all identified their spouse as the person that was especially helpful to them. Three of those losses were of a spouse and one was of a brother, so the social support was provided by an individual not biologically related to the deceased.

Jackie and Sue stated that their husbands’ grief was so intense that they were unable to support them in their own grief. Rubin (1985) stated that the grief of a parent is often prolonged and maladaptive. Jackie received the most support from another mother that had experienced the loss of a child. Sue was supported by her adult children and other family members.

Greg had many unanswered questions about his brother’s death and wished that someone had talked to him about the loss of his brother. He stated, “In 1959, that’s just the way it was. No one talked about the death of a family member.” Greg remembered returning to school, where his brother would have been in his class with him and only one teacher told him she was sorry for his loss. He wanted his brother’s death to be acknowledged by others. Greg wishes to this day that he could talk about the loss with his other siblings but says that it has become an off-limits topic in his family. Greg clearly described his perception of lacking social support when he said “nothing that anyone said to me helped. I think that if I had been told that the surgery was risky before my brother left, it might have helped me. I wish someone had talked to me and explained
everything about how and why he died. There were so many things I wanted to know and I still don’t know.”

John also felt the lack of social support. He said that no one ever talked to him about his mother’s death and he had many questions. John overheard a lot of conversation about his mother the day of her funeral, but much of it was criticism of his mother for remaining with his stepfather and this created anxiety for him. He remembered returning to boarding school where no one mentioned it. He felt unsupported at the boarding house and ran away from it a few months later to spend the rest of his teen years traveling from place to place-working odd jobs. John returned to his hometown as a young adult to visit the places he remembered from his mother as a young adult and to pay his respects at her grave. He found some closure in this trip.

Bobby wished that he had felt supported by his large extended family during the deaths of each of his brothers. He regretted that there was not more talking and sharing of memories. He said that it is possible that he withdrew from the family at this time and wonders if he was left out of the talking or removed himself from it.

Tom was the only participant that does not remember the need for specific supports when his father died. He remembered his mother being with him a lot, but since he was only five, this was the norm for him and his day-to-day life changed very little. He knew there were a lot of people in the house in the weeks following his dad’s death and recognizes now that they must have been there to support his mother.

**Helpful and not helpful comments**

The participants were asked about comments that were made to them at the time of their loss that proved to be helpful and comments made that were not helpful.
Bobby, Greg, Tom and Sue responded that nothing was said to them that provided any comfort. Bobby’s words were “I was more of a comfort to other people than they were to me. I remember people telling me how sorry they were that I had lost my brother and my response was to tell them that everything would be OK.” Bobby shared that one of his aunts made him laugh during the funeral and he was horrified that he could actually laugh at such a time and worried what others might think about his “inappropriate” behavior.

Greg thought that at the age of eleven no one said anything to him that was helpful or made him feel better. He wishes he had known the risks of his brother’s surgery and that an adult had explained to him exactly what had happened. He thinks he was old enough to be told the truth and have his questions answered, but his parents are now deceased and his questions were never answered.

Dan feels pride to this day when people comment that “you are just like your dad”, because he knows that his father was well regarded by those individuals. He does not remember anything that was said to him at the time and attributes it to the fact that he was only five at the time.

Sue said that the one thing that was helpful to her was when the family gathered after the funeral and shared stories and funny memories about her son’s life. She shared that due to her son’s disability, it was hard for him to express himself but that he would begin each day by “hooting” in excitement to begin the day. She remembered that one of her daughters worked as a cashier at a grocery store and her son would hoot with excitement when they went to the store and he saw her. She said that it meant a lot to her that her daughter was not embarrassed by his noises and said, “Let him hoot…he is my brother and I don’t care what others think.” She also shared the story that although he was disabled he also had the normal reactions of a teen-age boy
and when she would bend over to tie his shoes he would give her a playful “pat” on the bottom and would grin at her when she told him it was not appropriate. Sue remembered one of his nurses in the hospital getting “very huffy” when subjected to the same treatment as she opened a bedside drawer. These memories of the unique character of her son, shared with others, made her laugh and treasure the memories and the people that were part of his life.

Sue remembered things that were said that were very upsetting to her. The hardest things for her to hear were the comments that others made concerning her son’s disability. Several people questioned her and asked, “Didn’t he have problems?” or “Didn’t he have to spend a lot of time in the hospital?” It was as if the fact of his disability meant that his life was worth less. She shared that in spite of all the difficult times she experienced as the mother of a handicapped child it “was all worth it and I would do it over in a minute with no hesitation.” Sue experienced the lack of social validation described by Rando (1988) that sometimes occurs when a disabled person dies.

