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Grief as a Skill

by

Michael Sadowsky, B. A.

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

Committee Members
Rajeon P. Moone, Ph.D., LNHA (Chair)
Heidi Haley-Franklin, LICSW
Janet Dahlem, MA

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

This qualitative research study examined seven professionals' views on grief and loss and opinions regarding reframing grief as a skill. Seven semi-structured interviews were conducted to provide data for this research study. Analytic induction was used for data analysis, with the research question being "how is grief a skill?" Major themes included grief being something that is done instead of an affliction or just emotions. Barriers to grieving was a theme, such as: grief not being taught and being sheltered from death, cultural norms that discourage grief or socialize grief out of people. Another theme was the ways that grief is a skill, which involve willingness to authentically experience grief and all it brings, being changed by grief, and learning new skills to better cope with loss and grief. The last major theme was how grief can increase skillfulness as human beings. This included many changes, including deepened understanding of self, deepened understanding of and empathy for others, and deeper understanding of life itself, including a deepened appreciation and gratitude for life, finding meaning in loss, increased meaning and purpose in life, an ability to tolerate suffering and change, and other potential changes. These findings support previous studies about grief outcomes, but also add the dimension of exploring grief as a skill that can be learned. Further research will help workers in various helping fields who wish to work more holistically with clients who are experiencing major life changes, clients who are bereaved, or clients with end-of-life issues. In each of these cases, this research provides a useful framework to better assist clients with these difficult situations, as well as potentially providing a useful orientation towards grief for individuals, communities, and cultures.

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Marlowe

Table of Contents

Preface.....	8
Introduction.....	10
Literature Review.....	13
A brief history of grief	13
Types and consequences of grief	14
Physical effects of grief	16
Non-Western culture, grief, and ritual	20
Social Support.....	23
Models and treatments for working with grief	25
Mindfulness-based interventions	28
Grief, acceptance, and meaning-making.....	30
The role of suffering	33
Can grief be learned?	34
Summary and research question	36
Conceptual Framework.....	38
Methods.....	43
Research design	43
Sample.....	43

Protection of Human Participants	45
Data Collection	46
Data Analysis	46
Results.....	48
What is Grief?.....	48
Why Grief is so problematic?	50
Grief Difficulties/What Doesn't Help with Grief.....	55
Growth from Grief	59
Meaning in the Context of Grief.....	65
Spirituality.....	70
Grief in Western Culture.....	73
Helpful Ways to Approach Grief.....	78
Helpful Clinician Actions.	82
Critiques and Cautions Regarding the Research Question	85
Ways that Grief is a Skill	87
Discussion.....	95
Grief is Something that is Done.....	95
Barriers to Skillful Grieving	96
Skillful ways to approach grief.....	99
How Grief Makes People more Skillful Human Beings.....	103

Strengths and Limitations 108

Implications for Social Work Practice and Holistic Health Care 109

Implications for Policy..... 111

Implications for Future Research..... 112

References..... 113

Appendix A..... 123

Appendix B 126

List of Tables

Table 1. Participant Statements Suggesting Dominant Theme of What Is Grief?	48
Table 2. Participant Statements Suggesting a Dominant Theme of Why Grief Is So Problematic.....	52
Table 3. Participant Statements Suggesting a Sub-Theme of What Doesn't Help With Grief	57
Table 4. Participant Statements Suggesting a Dominant Theme of Growth From Grief	61
Table 5. Participant Statements Suggesting a Dominant Theme of Meaning in the Context of Grief	67
Table 6. Participant Statements Suggesting a Sub-Theme of Spirituality	71
Table 7. Participant Statements Suggesting a Sub-Theme of Grief in Western Culture	75
Table 8. Participant Statements Suggesting a Dominant Theme of Helpful Ways to Approach Grief	80
Table 9. Participant Statements Suggesting a Sub-Theme of Helpful Clinician Actions	83
Table 10. Participant Statements Suggesting a Dominant Theme of Critiques and Cautions Regarding the Research Question	86
Table 11. Participant Statements Suggesting a Dominant Theme of Ways that Grief is a Skill	90

Preface

The Young Man found himself on the bank of the Souris River, north of Minot, ND. The sun was setting, in that melancholy, gorgeous, almost endless way that it does on the Prairie, with oranges fading into red, red fading into pink, pink fading into all kinds of purples and blues. And blues...It was the only time He'd be able to call his mother. Hours had passed since He'd found out. He'd stayed home to finish up final projects for the college, while She had left in the early afternoon to make it to Her brother's birthday weekend. He planned to join in a day, after one last intense bout with homework before the semester was vanquished. That next day of joining came, but not as expected. Hours after She left, after a final I love you, a polite officer and chaplain visited. It was broad daylight, and no clear cause. She swerved, overcorrected, and the car rolled. A nurse who coincidentally drove by on the rural highway performed CPR on Her while paramedics rushed from dozens of miles away. Son, She was dead, and is there anything we can do for you? Have a nice day now...This darkness, heavy as a judgment. Yeah, now He should call his mother. Who knows how deep and isolating this hole will become if He doesn't do it right now? When she picked up, after some time, He was able to get out a "mom...[She's]..." before the shock left Him mostly incoherent.

Many thoughts and activities played out in the course of the next few days. He and His mother drove to Her parent's home, and He asked aloud how one could comfort the mother of a child lost, when oneself was experiencing loss. He met Her sobbing parents, Her numb siblings, Her aunt and uncle. He ate hotdishes, meat and cheese trays, and other foods left by neighbors and friends. He slept in Her teenage bed alone, waiting for miracles and ghosts. He heard rumours of an illegal steep drop from road asphalt to side curb, which may have contributed to the accident, and volunteered his time to document the scene of the accident, as well as the bloodied and extensively battered vehicle, before any insurance or vehicle company could compromise the evidence. He saw Her battered body, and later Her slightly more made-up body at the funeral. He had a last moment with Her before the casket was closed, and pressed a special necklace and stone into her hands. Soon after, family and friends tossed dirt upon the casket, hoping for some kind of closure.

And what to make of this whole thing? He had experienced loss before, in many forms. A family constantly on the move, leaving friends behind in early life moving from state to state. The loss and seeming betrayal of a best friend in grade school. The loss of a close and cherished uncle, who used to play basketball and trade baseball cards with Him and His brother and cousin. This uncle died by suicide; the loss so unspeakable that decades later the family can barely speak his name. The sorrow so unbearable to the grandfather, this uncles father, who witnessed and cleaned up the suicide scene; this sorrow that absolutely contributed to this grandfather falling to pieces at the mention of his son, and soon to his onset into dementia; this sorrow that absolutely scarred and shattered His own father, the older brother of this uncle. He Himself had experienced the loss of a grade school friend who died in a car accident in high school as a result of alcohol, and sat defiantly in the pew of a church who attempted to evangelize the death into a commercialized way to sell 'coming to Jesus' by asking all attendees to come forward to receive a rebirth, rather than focusing the life and loss of the deceased. He'd soon after experienced the death of another friend by suicide; a gunshot to the head after drunkenly crashing his truck. This friend had always seemed depressed and suicidal. Drunken nights with other friends attempted to make sense of the tragic even, and sometimes romanticize the whole thing, philosophizing

suicide as a rejection of social control...intense ways for young men to attempt to contend with the violent loss of a comrade, and what it meant to their own lives.