Elaine remembered comments made that were hurtful to her. She remembered that more than one person made the comment that “at least he died quickly and didn’t suffer.” She shared that she thinks this comment was made due to the fact that her father had had a pacemaker put in two years previous to his death but that reasoning made no sense to her. She said, “Of course I didn’t want my dad to suffer, but why did he have to die then at all? He was only seventy-nine and he loved life. I wasn’t ready for him to leave me.” Elaine added that some people did say things that were a comfort to her. She said that everyone told her what a good man he was and how much he would be missed. She said, “Those comments validated the way I felt about my dad and helped me to know that other people cared about him as much as I did.”
Jackie shared several comments made after the death of her son that upset her a great deal. She told this researcher that some people commented, “you are young and can have another child” or “at least you have your daughter.” She said, “If one more person told me that God needed another angel in heaven, I thought I was going to scream at them.” Jackie stated, “these comments made me feel as though the life of my son was not valued. You can never replace one child with another.” Jackie also shared that the nurses and doctor at the hospital did not know how to respond to her. She described being left her in the room with the body of her son on a table with the tubes and wires used to try to resuscitate him still connected to his body and his naked body covered with his blood. She wished they had helped her clean him up or wrapped him in a blanket. She would have liked to hold him but she did not know whether or not she was allowed. She still regrets not having a lock of his hair. As a result of her experience, she donated a rocking chair to the room in which she was given the news and she later met with doctors and shared her concerns so that other mothers would not have the experience that she had. Jackie’s act of giving back to others was described by Rando ((1988) as the need to reinvest emotions. Jackie said that the only real comfort that she got was from another mother that had lost a child. The most helpful thing for her was the fact that this person listened to her endlessly without making a lot of comments. This need to tell and retell the story many times was noted by Payne (2002).

Vivian felt that others did not value the life of her brother because of his difficulties with drugs and alcohol. Several people commented to her and asked her whether or not her brother had been using drugs when he died. In spite of the fact that her brother was drug and alcohol free when he died, she considered this a hurtful and irrelevant question. It made her feel “as though he made the choice to die, so it must not hurt as much.” She shared that the most helpful thing
that was said to her was when an aunt told her what a support she had been for her brother. She shared that it took her several years before she could use the word suicide and still does not use it often as she feels judged by others when she tells them her brother took his own life. This experience of the stigma of suicide is consistent with the explanation given by Rynearson (2001).

Lynn shared that some comments made to her were helpful while others were not. One comment made by several people was that her husband died doing what he loved to do. She said that while she was glad that he was doing what he loved, she knew that he had asked her to go with him so that comment was a confusing message for her to hear. She felt comforted by all the people that “packed” the funeral and by the support and care expressed by his co-workers, but said that the one statement that angered her was made by several individuals that stated “it must have been his time to die.” Lynn expressed that she could not believe that a loving God would choose to take such a young man and cause so much heartache for the people that loved him. Kubler-Ross & Kessler (2005) stated that a sudden death frequently causes an individual to question their religious beliefs.

Dave received many cards from his students as he is a high school music teacher. He realized that most high school students do not understand the concept of death, but the cards that said, “We hope you feel better soon,” demonstrated to him a complete lack of understanding. He said, “You never feel better after you lose your mother, you just learn to live with it.” Dave did go on to share that one of the best things was the one student that wrote “nothing is ever lost, just re-arranged.” He felt understood by this comment and said that it has stayed with him.

Sharon said that many people sent cards with personal messages and memories of her dad and that helped the most. She wished that more people had come to visit after the funeral, but the people that did come shared stories that showed how much her father was loved and this was
comforting to her. She does not remember anyone making any comments that were upsetting to her, but she shared that she thinks there were times when her mother was hurt that so many people loved her dad and her mother did not think that she was as valued. As a result, Sharon’s family held a big surprise birthday party for her mother on her eightieth birthday so that her mother would know while she was still alive how much she was loved and valued. Sharon said that the experience of losing her father made her much more aware of the need to let people in your life know that you care about them.

John could clearly remember the one thing that stood out to him was the comment made by an aunt that said, “Your mother was a good person.” He said that he has hung on to that statement his entire life. He still remembers how many people said at the funeral that they never paid any attention to all the fights between his mother and stepfather because they happened so often. He wished someone had paid closer attention and had intervened and possibly saved his mother’s life. He says that this forever changed his views on getting involved with other people and said, “I would rather stick my nose into the business of other people and have them get mad at me than to ignore someone that might need help.” Today, John is the director of a human services agency where he is frequently in the position of responding to others in need. John is an example of the last phase of recovery listed by Rando (1988) as the reinvestment of energies and emotions into other activities.

The stories and experiences of the bereaved individuals in this study share many things in common. It has been shown that sharing memories and stories of the deceased is a comfort to many survivors. The comments that were most helpful were ones in which the positive qualities of the deceased were expressed and how these same qualities are recognized in surviving family members. The comments that were not helpful to the individuals involved in this study were the
ones that expressed that it was the “chosen time” for the loved one to die and the belief of some that there is any circumstance that makes it easier to cope with the death of a loved one.