But what to make of this new loss? This Young Man had never felt so close to another human being. This Young Man had never felt so accepted by another human being. This Young Man planned to marry this other human being someday. His primary identity had become increasingly inter-webbed with Hers. He was lucky in life, and doing all the right things. What comes next? What happens to a lucky, clever, and hard-working life that is suddenly shattered by loss?

This Guy was told many things, and found no comfort. The gentlest of great uncles offered "time heals." This Guy defiantly replied back "no, time makes you forget." He was told that the loss was part of "God's plan," and defiantly replied that he wouldn't tolerate living in a universe where any "God" would arbitrarily and gruesomely kill a person for some purpose. Gone, now, was any beliefs in predetermination. When inquiring on his parent's insurance for antidepressants, he was asked "Do you really want to try those?" His feelings of sadness and depression were disenfranchised, turned into a sign of luxury and misunderstanding.

This Guy moved to another state after Her death. He couldn't bear to be in the same apartment where They lived, the same town where They built a life, attend the same college where They had both attended productions. He attempted to start over, and would pursue international journalism, planned to study in China, and planned keep moving. Instead, He would get a job on a cruise ship and explore the continent. He would date another person and try to start a new life. He was determined to not let this grief thing beat him, to slow down His life. Several months later, He was laying in the fetal position on the floor, on the day He had taken his first Zoloft dose that was found during work at an abandoned medical clinic. He was contemplating suicide and fighting for life. Logically being able to contemplate suicide was the only thing that kept Him alive during that ordeal. Anger at the disenfranchisement of His grief came later...

So what? Why does all this matter? Well, this Guy intuitively caught on to something despite his intentions to avoid and move on. He instinctively remembered birthdates and other personal dates. He naturally developed personal rituals and remember what came before. He tried valiantly to move past the loss, only to be tugged back in by personal emotions—and by others who graciously and less-graciously informed him that the life and death of Her was still very real and very present. After a time, it seemed clear to Him that you don't cut ties and simply move on from the dead. And what to do with who are lost? They don't validate and support us in the present...or do they? A lost car key doesn't explain what it does to us, but instead what we do to the key. Some would suggest that the loss of a loved one is similar, and that this explains much more what we do to them [who are lost] than they do to us. Who loses who? Maybe we can continue our bonds with those who are lost in meaningful ways?

And rather than push grief away, could we be instead be tenderized by the experience? Grief, although always deeply unwelcome, forces us—if we allow it—to a place of realizing the price of love, the value of life, the inherent non-entitlement of being alive, and what it costs for us to be alive in the way we are. Perhaps if we can comprehend the backdrop of the whole gulag of being alive, we can realize what a great gift we've been given. And realizing this great gift, perhaps we can continue to leave a legacy for future generations who may understand this, and who are grief-soaked, but gratitude-affirmed. Such a dream....

Introduction

Is grief something that happens to you, or something you do?...my [experience] has shown me that grief is not an inner feeling, not a complex little knot of inner feelings, not a coaxial cable of feelings...that is what sorrow, depression, loss and the rest are...grief is not a synonym for those things. Grief doesn't come from nowhere, an intrusion into the natural order of things. Grief is the natural order of things...Grief: a sign of life stirring toward itself (Jenkinson, 2015, p. 367).

Society's relationship to grief in the modern Western world is an uneasy one. This current society is often described as Modernist, which values reason, observation, continued progress, and--in medicine and psychology--has given rise to the "machine metaphor" for understanding human health and functioning (Stroebe, Gerge, Gergen & Stroebe, 1992). In this view, the belief is in an optimal and universal way of human functioning, with differences perceived as abnormal. Grief can be a very intense and disturbing experience for humans, and therefore seen as an interference with *optimal* functioning. As a consequence, the process of grief is often forestalled, medicated and pathologized, with people often avoiding the subject, and a quick recovery emphasized (Cornell, 2014).

Modern care for mourning individuals in North America tends to pathologize grief, with medication and talk therapy as commonly used treatments. Grief is considered an intrusion in our lives, and a deeply unwelcome event. Due to this, the primary focus of care is on what grief does to people, and how to prevent or alleviate the pain and difficult emotions that come with mourning. This view of grief has a lot of momentum: with the DSM V's recent removal of the grief exception from Major Depressive Disorder, the door has been further opened to treating grief as a mental illness in need of medication rather than as a normal reaction to loss (Wakefield

& Schmitz, 2012). While it's understandable that grief has come to be understood this way in a culture with a dominant biomedical model of human health, it is not a universal experience or understanding of grief among all cultures, past or present, and may be a sign that our culture is actually grief-illiterate.

The realities of death and grief are often avoided, or seen as losses or tragedies that are to be gotten over as quickly as possible. The biomedical model, with its emphasis on curing, views death as an inherent failure of life (Byock, 2002). Taken together, many Western individuals themselves are death-phobic or find themselves living in a death-phobic society. Death is an inevitability for all humans, and while there's a natural inclination to avoid this reality, other research, cultural practices, and wisdom posit that being willing to approach grief and loss may be a more useful approach to dealing with the deeply unwelcome realities of death (Cacciatore, 2013; Horrigan, 2003; Stroebe, et al., 1992; Thieleman, 2015). Previous societies derived much of their cultural identity from the way they grieved, as do some modern societies. Current thinking about grief therapy is stirring towards assisting in meaning-making in bereaved clients, and other experimental research suggests that engaging with death in a variety of ways may deepen peoples' appreciation of life (Heine, Proulx, & Vohs, 2006; Kablenz, 2015; Mendes, Goncalves, & Neimeyer, 2012).

The purpose of this qualitative research study was to explore societal and professional concepts of grief, and proposed redefining grief as a skill which can be learned, and which may add value to life. As Joan Halifax argues, contemplating and preparing for death is not morbid, but that "the actual preparation for death releases you into an appreciation for life and living" (Horrigan, 2003). Grief is an experience in which we encounter the stark reality of the mortality of loved ones, and by proxy, we must confront rumors and echoes of our own mortality. While

encountering mortality is an unsettling proposal in many ways, Stephan Jenkinson argues that death is “the cradle of [our] love of life” (Davis, interview with S. Jenkinson, n.d.). If this love of life is to grow, and if we become informed about death through grief, it seems necessary to foster the skill of grief in order to expand our ability to love life.

To better understand how grief can come to be known as a skill, a literature review exploring many facets of grief is presented. This literature review outlines a brief history of grief, types and consequences of grief, physical effects of grief, treatments of grief, non-Western responses to grief, social support and grief, the role of suffering, and explores whether grief can be learned. Next, the conceptual frameworks for this research is presented, which reflects social work values of strengths and empowerment, as well as a holistic health model of care which emphasizes attention to mind, body and spirit. Following this, qualitative discoveries of the research are outlined. Lastly, findings from the study and implications are discussed.