**What would you like others to know about your unique experience?**

The heartfelt stories shared when the participants were asked about their unique experiences touched a chord in this researcher. The written word on paper cannot convey to the reader the raw emotion expressed through the narrative stories shared by the participants of this study. There were times during the interviews when this researcher was moved to tears as the feelings and emotions surrounding the losses were re-experienced.

Most of the participants expressed that the experience of losing a loved one was the most difficult experience of their lives. Tom, the youngest participant and the youngest at the time of his loss, reflected, “I didn’t realize what I had lost at the time. At the age of twenty-five I am just now beginning to realize the full impact of not having my dad. His absence was a hole when I got married and my children will not have a grandfather.”

Elaine said, “Losing my dad was the hardest thing I have ever been through. I will never be the same without him. He was my rock.” According to Deits (2009), Elaine may need assistance in order to learn to live without the physical presence of her dad.

Sharon expressed that her dad continues to be a support to her. She frequently visits the cemetery, especially when she has a problem and would like her dad’s advice. She firmly believes that her dad guides her in her decisions and she feels his presence in her life. She said, “I don’t have to wonder what he would think about my life now, because I believe he knows. He watches over us and influences the choices we make.” Rando (1988) discussed the fact that a gravesite provides a place for some family members to visit the deceased and that this is one way that allows some families to maintain a connection with the deceased.
Lynn’s words echoed a loss of not only her husband and best friend, but the loss of her hopes and dreams. She was contemplative as she shared, “I have been a widow for almost seven years. I will most likely never remarry and have children. I will probably never return to teaching. I sometimes think about selling this house, but everywhere I look I still see my husband Bob and all the projects we completed together. This is not the life I had planned for myself.”

Lynn exhibited the characteristics of chronic grief as presented by Worden (2002).

Bobby shared sentiments similar to Lynn when he told of the impact that losing his brothers had on his life. He mused, “The actual losses were very hard, but the loss of future relationships was just as hard. My children never had any cousins and they lost the love of two uncles. My brothers would have loved my kids and I would have loved theirs. I wanted the same things for my kids that I had growing up- lots of extended family and get togethers. My whole life was different because my brothers died.”

The thoughts of a higher being directing their lives were shared by John and Greg. John believes that without the guidance of a higher being, he would never have been able to accomplish anything in his life after losing his mother at such a young age. He credits a higher being for the fact that he went on to graduate from college, marry and have two children. He shared, “I didn’t really have any purpose in my life for a long time, so I have to believe that someone or something else had a purpose for me. I think my mother would be proud of the way I turned out.” He talked about the fact that as an adult he went to visit the relatives that had treated his mother poorly because “I thought that is what my mother would have wanted me to do.” He is proud of the fact that he sent his younger sister an allotment every month to help her financially even though he says his sister never did anything for him. He brought his brother to live with him when his brother was in need and helped his half-brother to get a job, in spite of
the fact that his half-brother was the son of the stepfather that killed his mother. John believes that we are never given more than we are able to handle and he says he rationalizes, “There is always someone else that has it worse off than we are.”

Greg also credits a higher power and stated, “God must have needed me to do work for him. I was so lonely after my brother died that no one could fill that hole. It is still there, but it helps me to do for others.” Greg is a deacon in his church and a director of a human services agency. His life is devoted to giving to others. His life is an example of reinvesting emotions and energies as described by Rando (1988).

The two mothers that lost a child both talked about the fact that the most unique thing for them was learning that “you can never give up.” Sue expressed it the best when she said, “No matter how much pain you are in, you have to remember that others hurt as much as you do. It would be selfish to give up and add to the pain of others. My family still needed me. I had to be there for them and myself. Giving up, no matter how easy that choice might seem, is not an option.” Jackie echoed Sue’s feelings when she said, “You have to be strong and know that you will survive it. Find others that have gone through the experience and be patient with yourself. You have to know that others still need you.” Sue continues to give back to others through her work with children and Jackie is the leader of a support group for bereaved individuals.

Bobby, Lynn and Elaine all wanted others to know that losing someone you love forever changes who you are. They all expressed that no one is ever the same after going through the experience. In Bobby’s own words, “It just changes who you are.”

The perspectives shared by the participants about their unique losses clearly conveyed the difficulty of losing someone you love. However, the individuals that were able to find a purpose in their own lives and establish a new role for the deceased were able to make a better adjustment
to their loss.

**How do you help others to cope?**

The last question posed by this researcher was, “As a result of your experience, how do you help others that have experienced a loss?” All of the participants expressed the need for the loss to be acknowledged in some way. The greatest numbers of responses were a version of Sue’s words “just listen and be there.” Vivian expressed her message using the words, “Just sit still and listen. Don’t judge or try to explain their loss to them. Don’t ask what you can do for them, just do it.” Lynn reflected that she has become a better listener and said, “I am more careful of what I say to others now. I find that I relate well to other widows especially because I understand what they are going through, but I know that everyone’s experience is different, so I just listen without talking about my own experience, especially at first.” Jackie, the current leader of a support group, said, “Listen as many times as it takes. Hear their story over and over because others will get tired of listening and they need to tell their story again and again.” Jackie’s experience is consistent with the findings of (Payne, 2002; Hedtke, 2007; Hedtke & Winslade, 2004) who described the need of the survivor to tell and retell their story.

Greg added that in addition to listening, he always takes the time to write a personal letter to someone that has experienced a loss. He includes a memory of the deceased that he thinks the person might not know. He said that people have told him how much it meant to them to receive a personal story or memory of their loved one. Sharon said, “No one needs to say anything. Just sit and be there.” She also mentioned including a personal message when sending a card to someone. She told a story of someone she knew that had recently lost his father. She wrote them a letter and along with sharing memories of their father she told them that their feelings were
normal and that they could get through it. This intervention is presented in narrative therapy by Neimeyer, 2000; Hedtke & Winslade, 2004).

John explained his need to be the support that he never had to others experiencing a loss. He also said, “I always try to treat the people around me as though it may be the last time I will ever see them. Then, if anything ever happens, I will not have any regrets.”

The message from all the participants was very clear. The importance of listening, being there and sharing a message from the heart are interventions that anyone can do and will make a difference to a bereaved individual.

Discussion

This research study had several purposes as stated in the introductory section. This topic is important to this researcher, as the experience of bereavement is a universal experience that will affect all of us at some time in our lives. The main purpose was to hear the narrative voices of individuals that had experienced bereavement. Their unique experiences were then analyzed to identify common themes and compare them to the theories presented in the literature. The purpose of identifying common themes was to present effective interventions and strategies for dealing with bereaved individuals. Another goal of the research was to determine whether individuals that have lost a loved one break their bond with the deceased or maintain a bond in a different way.

The experience of the researcher

It was especially important to this researcher that the voices of the participants were heard accurately so their experiences, thoughts and feelings would be clearly understood by the reader. It was a difficult task to stay true to the experiences of the individuals, as the intensity of the emotions expressed to this researcher cannot be conveyed by written words on a page. There
were times when the raw emotions expressed were painful to hear. It was a humbling experience to sit with individuals that had experienced profound loss. The insights and openness shared with this researcher are a testament to the strength of the participants.

The demonstration of the resilience of the human spirit made an unforgettable impression on this researcher. The losses and circumstances surrounding the losses were all so different yet the feelings shared held many common echoes. The will to survive and overcome the painful experiences and move on to productive lives exhibited by each participant was mastered in different ways, yet each story held examples of individual strengths. One of the mothers in the study shared that at one point; she decided to take her own life. She swallowed a whole bottle of various pills. Ten minutes later, as she sat and waited for them to take effect, she looked around at her remaining family members and decided that she could not bear to cause them more pain than they were currently experiencing. She went to her bathroom and forced herself to vomit until her stomach was empty. This participant echoed the words shared by more than one participant that said, “You can’t give up.”

**Emotions and behaviors**

This study found that individuals that have experienced the loss of a loved one express many of the emotions and behaviors already documented in the literature.

The feelings of shock, disbelief and confusion were reported with the greatest frequency, which is consistent with the findings of (Glick, Weiss & Parkes, 1974; Kastenbaum, 1998; Rees, 1975; Weiss & Parkes, 1974). Guilt, especially in the cases of unexpected death, was experienced as described by (Glick, Weiss & Parkes, 1974; Rynearson, 2001; Worden, 2002). Six of the participants, representing half of the total number of the study, identified the emotions of anger (Deits, 2009; Kubler-Ross, 2005) and depression (Parkes, 1972; Parkes & Weiss, 1983;
Four of the participants reported denial, which was found to be significant by Worden (2002). The experience of visual or auditory hallucinations was reported by four of the participants, which is consistent with the findings of Conant (1996; Kastenbaum, 1998; Kubler-Ross & Kessler, 2005; Rees, 1975; Tyson-Rawson, 1996).

There were also four behaviors reported with enough frequency by the participants to be considered significant. These behaviors have all been previously reported in the literature. The first is visiting a place, where the deceased spent time, which was described by Nadeau (1988). All but one of the participants in this study reported visiting places where either the deceased had spent time or where they had spent time with the deceased. The second behavior is carrying objects that belonged to the deceased. This behavior was defined as “linking phenomena” by Glick, Weiss & Parkes (1974) and was reported by four of the participants. The need to be either over active or under active was described by four individuals and is consistent with the findings of Kastenbaum (1988). The last reported behavior found to be significant and consistent with the literature was the need to “do something”, especially in the case of men (Gray, 2005).