Literature Review

A brief history of grief

For hundreds of years there have been psychological studies and musings to understanding grief, with grief being attributed to many different external and internal causes (Granek, 2010). Freud wrestled with the concept of grief, and while concluding that there was a normal grieving process, he came to believe that grieving could become pathological (Granek, 2010). As part of an unhealthy grieving process, Freud (as cited by Granek, 2010) thought that hostile feelings toward the deceased were turned inward and resulted in “melancholia,” or depression (Freud, 1917).

Elisabeth Kubler-Ross helped bring discussion of grief into popular culture with the publication of her famous stages of grief model. This model presents five stages a bereaved person must pass through, which include denial, anger, bargaining, depression, and acceptance (Kubler-Ross, 1969). While these stages—or any stage model of grief—have been debated, it’s inarguable that Kubler-Ross’s publications had a profound effect on the way grief was understood and researched.

Like most phenomena with a long history of study, descriptions and understandings have become increasingly more nuanced and complex. Where Freud had begun to articulate a broad phenomenon called “melancholy,” modern descriptions of grief have grown to encompass many different types of grief, including normal, pathological, complicated, extended, acute, chronic, and many others (Prosser-Dodds, 2013). Many models and treatments have been proposed and used, many with success, yet grief continues to be a profound and confounding part of the human experience. Some research suggests that there is no universal timeframe for the cessation of grief, and that there is wide variation in the expression of individual grief (Currier, Neimeyer, &

Berman, 2008). Consequently, grief treatments and understanding of grief will continue to evolve.

Types and consequences of grief

Many negative health benefits are associated with bereavement. Among those studied are higher risk of mortality, compromised physical, social, emotional, and mental health, and higher consumption of medical care (Kersting & Kroker, 2010). Women are at higher risk of bereavement due to their longer life spans (Kersting & Kroker, 2010). Guilt and self-hatred have been documented as outcomes of grief. Miller discussed how bereaved persons often feel rage toward the deceased loved one, which then manifested as feelings of guilt for these feelings, self-hatred for having these feelings, and ultimately an experience of melancholia (1970).

Complicated Grief is a psychological phenomenon with more intense symptoms than is usually expected in the Western world. Symptoms associated with Complicated Grief include persistent yearning and longing for the loved one who died, preoccupation with thoughts and memories of this person that are disruptive to living life, avoidance of reminders of the death, self-blame, bitterness, or anger associated with the death, an inability to get satisfaction or joy from meaningful activities or relationships with others, and a deep, persistent sadness (Horowitz et al., 1997).

There's a strong connection between complicated grief and complicated spiritual grief. It's not uncommon for a bereaved person to have a spiritual crisis following a profound loss (Burke et al., 2011). Indicators of such a spiritual crisis include "the bereaved individual's sense of discord, conflict, and distance from God, and/or from members of his or her spiritual community" (Burke et al., 2014). In a qualitative study by Burke et al., participants reported a wide range of spiritual related changes after bereavement, such as feeling punished, betrayed,

lied to, abandoned, a general sense of “spiritual anguish” (2014). Many felt misunderstood by their faith community, and some subsequently avoided it, changed to or sought anonymity in a different faith community (Burke et al., 2014). Many also reported the need to comfort others, saying that their bereavement status made others uncomfortable (Burke et al., 2014). While the link isn’t proven, complicated grief may be a predictor of complicated spiritual grief (Burke et al., 2011).

It’s not entirely clear what the prevalence of different grief experiences are. Best estimates put the percentage of bereaved individuals who experience common grief, which causes moderate challenges to biopsychosocial functioning, to be between 50%-85% (Bonanno & Kaltman, 2001). Bonanno & Kaltman (2001) found that smaller subsets experienced minimal grief (between 15%-50%), and chronic grief (15%). Chronic grief was associated with symptoms similar to major depression, generalized anxiety, and PTSD symptoms, and persisted beyond 1-2 years after bereavement (Bonanno & Kaltman, 2001). Related to chronic grief, Shear, Boelen & Neimeyer (as cited by Prosser-Dodds, 2013) found that between 8% and 10% of bereaved individuals were at risk for developing prolonged grief disorder, which is an official diagnosis in the DSM 5 (2011).

Children and adolescents likely experience grief differently than adults. It’s estimated that 8% of children in the United States will experience the death of one parent before the age of 18 (Lancaster, 2011). Like adults, children have varied and unique responses to grief. However, these responses may be harder to characterize than adults’ responses, relative to Kubler-Ross’s stages of grief (Lancaster, 2011). Young children may not understand death as permanent, and instead see it as reversible (Lancaster, 2011). In addition, adults often attempt to shield young children and adolescents from death, which can deny them the right to mourn (Shoen, Burgoyne,

& Shoen, 2004). In adolescents, grief responses may vary. Some may withdraw from family and rely emotionally upon peers, or withdraw altogether (Shoen et al., 2004). Social and academic functioning can become problematic, and some may engage in risk-taking behaviors as a result of grief (Shoen et al., 2004). Self-perception can be changed too. Adolescents who experience a close death may feel different from their peers, which can be an isolating experience (Shoen et al., 2004).

Recently, there was controversy concerning grief and the latest edition of the Diagnostic and Statistical Manual for Mental disorders (DSM). The DSM 5 removed the bereavement exclusion from the current definition of major depressive disorder, and created a new disorder called persistent complex bereavement-related disorder. These choices are controversial because they may link grief closer to a mental disorder (Carey, 2012). Removing the bereavement exclusion could lead to some bereaved individuals receiving a false diagnoses of major depressive disorder (Wakefield & Schmitz, 2012). Additionally, some critics argue that the proposed persistent complex bereavement-related disorder is very similar to what many clinicians would consider normal grieving, and could threaten to over-diagnose or excessively treat what may in fact be a normal response to the loss of a loved one (Boelen & Prigerson, 2012).

Physical effects of grief

Grief is usually studied or talked about as a psychological phenomenon in medical, psychological, and academic texts, with common psychological symptoms including depression, anxiety, and loneliness (Kowalski & Bondmass, 2008). However, grief may not have always been approached in this way in this culture, but has become increasingly so during the last century with the increasing sophistication of the field of psychology. This societal tendency

neglects the connection between body and mind by minimizing attention paid to the physical aspects of grief.

Psychoneuroimmunology is an emerging branch of science that studies the relationships between behavioral, neural, endocrine, and immune processes (Ader, 2001). Studies show a bidirectional influence between the body, mind, and immune system, and thus indicate that it's important to take into account how each of these systems influences each other to truly understand a phenomenon (Ader, 2001). Therefore, for a truly holistic view of how grief affects people, it's important to understand how it impacts the physical body and immune system as well as emotional and mental functioning.

There is some documentation given to the physical effects of grief. Some common physiological symptoms reported were pain, gastro-intestinal problems, medical/surgical conditions, sleep disturbances, and neurological/circulatory problems (Kowalski & Bondmass, 2008). Biomedicine has an interesting term for one of the negative physical effects of grief, as listed in the DSM-IV-TR. *Takostsubo* is a term originating in Japan, and translates into broken hearted syndrome. It is the weakening of the heart's main pumping chamber, usually resulting from severe emotional or physical stress, and can lead to hospitalization or death (American Psychiatric Association, 2000).