Interventions found to be helpful and not helpful

The bereaved individuals in the study were asked about things that they found helpful and not helpful. The most important intervention mentioned by all of the participants was their perception of the social support they received from family, friends, co-workers and community members. The need for the participants to be surrounded by family members and supportive people was expressed over and over again. No matter what kind of loss was experienced, the participants wanted and needed to be in the company of loved ones and others that shared their loss. Worden (2002) found this need to be common among bereaved individuals. One aspect of
social support frequently mentioned by the participants was their need to share stories and memories of the deceased with loved ones and others that knew them. Several of the participants found this experience to be the most helpful while others expressed their regret that this was not done often enough or not done at all. The need to share memories and stories of the deceased is considered one of the most important interventions used in narrative therapy by meaning reconstruction and loss theorists (Hedtke, 2003; Hedtke & Winslade, 2004; Neimeyer, 2001).

The remaining two interventions mentioned most frequently as being helpful all involved communications received from others. One of the comments found to be most helpful were positive comparisons made between the participant and their deceased loved one. Comments made comparing positive personality characteristics such as honesty were valued as well as comments comparing similar physical attributes shared by the participant and the deceased. One participant took pride in the simple statement that he is just like his dad.

The last intervention mentioned as the most helpful was receiving written messages from others. The statement was made more than once that a signature on a pre-printed sympathy card did not mean as much as a personal message. The messages that meant the most shared a written story or memory of the deceased. These messages were valued in the same way that story telling and sharing of memories in person were valued. This researcher did not find references in the literature that discussed oral or written communications from others.

One common experience of the participants was hearing comments that were particularly hurtful or upsetting. The most offensive category of comments were those made about disabled or chronically ill individuals, or those that had struggled with drug or alcohol use. These deaths were described as “stigmatized” by Doka (1989) and Rynearson (2001) found that the survivors
of these kinds of deaths did not receive the social support needed. The participants of this study confirmed the findings of these authors.

There were many other comments made to the survivors that were described as upsetting. These comments included references to the deceased being “chosen” or it being “their time” to die. These statements did not provide comfort to the individuals that they were addressed to but instead created feelings of injustice and unfairness that their loved one had to die.

What the bereaved want you to know and how they help others

A strong message shared by the participants was the fact that experiencing the death of a loved one is the most difficult experience to face and it forever changes who you are. Many of the emotions experienced at the time of loss were similar in the participants, but these emotions were handled and expressed in different ways. The participants all expressed, in one way or another, that they were forever changed by the experience. Some of them changed the way they interact with family members. Many changed the way they recognize and help others that have experienced loss. Some individual’s lives were changed dramatically and included a change in career, lifestyle or a different awareness of the importance of relationships. No matter what kind of loss, whether expected or not, caused extreme pain and all of the individuals had to find their own meaning in their loss. This conclusion is supported by the research done by (Bruner, 1990; Sedney, Baker, & Gross, 1994; Nadeau, 1988).

A significant finding of this study was discovered when the participants were asked how they help others as a result of their experience. The theme repeated over and over was listen, listen and listen. It was worded in several different ways; such as let others tell and re-tell their story, “sit and be there” or send a personal story or message of the deceased. This finding strongly supports the narrative therapy interventions described by (Hedtke, 2003; Hedtke &
Winslade, 2004; Neimeyer, 2000) and are also consistent with the goals presented by Worden (2002) in the task and stage theory. Glick, Weiss & Parkes (1974) found that women were more likely to need help dealing with their emotions while men could handle them on their own. This was not supported by the information shared in the interviews, in which the men expressed their need to talk about their loss as often as the women.

**Is the bond with the deceased broken or maintained?**

One of the main purposes of this research study was to determine whether individuals that have experienced bereavement break their bond with the deceased or continue to maintain some form of bond. As stated earlier in this document, task and stage theories believe that it is necessary to give up our attachments to the deceased (Kastenbaum, 1988; Lindeman, 1944; Worden, 2002). The phases described by Rando (1988) focus on the need of the bereaved individual to give up the attachment to the lost person and the life that used to be. Attachment theory also maintains that the final stage in the grieving process requires a detachment from the deceased in order for the individual to cognitively and emotionally deal with their loss (Bowbly, 1969; Fraley & Shaver, 1999).