Research is starting to show that there are many measurable physical effects of grief. The loss of a loved one can cause physical pain, as shown when Functional Magnetic Resonance Imaging (fMRI) tests were used to measure the brain's response to empathy exercises performed by study participants (Cheng et al., 2010). Results of this showed that imagining loved ones in painful situations produced greater activation in the pain matrix areas of the brain compared to imagining strangers in painful situations (Cheng et al., 2010).

The body's natural internal rhythm and processes can be altered by grief. A study done by O'Connor et al., (2012) compared a group of women with complicated grief (CG) to a group of those who had non-complicated grief (NCG). Complicated grief, broadly speaking, is a more severe, persistent form of grief. Study participants showed a flattened circadian curve, a dangerous condition that previous research (as cited by O'Connor et al., 2012) being associated with coronary calcification (Matthews et al., 2006) and mortality from breast cancer (Sephton, et al., 2000). Schultze-Forey et al., (2012) found that the severity of grief could influence the extent of stress response and impact pro-inflammatory cytokine production, which are markers of inflammation in the blood. While inflammation is a natural process in the body, chronic inflammation is associated with increased risks for adverse health effects. In particular, pro-inflammatory cytokines are associated with sickness behaviors in humans, including low mood (Dantzer, et al., 2008). Grief also appears to alter the immune function of bereaved individuals. Results of one study seem to indicate that NCG could lead to more aggressive immune system functioning, with those experiencing CG being at risk for suppressed immune function (O'Connor, et al., 2014).

Finding positive meaning in the face of a traumatic event may have positive effects for the immune system. Many people find meaning in their lives following a profoundly stressful event. Finding meaning can be described as "an enhanced sense of the value and importance of one's life, coupled with (and potentially inspired by) a more acute awareness of life's fragility and preciousness (Bower, et al., 2003). In a study of 43 women who had lost a close relative to breast cancer, higher levels of natural killer cells were found in those who placed greater emphasis on positive goals such as cultivating relationships, personal development, and striving for meaning (Bower, et al., 2003).

Some neurological research suggests that the process of letting go of a lost loved one may have some similarities to the sort of craving seen in chemical/drug addiction (O'Connor, et al., 2008). In one study, fMRI tests showed pain-related neural pathways in the brain were activated in participants who both had non-complicated grief and met the criteria for complicated grief (O'Connor, et al., 2008). However, there were differences in self-reported yearning. Participants with complicated grief expressed more yearning, and this was correlated with increased activity in the reward-related neural pathways (O'Connor, et al., 2008). This led the authors to question if dopamine may be involved in patterns of yearning in those who are bereaved, and why it can be so difficult to let go of a loved one who has died.

Being in close relationships may alter perceptions of self, with subsequent grief leading to a crisis of personality. FMRI tests found that imagining painful scenarios happening to loved-ones produced *less* activation of brain regions important for self/other distinction (Cheng, et al., 2010). The authors suggest that this is because there is an identification with the loved one. Previous research by Aron, et al., (as cited by Wang, et al., 2005), described being in a close relationship “as including the other in the self with regards to resources, perspectives, and characteristics (1991). This finding suggests a physical reason why grief can be so overwhelming to a person bereaved, as they lose both a loved one and a significant part of their personal identity.

Included in this section are just a sampling of studies that show some of the potential physical aspects of grief. It may seem intuitive to assume the psychological state of grief is the cause of the negative effects on the body. However, it's worth considering that the physical effects associated with grief may also be influencing the challenging psychological state(s) of

grief. Going one step further, it's worth considering whether treating the physical body might help to alleviate the effects of grief.

Non-Western culture, grief, and ritual

While there are many models and theories for coping with grief, it's important to keep in mind that members of different cultures likely have different norms and practices around grief. A person's own type of experiential culture will influence their orientation toward grief as well. Cacciatore & DeFrain (2015) propose a cultural building block model showing the cultural factors that can influence grief, including: biological culture, familial culture, elective culture (who we choose to be around), and experiential culture (individual ways in which we experience our culture) (p. vii). Different cultural practices, which may seem strange to outsiders, can be considered a strength and benefit to those within.

Contemporary thinking emphasizes a "good adjustment" to grief, which includes the breaking of bonds between the deceased and the bereaved, for the survivors to return to an autonomous lifestyle as quickly as possible, and for the bereaved to grow into a new identity that doesn't include the deceased (Stroebe, et al., 1992). While these views are widely accepted in Western societies, they aren't universal to all modern societies, and weren't even universal views in the Western world just one hundred-to-two hundred years ago. During the 1800's in America, grieving was the way of showing the significance of a relationship and the depth of one's own spirit, and dissolving bonds with the deceased would be a sign of the superficiality of the bond (Stroebe, et al., 1992).

Non-Western cultures have many different practices relating to loss. In China, with Taoist-influenced beliefs, relationships between the dead and living continue (Thieleman, 2015, p. 288). In Japan, individuals having a Shintoism or Buddhism background are encouraged in the

maintenance of ties with the deceased through religious belief and practices (Stroebe, et al., 1992). Maori culture in New Zealand values caring for the dead body at home, openness to talking about the dead, and including children in death-related rituals. (Thieleman, 2015, p. 288). Many Egyptians are encouraged to dwell profusely on their dead, while in Bali culture, those mourning are encouraged to laugh and be joyful to honor their dead (Stroebe, et al., 1992).

Outside of funeral services, grief and loss tend to be fairly private events in the Western world. This isn't true in all cultures, and involving the community in mourning practices can be an important part of healing. In Tibetan Buddhist culture, the "Bardo Thodol"—*the Tibetan Book of the Dead*—is read every day for 49 days to help the deceased pass on. Both life and death are part of uncertain life transitions called *bardos*, and during this 49 day period, offerings are left out for the deceased, cremation is a public event, and other related rituals are performed, usually involving members of the deceased's community. (National Film Board of Canada, 1994). Even in America, there are cultural differences in grief, and the responsibility that comes with it. In a qualitative study of Lakota elders, researchers noted a sense of collective social responsibility and emotional care associated with these participants, as compared to non-Native communities (Dennis, 2014). Many of these elders had shown great strength and resiliency by coping with the layers of grief, both in terms of personal losses and historical trauma, while also rising to the challenge of raising the young children in their communities whose parents had died. This caring for the young, or providing emotional care for others who had suffered losses, extended to a wide range of Lakota settlements. Comparatively, boundaries of collective responsibility and emotional care were considered much narrower in the white world (Dennis, 2014).