The results of this study concluded that it is not necessary to break the bond with the deceased or to relocate the relationship to the past in order to recover from the experience of grief and loss. Many bereaved individuals do not break their bonds with the deceased. In fact, there are numerous examples given in the interviews that describe a continuing bond that exists between the participant and their loved one. One example of this bond was demonstrated by visits to the gravesite to ask for advice from the deceased and the individuals that felt that they were being guided or looked after by a deceased family member. It was reported by the participants that it was important to share stories and memories of the deceased. The need to
keep memories and stories alive is described by Hedtke (2003) as a way of maintaining a bond with the deceased. The individuals that described finding a purpose that honored the dead family member are referred to as examples of seeking strands of continuity in the relationship to the deceased described by (Hedtke, 2003; Hedtke, 2007; Hedtke & Winslade, 2004; Neimeyer, 2000). Another example of the continuing bond with the deceased is the need for individuals to find a way to give back to others to keep the memory of their loved one alive, described as finding new meaning in the life of the survivor by Neimeyer (2001).

**Implications for counselors**

There are many emotions and behaviors common to bereaved individuals as reported in this discussion section. The recognition of these emotions and behaviors as a normal part of the grieving process will help counselors to understand the myriad of responses that bereaved individuals may present. The stories shared by the participants also help counselors to understand that bereavement is a fluid process that does not follow linear steps to an ultimate end. Loss impacts the bereaved in different ways depending on a multitude of factors including but not limited to the nature of the attachment, the circumstances of the death and the social supports available (Worden, 2002).

This research study demonstrated the need for bereaved individuals to tell and re-tell their stories as previously discussed by Payne (2002) and Servaty-Seib (2004). The participants concurred with the most recent research that described active listening with the elements of summarizing, reflecting back, and paraphrasing as being a specific technique that is helpful to the bereaved (Hedtke & Winslade, 2004; Neimeyer, 2001; Payne, 2002; Worden, 2002). This information is significant to counselors working with bereaved individuals.
Limitations

This researcher considered the possibility that the individuals represented in this study were all very similar in regard to ethnic background, education and income levels. In a qualitative study of this nature, the researcher depended on individuals that volunteered to participate. Although it was the researcher’s intent to include greater diversity, it would not have been ethical to recruit participants in order to expand the range of differences represented. This fact may have been a limitation of this study, but it is also possible that extreme differences in the participants would have made it more difficult to analyze the data. It is the belief of this researcher that the experience of loss is universal, regardless of a person’s ethnic, cultural or educational background. This research study raises further questions about whether or not and how the feelings and experiences of grief may differ as a result of ethnicity, culture and education.

Another possible limitation of this study is the fact that the interview questions were developed prior to the literature review. This researcher would have included some additional questions based on the literature, but was unable to ask additional questions as the study was bounded by the questions as approved by the Institutional Review Board.

The last limitation concerns the fact that in any study done with individuals, there is always the bias of the researcher based on the researcher’s beliefs and previous experiences. In the case of this particular research study, the researcher has experienced the death of a loved one. Every attempt was made to prevent the researcher’s experience from affecting the interpretations of the participants, but it remains a fact that we all view the experiences of others through the lens of our own experiences.
Conclusion

The experience of bereavement is a universal human experience that everyone will have at some point in his or her lives. It may be anticipated or unexpected, but it will come to all of us. It will be a painful time in our lives and we will require many social supports. It will forever change who we are, but we will be able to survive it by understanding that it is a process that may not proceed in a linear fashion. The recognition of common feelings, behaviors, and experiences may help us understand that our own emotions are normal. It may be understood and accepted that our bond with our loved one may be maintained in a variety of ways as individual as we are. The character of the little prince, in the book with the same title, said it best when he said, “And when your sorrow is comforted (time soothes all sorrows) you will be content that you have known me. You will always be my friend” (DeSaint-Exupery, 1943, p.85).
References


Appendix A

Institutional Review Board Proposal
SUNY BROCKPORT INSTITUTIONAL REVIEW BOARD
Human Participant Research Review Form
Proposal #

Please follow these steps to submit your application.

1) Use these two pages as the first pages of your application.

2) If a Category 1 review send just the original, if a Category 2 send the original and one copy, if a Category 3 review send the original and eight copies (if faculty member/graduate student); only three copies and an original if an undergraduate student.

3) Deliver or mail to IRB Administrator, Grants Development Office, 6th Floor Allen, SUNY Brockport, 350 New Campus Drive, Brockport, N.Y. 14420. (585) 395-2779, irboffice@brockport.edu; fax number is (585) 395-2006.

Please type or neatly print.