Rituals around death are in contrast to more Western trends of bereaved individuals being distanced from death. In the West, most deaths occur in hospitals or other institutions, rather than

at home (Thieleman, 2015, p. 295). There is also a lack of involvement in caring for the body of the deceased, the increasing commercialization of the funeral industry, and increased grieving through social media outlets (Thieleman, 2015, p. 295). Industrialization and globalization have led to shortened periods of mourning. In America and Canada, a person may take two days leave for bereavement after the death of a family member, receive an outpouring of support immediately after the death, and then little continuing support (Thieleman, 2015, p. 295). This is in contrast with many other cultures, where it is expected that mourning would last days or weeks, and could continue for months or years, requiring extended support (Thieleman, 2015, p. 295).

Interestingly, so-called “green” funerals and funerals at home are small but growing trends in Britain, Canada, and the United States. Green funerals or burials are growing fastest in Britain, with over 270 green burial grounds as of 2015, but similar trends are found in North American countries as well (Yarwood, Sidaway, Kelley & Stillwell, 2015). These growing rituals may represent a return to older traditions of death and mourning and burial, where graves didn’t have permanent markers, and/or may represent a growing understanding of the human body as an element within nature, and a desire to live and die in an environmentally-friendly way (Yarwood et al., 2015).

The small but growing trend toward home funerals may represent a rejection of the objectification of the body, as well as *closure* about the death. In the American funeral industry, the dead body is quickly removed and embalmed, with the preferred end result being a body that appears lifelike, yet sleeping, thus obscuring any indications of decay and horror (Hagerty, 2014). Contrary to this, home funerals display the body in its decay, which frames death as a process that occurs over days, where a corpse has a fading spark of agency and subjectivity

(Hagerty, 2014). For example, there are many accounts of bereaved individuals seeing a corpse breathe, which may show that body retains a spark of life for days after the moment of death.

(Hagerty, 2014). In addition, home funerals frame friends and families as those with authority over the care of the body, the timing of death, and over ethical demands of the end of life. This helps keep the body as a subject, rather than having it become an object, and can lead to a process that Hagerty (2014) calls “enchantment.” Enchantment paints death as a social process rather than a biological event, gives energy to the supernatural, and challenges the certainty that the dead are dead, with longer-term and more beloved relationships with the dead more possible (Hagerty, 2014).

Whatever their form, the use of rituals themselves can be a healing and culture-sustaining part of coping with loss. Rituals link the past and the present, provide scripts, give roles to survivors of loss, and help provide community support. They validate the status of being bereaved, encourage solidarity, and teach people what to do in times of loss (Thieleman, 2015)

Looking into these cultural differences highlights the need for clinicians to strive to provide culturally-appropriate interventions for those grieving, as different cultural groups likely have different norms and needs. For example, current psychotherapy and medication interventions used in America would be inappropriate for many members in Native American cultures, where holistic and spiritual elements are a major part of their identity (Thieleman, 2015, p. 296).

Social Support

Isolation that comes with grief may be a major problem. Neimeyer posits that many of the problems from bereavement come because of the reluctance of other survivors to engage with the bereaved person in mourning as a group (Neimeyer, 2001, p. 25). Connecting with others

was a challenge as well, with one study showing that participants experienced great existential loneliness and isolation, *even amid family and friends* (Cacciatore et al., 2014). Cacciatore et al., (2014) studied grief in the context of loss of a child, and speculate that time alone “does not seem to heal grieving parents, and what happens in the aftermath of a child’s death regarding clinical and social support, familial communication, and an ability to express emotions has an impact.”

Social support of various types seem to almost always be beneficial in grief. In a study of 19 participants, 100% said that group experiences helped cope with the process of grief (Koblenz, 2016). This effect was true years after the loss leading to grief, leaving Koblenz to speculate that this emotional support years later ran counter to stage-models of grief, which include an ending to the mourning process (2016). Children seem to benefit from open discussions about death and grief, rather than being sheltered from it. Raveis, et al., found that when one parent died, how the surviving parent proceeded made a major impact in children (1999). In particular, children fared better if the surviving parent was open and supportive, as well as being willing to have open dialog about the loss (Raveis, et al., 1999). Having a support network is important in coping with bereavement, but the importance of the quantity of support is up for debate. Norris & Murrell found that the quality of social connections may be much more important than the quantity of supportive people (1990). In this vein, support from “gentle others” can help, and this can often be found in community support groups or faith-based groups (when appropriate), where the person in mourning can be drawn closer to others who have experienced a loss similar to them (Cacciatore, 2013, p. 1).

Models and treatments for working with grief

The five stages of grief, conceived by Elisabeth Kubler-Ross, include: denial, anger, bargaining, depression, and acceptance (Kubler-Ross, 1969). These stages are widely accepted as the emotional stages experienced by individuals who are grieving. However, there have been challenges to this theory. George A. Bonanno (2009) argues that, “for the most part...facing one’s own death is not the best experience upon which to model how people cope with the loss of a loved one” (p. 21). Grieving for the death of a loved one is not the same as the grief a person may feel when confronting the reality of their own death. While the Kubler-Ross model offers a neat and tidy view of grief, Bonanno says the expectations that come with it can be more harmful than helpful. The stages “create rigid parameters for “proper” behavior that do not match what most people go through” (Bonanno, 2009, p. 21). If a person seems to be coping well, suspicion can be cast upon them for not going through the proper stages of grief, which makes their healing and loss more difficult to bear. Conversely, a grieving person may feel they aren’t doing it right if they aren’t experiencing the different stages in the prescribed order.

Interestingly, the stages of grief that Kubler-Ross developed may be more related to trauma than to grief. Jenkinson (2015) offers a compelling insight into Kubler-Ross’s theory in reporting that her ideas were influenced by research about survivors of the nightclub fire (p. 135). Kubler-Ross’s research, therefore, was based upon participants who had *nearly died*, not who were grieving. Just as facing death is not the same as grieving the loss of a loved one, nearly dying is not the same as grieving. Jenkinson muses that the people who escaped the nightclub fire “were subsequently experiencing what we could now call post-traumatic stress disorder” (p. 135).

There are challenges in treating bereavement with therapy. One study found that therapy is most often helpful for those experiencing complicated or traumatic grief, and is less helpful or potentially even detrimental for individuals experiencing less severe forms of grief (Neinmeyer, 2000). The authors suggest that less-severe forms may have a natural course of healing, and that the process of therapy may prolong the healing process or cause distress by focusing too much upon the loss. Cacciatore & Flint (2012) found that psychotherapy is not as effective for traumatic bereavement as for other problems. One potential reason for this, suggested by the authors, is discomfort on the part of the therapist for working with grief and death, as well as a lack of training for traumatic death. These studies suggests that some types of grief may require more help, and that meaning or interventions should not be recommended to or forced upon people with less severe types of grief. It also implies that different personality traits and contexts likely influence acceptance and experiences with grief (Prigerson & Maciejewski, 2008). In a dissertation that linked Myers-Briggs personality traits with grieving styles, Prosser-Dodds found significant differences between Extraversion/Introversion as a predictor of grieving style, with results likely showing that introverts “tend to gain energy through solitude and separating themselves from others rather than engaging choices made by extraverts” (2013). This seems to further disprove the potential of a universal grieving response.

A dual-process model of grieving has been proposed, where grief is seen as cyclical (Stroebe & Schut, 1999). Here, a bereaved individual cycles between coping with their loss and recovery from it, with no clear beginnings or endings of specific stages (Stroebe & Schut, 1999).

Building on the stages of grief model proposed by Kubler-Ross, Therese Rando published a stage model of grief, known as the *Six R's*. These include recognizing the loss, reacting to the loss, recollect and re-experiencing the loss, relinquishing the loss, readjusting to

daily life after the loss, and then reinvesting in life with the changes that have occurred (Rando, 1988).

Continuing bonds in particular is an important part of healing for many people. Detaching “from the object has obscured another aspect of the work of mourning, which is to repair the disruption to the inner self-other relationship caused by the actual loss” (Neimeyer, 2001, p. 21). Neimeyer calls this task “creating continuity,” and suggest that finding ways to maintain bonds with a lost loved one is an important aspect of moving through grief (Neimeyer, 2001, p. 21). In one study, participants stated that the loss would always be a part of their identity, but that the moving beyond and awakening to the urge to do something productive, were a major part of coping with grief (Kablenz, 2015).

Narrative therapy is also showing some efficacy for work with the bereaved. When a person is bereaved, their worldview is changed or shaken. An “active process of self-reorganization and adaptation to a new life story” is necessary in order to reconstruct a world that is balanced and significant for the bereaved individual (Alves, Mendes, Goncalves, & Neimeyer, 2012). This process is known as narrative therapy, and helps to create a sense of predictability in an unpredictable life. Alves et al. further describes how, as humans go through life, we construct narratives and an overarching story that gives order and meaning to our lives (2012). Bereavement throws this narrative into chaos, making the world unsafe, and prompting significant revisions to a bereaved individual’s meaning system. Research suggests that the inability to make sense of a loss is associated with “complicated, protracted grief symptomology” (Alves et al., 2012). With this knowledge, finding meaning in loss can be viewed as an actual, perhaps necessary, focus in grief therapy. In therapy, the process of change

happens when a person starts “wondering about characteristics of an alternative life” (Alves et al., 2012).

Writings by Dr. Alan Wolfelt (2007-2013) argues against the pathologization of grief, and instead, for it being a personal journey. Grief is an experience that changes a person’s life forever, which limits the effectiveness of recovery or resolution models of grieving. Instead, change is a necessary process, which involves a bereaved person to encounter and experience pain, finding a new inner balance (with closure *not* being a goal of the process), exploring and reassessing personal assumptions about life, and—for some—growing from the loss (Wolfelt, 2007-2013).

Posttraumatic growth also applies to the process of bereavement. Posttraumatic growth is defined as a “positive change experienced as a result of the struggle with a major life crisis or a traumatic event” (Posttraumatic Growth Research Group, N. d.). This growth can take several forms, such as finding new opportunities after a crisis, positive changes in relationships with others, increased sense of personal strength, and a greater appreciation of life (Posttraumatic Growth Research Group, N. d.). Posttraumatic growth can also take the form of spiritual growth, as reported by women who have experienced pregnancy loss (Krosch, Shakespeare-Finch, 2016).

Mindfulness-based interventions

Current research suggests that mindfulness-based approaches may provide some relief from the symptoms of grief. The goal of mindfulness is for a practitioner to attune to their own experience of reality (Cacciatore, Thieleman, Osborn, & Orłowski, 2014). One such approach suggested is the ATTEND model, a mindfulness-based intervention. This intervention is comprised of the following six elements: attunement, trust, therapeutic touch, egalitarianism, nuance, and death education (Cacciatore 2011). These elements are used by the therapist in work

with a client, and this approach aims for individualized care for clients rather than standard treatments. For clinicians in working with bereaved, it can be a challenge to connect with a bereaved individual, or the experience of being around grief can be difficult. Empathy can play a role in helping relate to another person's pain without being overwhelmed by it (Cacciatore, Thieleman, Killian, & Tavasolli, 2015).

The ATTEND model, in limited clinical studies, was shown to help promote deep connections between clinician and bereaved clients (Cacciatore et al., 2014). In addition, it helped promote increased tolerance of painful emotional states in clients (Cacciatore et al., 2014). This model is similar to other mindfulness-based interventions due to its goal of increasing emotional tolerance, helping clients respond with greater awareness, and decreasing reactivity (Baer and Krietemeyer, 2006, as cited by Thieleman, Cacciatore, & Hill, 2014). Thieleman, Cacciatore, & Hill studied this method, and results were positive enough to suggest that the ATTEND model may help alleviate distress in bereaved individuals (2014). However, a few participants showed higher distress after this intervention, which suggests that mindfulness-based interventions likely aren't universally appropriate for treatment of grief (Thieleman et al., 2014).

Alan Wolfelt proposes a Companionship model of grief care, which complements the ATTEND model. Wolfelt writes that a practitioner, rather than functioning as an expert attempting to cure grief, may be most helpful to a grieving person as a companion to them, along on their personal journey through grief (Wolfelt, 2007-2013). In this role, they can help facilitate creative healing, foster an awareness of how a person is changed by death, and when appropriate, help to foster growth (Wolfelt, 2007-2013).

While mindfulness itself is emerging as a useful practice, it is already incorporated into current therapy models, including Mindfulness-Based Cognitive Therapy, Acceptance and Commitment Therapy, and Dialectical Behavioral Therapy (Cacciatore et al., 2014). Further research into mindfulness shows that, in general, experience in mindfulness can help individuals pause and respond to internal states and external situations instead of reacting to them, which can help to strengthen emotional tolerance. This capacity may contribute to improved coping and well-being, as well as reducing distressing symptoms of grief (Cacciatore & Flint, 2012). Dr. Cacciatore (2013) writes that “mindfulness will not assuage grief. The pain will not leave, and you will not be suddenly healed...but it may give you the tools necessary to adapt to and integrate traumatic grief so that you are better able to carry its burden”

Tonglen practice may be useful in times of loss. Tonglen is a practice out of Buddhist tradition that, through meditation, involves taking in negative thoughts or energies, and extending positive thoughts or energies. Interpretations may vary, but a primary purpose of this practice is to increase personal tolerance and/or comfort with troubling thoughts or emotions (Halifax, 2003). Tonglen may be useful practice during grief, which can help stop the instinct to recoil from suffering, and instead learn how to enter into pain (Eckl, 2012). This can help to increase individuals’ capacity for compassion for themselves and others, by placing their own suffering within a larger context (Schuyler, 2010). While it isn’t convenient, death does provide a time to practice this skill, and for those who do, it can increase the compassion for others who suffer (Eckl, 2012).

Grief, acceptance, and meaning-making

The Meaning Maintenance Model proposes that humans have a need for meaning, which is predicated on perceiving events through mental representations of their perceptions of life. In

this view, death is a threat to meaning, as it signifies the end of perception (Heine, Proulx, & Vohs, 2006). Philosophically, in terms of existentialism, death is nonbeing (Byock, 2012). This corresponds with the view of modern clinicians, where death is an enemy to be conquered, and when it occurs, represents defeat or failure (Byock, 2012). Contrary to this view is the concept of “value heuristics,” in which perceived value increases relative to perceived scarcity. Using this model, death represents the scarcity of life, reminds people that life is a potentially losable commodity, and therefore has a strong relationship with life’s value (King, Hicks, & Abdelchalik, 2009).