1. **Investigator name:** Janalee Weaver
   Department: Counselor Education
   Phone Number: 315-789-7810 (home) 315-521-9720 (cell)

   E-mail address: jweaver@genevacsd.org
   Local mailing address: 3562 Savage Road
   Geneva, NY 14456

2. **Project Title:** Narratives from Grief Counseling: Client Perspectives on Effective Interventions and Strategies for Recovery

   Methods: Individuals will be interviewed and asked to share their narrative stories of bereavement and the strategies and interventions that enabled them to cope.
3. **College Status:**

Faculty/Staff: NA

Undergraduate Student: NA

Graduate Student: X

4. **If the principal investigator is a student, list name, department, and local telephone number of faculty supervisor. Please note that the Faculty/Staff Supervisor must indicate knowledge and approval of this proposal by signing this form.**

Faculty /Staff Supervisor's name: Thomas Hernandez Associate Professor

Department and phone number: Counselor Education 585-395-2258

5. **Check appropriate category of research project (complete after reviewing guidelines):**

   Category 1 (Exempt Review) ____; Category 2 (Expedited Review) ___________

   Category 3 (Full Review) ____X___________

6. **The Principal Investigator must sign this form.** (If the P.I. is a student, their faculty/staff supervisor must also sign this form).

I certify that: 1) the information provided for this project is accurate; 2) no other procedures will be used in this project; 3) any modifications in this project will be submitted for IRB approval prior to use; 4) I have successfully completed the required online IRB training program.

<table>
<thead>
<tr>
<th>A. Signature of Investigator</th>
<th>Date</th>
</tr>
</thead>
</table>
Project description: This project is an investigation into the ways that individuals cope with grief and loss. The objective is to identify common themes and coping strategies used by individuals that have experienced bereavement in the past or are experiencing it in the present. There is a significant reason to pursue research on this topic. The loss of a loved one has been referred to “as life’s most stressful event” (National Mental Health Association, n.d., p.1) and ”grief and loss related to death…often cause significant stress, psychological trauma, and emotional distress” (Sevaty-Seib 2004). The majority of the current literature on bereavement and loss focuses on the stages of grief (Elisabeth Kubler-Ross and David Kessler 2005) and the use of various counseling interventions that are used with individuals as they navigate these stages. This researcher will use qualitative interviews in an attempt to find a connection between the theories and current literature and the unique experiences of individuals. Everyone will at some point experience the loss of a loved one and this research will hopefully identify themes that will be of benefit to counselors working with bereaved individuals. The researcher will listen and tape
individual narratives and add the voices of these stories to find a connection between current literature and individual experiences.

1. Number of participants and relevant characteristics of subjects: This researcher will contact the leader of a bereavement support group and request volunteers from the group that would like to share their stories. Several individuals personally known to me have also requested inclusion in this research and their requests will be honored. Approximately ten to twelve individuals will share their stories through a narrative interview. The individuals that volunteer for an interview will be able to end the interview at any time. They will also be given the names and of individuals that they may contact if mental health support is needed following the interview. The results of the interviews will be reported in written form based on the narrative stories.

2. Selection Process: Individuals expressing interest in participation will be invited to share their stories. The first ten to twelve individuals expressing interest will be accepted. There will be no costs or fees paid to individuals for participation. Participants will be provided contact information at the conclusion of the interview should any participants wish to seek mental health support.

3. Status and qualifications of research assistants: There are no research assistants associated with this project.

4. Source of funding for project: There is no funding associated with this project.

5. Expected starting and completion dates for project: Project will start during the fall semester of 2009 upon approval from IRB and will be completed by April 1, 2010.
6. Attach copies of all questionnaires, testing instruments, or interview protocols, and any cover letters or instructions to participants.

7. Attach a copy of your transcript of completion for the online training course. I have taken the course and documentation is attached.

8. Anonymity/Confidentiality: Researcher will assign a pseudonym to each participant and this name with the actual corresponding name of the individual will be kept in a locked cabinet. There will be no identification on any written notes or completed project that would disclose the identity of individual participants. All notes will be shredded and tapes destroyed upon completion of the research project.

9. Consent Form: A consent form with all required information has been attached.

10. NA

11. Interview questions attached.

12. NA

13. NA

14. Form 404 attached.

15. NA

16. NA

17. Final version reviewed.
Appendix B

Form 404

IRB Proposal: Janalee Weaver

Form 404-Subject at Risk

A. In the process of sharing narrative stories of grief and loss, there is the possibility that individuals may experience a reoccurrence of the original emotions attached to the events.

B. It is my belief that the risks of experiencing potentially strong emotions is outweighed by the benefits obtained by counselors gaining understanding of effective coping strategies in order to become better equipped to deal with individuals experiencing grief and loss. The individuals participating will volunteer to do so and will be given the opportunity to opt out at any time. It is my belief that hearing the stories of individuals in their own words is superior to collecting data in any other way as the individuals can portray a richer story through dialogue.

C. Their right to direct the course of the interview and their ability to conclude it at any time will protect the welfare of the participants. They will also be provided with resources they may use should they find the need for mental health support at the conclusion of or at any time following the interview.