Humans appear to be uniquely aware of their own mortality, due to their ability to conceptualize time and therefore the future, and social mechanisms have evolved as defense buffers against the terror of this existential dilemma (King, et al., 2009). Some defenses in Western culture include denial, suppression, avoidance of meaning in death, and a fascination with violence and gore in media (Byock, 2012). While defense mechanisms are widely used, humans also have a unique tendency to assign meaning to events or concepts in life, particularly when they cannot be overcome, such as in death (Byock, 2012). While it is inevitable that we all die, what is meaningful, and perhaps miraculous, is to die in fellowship with other humans. It may be that how we are with each other in the face of death may be among the most significant aspects of our humanity (Byock, 2012).

Actively learning about or thinking about death may provide some useful benefits. One study in which college-aged students were exposed to reminders of death resulted in more positive evaluations of life than for students who had not received these reminders or exposures (King, et al., 2009). Another study of students in Hong Kong promoted death awareness through death education. The study found increased positive attitudes toward life and death, and also

found that these increases in positive attitudes were associated with less death avoidance (Wong, 2009). Another study combined death education and mindfulness training to help prepare future clinicians to provide better care in death or grief related careers. Results of this death education and mindfulness course showed increased levels of empathy and mindfulness in students (Cacciatore, Thieleman, Killian, & Tavasolli, 2015). Provocatively, these studies show that actively engaging with the reality of death may promote a sense of increased valuing of life, and when life is considered valuable, death is not pushed out of awareness (King, et al., 2009).

Studies have shown that as grief decreases, acceptance increases, indicating that the two may be opposite sides of the same coin (Prigerson & Maciejewski, 2008). Where grief is a state of emotional unrest, frustration, and inability to accept the loss of something cherished, acceptance is emotional equanimity--the letting go of the struggle to regain what is lost or being taken away (Prigerson & Maciejewski, 2008). The inability to reach acceptance puts a bereaved individual at risk for complicated grief, which is associated with higher distress and dysfunction in life (Prigerson & Maciejewski, 2008). Interestingly, studies on grief therapy suggest that therapy is most often helpful for those experiencing complicated or traumatic grief, and is less helpful or potentially even detrimental for individuals experiencing less severe forms of grief (Neimeyer, 2000). This implies that different personality traits and contexts likely influence acceptance and experiences with grief (Prigerson & Maciejewski, 2008). Regardless of one's experience with grief, research suggests that the inability to "make sense" of a loss is associated with more complicated forms of grief, and that finding meaning in a loss can be viewed as critical for bereaved individuals (Alves, Mendes, Goncalves, & Neimeyer, 2012). Also, with no universal human reaction and experiences associated with grief and loss, it behooves clinicians and other professionals working with bereaved or people with end-of-life issues to understand at

least something about the spiritual, existential, and religious experience, as they relate to life's end (Byock, 2012).

The role of suffering

Western societies have much to learn about the wisdom and healing that can come as a result of grief, loss, and suffering. Suffering is often the most profound catalyst for change (Institute of Noetic Sciences, 2007, p 70). While there is a pervading belief in our culture that happiness is the main goal of life, New York Times columnist David Brooks writes that “people shoot for happiness, but feel formed through suffering” (Brooks, 2014). While the goal of happiness is to maximize benefits, suffering takes a person deeper into themselves “smashing through what they thought was the bottom of their personality, and revealing an area below” (Brooks, 2014). Suffering can take a person outside of himself or herself and give them an outsider's perspective, and can put life experiences into a moral context, whereby the person who has suffered tries to redeem the experience of suffering by turning it into something sacred (Brooks, 2014). Brooks (2014) muses about Franklin Roosevelt, who “became deeper and more compassionate after being struck with polio,” and Victor Frankl, who became an influential therapist and writer after surviving his experiences in the Holocaust. Brooks (2014) concludes that many people don't come out healed, but instead come out of the experience of suffering changed.

Interestingly, as grieving goes on, the heart may become ready to turn more fully toward the service of others. This is what Viktor Frankl calls “responsible action,” where the heart opens more fully in compassion to all suffering, which may lead a bereaved person to begin doing things such as leading support groups, random acts of kindness, volunteering, serving others selflessly, and other practices (Cacciatore, 2013, p. 1). For this to occur, the person must be

ready and feel more grounded, and may then be better equipped to turn the heart to the suffering other or toward a greater calling (Cacciatore, 2013, p. 1).

Can grief be learned?

It's unlikely that grief is a thing that has a universal impact upon people, but it may be the case that grief has some predictable effects upon people. Rando (1988) writes that people respond to grief and loss very similarly to how they have lived their lives (as cited by Prosser-Dodds, 2013). This suggests that some individuals may be more resilient than others. However, it's clearly a human trait to be able to change, which also suggests that learning to respond to grief and loss more skillfully is a capacity that can be developed. Working with grief has been found to be similar to physical health, in that it takes effort to get strong and maintain strength. Dr. Cacciatore writes that "Just like with exercising of muscles, adjusting to loss and integrating grief comes as a result of exercising emotional muscle...slowly, over time, the weight isn't as difficult to carry" (Cacciatore, 2013).

Stephan Jenkinson describes grief as "a kind of radical moral intelligence about what it means to be alive...a tenderizer of the soul" (Davis, interview with S. Jenkinson, n.d.). Jenkinson teaches that grief is a skill that increases in capacity from other people's willingness to exercise grief and "a willingness to be engaged by deeply unwelcome things" (Davis, interview with S. Jenkinson, n.d.). Learning grief as a skill is similar to how love is a skill, which is learned from being on the receiving end of love, and from practicing loving. Jenkinson describes grief and its lessons:

Grief is redemptive and opens up a chute of worthiness. [it's] a kind of midwife to deeper understanding of what it means to be alive and to be human...and knowing it's not going to last. There's no assuredness about life, so your ability to be

happy cannot be predicated on your life going fabulously well...happiness has to be derived from the fact that you're alive and it ain't going to last (Davis, interview with S. Jenkinson, n.d.).

In Jenkinson's view, grief has to be learned. It appears that something changes when people start seeing grief as a skill that needs learning. North American culture values quality of life, competence, and being in control. However, life is uncertain and unpredictable, and in truth humans only have limited control of their lives. Learning grief can teach people the skill of not being in control, and being able to find some comfort in life's ambiguities and paradoxes.

Current methods of treating grief in North America appear to be inadequate or misguided for addressing the emotional and spiritual needs of many people in mourning. With health being the only true concern of biomedicine, death is simply failing to heal, where either medical staff has failed to heal, or a patient has *failed to thrive*. Considering all living things die, biomedicine can paint life itself as a failure due to this eventual death. This is tragic, as it negates meaning both in death and also in life. Joan Halifax argues that contemplating and preparing for death is not morbid, but that "the actual preparation for death releases you into an appreciation for life and living" (Horrigan, 2003). In addition, contemplating death, the process of grieving can be an awakening and clarifying experience. Though unwelcome, allowing grief to happen can help people find incredible meaning both in loss and in life.