D. Legally informed consent will be obtained through the signature of the participant on a legal consent form prepared by the primary researcher.
Appendix C

STATEMENT OF INFORMED CONSENT

Narratives from Grief Counseling

The purpose of this research project is to examine some of the ways adults, 18 and older, cope with bereavement. Common themes of coping will be identified in an effort to better understand effective coping strategies. This research project is also being conducted in order for me to complete my master’s thesis for the Department of Counselor Education at the State University of New York College at Brockport.

In order to participate in this study, your informed consent is required. You are being asked to make a decision whether or not to participate in the project. If you want to participate in the project, and agree with the statements below, please sign your name in the space provided at the end. Your completed interview also signifies your consent. You may change your mind at any time and leave the study without penalty, even after the study has begun.

I understand that:

1. My participation is voluntary and I have the right to refuse to answer any questions.

2. My confidentiality is guaranteed. My name will not be written on the results complied and studied. There will be no way to connect me and the statements I make in any publication results from this research as I will not be identified by my real name.

3. There may be a risk of re-experiencing the feelings associated with bereavement as a result of participating in the interview. I understand that I may call the Mental Health Department of the county that I reside in if I need mental help support following this
interview or contact the primary researcher or supervisor at the numbers or e-mail
addresses at the bottom of this document. Ontario County Mental Health: 585-396-4363

4. My participation involves sharing my personal story of loss and grief with the researcher.
   I understand that the interview will take approximately an hour to complete but may
   be shortened or lengthened by the interviewee. The interview will be taped in order for
   the researcher to review them as needed. This tape will not be shared with anyone and
   will be destroyed at the completion of the project.

5. Approximately 10-12 people will take part in this study. The results will be used for the
   completion of a master’s thesis by the primary researcher.

6. Data will be kept in a locked filing cabinet by the investigator. Tapes and consent forms
   will be destroyed when the research has been accepted and approved.

7. I am 18 years of age or older. I have read and understand the above statements. All my
   questions about my participation in this study have been answered to my satisfaction. I
   agree to participate in the study realizing I may withdraw without penalty at any time
   during the interview process. Completing the interview indicates my consent to
   participate.

If you have any questions you may contact:

<table>
<thead>
<tr>
<th>Primary Researcher: Janalee Weaver</th>
<th>Faculty Advisor: Thomas Hernandez</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: Brockport</td>
<td>Title: Associate Professor</td>
</tr>
</tbody>
</table>
Signing your name below verifies that you agree to participate in this research project. You do not have to be audiotaped in order to participate.

Signature: ________________________________

I agree to being audiotaped as part of this research project with the understanding that my name will not be used on the tape and that only the Project Director will have access to the taped interviews.

Signature: ________________________________
Appendix D

Interview Questions

Project: Narratives from Grief Counseling: Client Perspectives on Effective Interventions and Strategies for Recovery

Time of Interview:

Date:

Place:

Interviewer: Janalee Weaver

Interviewee Initials and Assigned Pseudonym:

Position of Interviewee:

The purpose of this project is to examine the ways adults cope with bereavement in an effort to better understand effective coping strategies. The individuals interviewed for this project are volunteers from a bereavement support group. The individuals interviewed will be assigned a pseudonym to protect their identities. All written notes and audio recordings will be stored in a locked cabinet and destroyed upon completion of the project. The interview will take approximately an hour but may be shortened or lengthened by the interviewee.

(Have the interviewee read and sign the consent form. Turn on and test the recorder.)

Interview Questions: Although the answers to the following questions will be answered during the course of the interview, it is important to this researcher that the interviewee set the pace and lead the interview. It is their story to tell in their own words.

Tell me about your loss.

Who?
When?
Tell me about this person’s relationship to you.
In your own words, tell me the age and circumstances surrounding the death of this person.
Tell me about the emotions you experienced when you first learned about the death?
Tell me about your first reaction to the news?
Tell me what the funeral or memorial service was like for you.
Tell me about your strongest memory of that time.
Do you remember what those first few days were like for you? Can you describe one of those days?
Tell me how you coped during those days.
What do you wish could have been different during those initial days? How would that have helped?
Can you tell me one of your favorite memories or stories about the deceased?
Were you able to tell this person what they meant to you?
If that person were sitting here now, what would you like to tell them?
What was the one thing that helped you to cope the most? Tell me about it.
As you look back at your experience, what would have helped you if it had been done differently?
Tell me about something that someone said that was a comfort to you. How did that help?
Tell me something that was said at that time that was not at all helpful or was upsetting to you. How was that hard for you to hear?
What would you like me to know about your unique experience?
As a result of your experience, how do you help others that may have recently experienced a loss?

(Thank interviewee for sharing their story and again reassure them of the confidentiality of the research.)