In the case of mortality, all living things may have a closer relationship to death than most humans are aware of. However, Jenkinson (2015) notes that "we can see plants and insects in the potting soil, but we can't see ourselves...can't see Uncle Frank...what the potted plant teaches us is that all living things need something to die in order to live...Death feeds life" (p. 371). Death feeding life is not a metaphor.

Coming to this realization that death feeds life can bring wisdom to our own lives. North American society celebrates individualism, happiness, finding our passion and getting our needs and wants met. Yet when we encounter insight into the nature of life, we realize that countless generations of humans, as well as billions of years of evolution and death on this planet, have made it possible for people to have the lives they know, love, and cling to. With this understanding may come tremendous gratitude, as well as “Wonder, awe, [and] the feeling of being on the receiving end of something mysteriously good (Jenkinson, 2015, pp. 56). Cultivating grief as a skill may lead to this capacity for gratitude and wonder that Jenkinson describes. This capacity for gratitude and wonder, in Jenkinson’s view, is the natural twin to the pain and suffering that comes with grief.

Summary and research question

The literature suggests that grief, while a universal human reality, it is not a universal experience. Nearly all humans will experience the loss of someone they love, yet the resulting grief manifests in many different ways. Different severities of grief have been documented, having major differences in outcomes, suffering, and care needed. Grief has significant effects on the brain, immune system, and body, and these effects are particularly significant for individuals with complicated grief. An individual’s experience of the world—genetic, cultural, experiential, familial—all impact how grief is perceived and processed. While many models and treatments have been proposed for the care of grief, everyone experiences grief differently, and treatments will continue to evolve with greater understanding and further research. Mindful speculation into contemplating death and experiencing grief has shown that engaging in these activities may open up a human capacity for understanding life more deeply, and developing a greater appreciation and/or love of life. While this mindful speculation has been made, and suggests that grief is a

skill that can be learned, no actual research exists on this topic. This research study asked the question: How is grief a skill?

Conceptual Framework

This research posited the question of how is the experience of grief, or how is the act of grieving itself, a skill? In the dominant Western world, grief tends to be regarded as an unwanted affliction, a deeply unwelcome experience, or even considered to be a negative emotion. It's viewed as a deficiency, and a thing to be overcome. A skill, in contrast to this, is an ability. It's an ability which suggests a person has the capacity to learn, gain knowledge of, and increase their skill set in. This development of skills is in-line with both the strengths perspective and empowerment perspective in social work, which encourages the development of resources to be more powerful on individual, interpersonal, and political levels (Gutierrez, 1994).

Approaching grief in this way aligns strongly with the strength-based perspective. Using this lens, there is a focus on identifying and then emphasizing a client's talents, skills, abilities, and hopes (Kim, 2008). This extends beyond the individual, as the strengths perspective also sees families and communities in the light of their capacities, talents, competencies, and values (Saleebey, 1996). This perspective began to take root in social work in the 1990's in part as a response to the widely-held view in the helping professions of seeing their clients/patients in light of their deficiencies. The helping professions often focus on pathology, problems, abnormalities, victimization, and disorders. Having this emphasis on what is wrong, missing, or abnormal can sometimes be destructive to clients/patients, and also reinforces a model where people seeking help are dependent upon experts for help, rather than their abilities to overcome problems using their own strengths (Saleebey, 1996). The irony of this situation is that, in the dominant Western culture, it seems almost unnatural to those working in the helping professions to look for strengths when they are being approached by individuals looking for help with problems. Contrary to this, the strengths perspective does not label service users as

dysfunctional, defective, or ill (Guo & Tsui, 2010) Grief is a condition that may be increasingly becoming pathologized (Carey, 2012). Given the tendency to not look for strengths in the helping profession, it seems possible that grief is actually a normal response to an abnormal situation.

Resiliency, according to Wolin & Wolin (1993) can be described as the ability to go on in spite of difficult life experiences (as cited by Saleebey, 1996). Given the strengths perspective focus on discovering, encouraging and cultivating a client's capabilities, rather than focus on their deficits, surely resiliency can be found when grief visits. Personal qualities and strengths are sometimes found and/or rendered in times of trauma. What people learn about themselves and others as they work to surmount difficulties can be useful for getting on in life (Saleebey, 1996). The strengths perspective promotes the power of each person to heal himself or herself with the help of their environment, and the need to align with the hope that life might really be otherwise (Saleebey, 1996). Despite bereavement, survivors may be able to heal themselves by channeling and developing their inner resources. This process of healing through grief may open up an entirely new way for people to understand themselves, others around them, and their world. It can lend the potential to give a person a more skilled and resilient orientation to their world.

Tied closely to the strengths perspective is the empowerment perspective. Empowerment is defined as orientation by which someone can take active, positive action in order to change their situations (Gutierrez, 1994). In this view, an individual or group is helped to identify and utilize the resources and abilities that they possess both within themselves and in their environment to deal with challenges or stressful life events (Saleebey, 2002). Hobfoll (1989) defines stressful life events as experiences that exceed the individual's capacity to respond

effectively (as cited by Gutierrez, 1994). An empowerment view is distinctly different from coping. Coping literature suggests that victims react to stress or stressful life events with feelings of self-blame and depression, and that they must manage these reactions. Empowerment literature, in contrast, shows how individuals have made efforts, in response to challenges or stressful life conditions, to improve societal conditions and social policy for both themselves and others (Gutierrez, 1994). Additionally, empowerment research suggests that stressful life events can be less debilitating when individuals are encouraged to identify with similar others, to develop specific skills, to understand the societal or institutional parts related to their problems, and to engage in change (Gutierrez, 1994).

In coping with difficulties, the desired outcome is to return to homeostasis, or to previous levels of social functioning (Gutierrez, 1994). However, should this be the desired outcome for life-changing situations, such as the significant loss of a loved one, or might it be more skillful to incorporate these life-changing experiences into our orientations toward life? The empowerment perspective emphasizes a person's ability to feel in control, as well as express and act upon goals and desires. It also emphasizes the development of new skills to gain more control on individual, interpersonal, and political levels (Gutierrez, 1994). This suggests that approaching grief as a skill, rather than something simply to be coped with, opens the possibility of improving conditions for both individuals and for others.

Lastly, this study will use a holistic health lens as a framework in which to view grief. Holistic health is an ancient approach to life that considers the whole person and how he or she interacts with his or her environment, rather than simply focusing on specific illnesses or parts of the body (Walter, 1999). Health is more than simply the absence of illness in this view. It emphasizes a connection of the mind, body and spirit, and that optimal health results when all of

the interdependent parts of a person are working together correctly (Walter, 1999). Further, it suggests that an individual's environment may also influence how well each of these interdependent parts work (Walter, 1999). These aspects of holistic health align with the research reviewed on grief, particularly the effects of grief in relation to treating the body (Cheng et al., 2010; Dantzer, et al., 2008; O'Connor, et al., 2008), mind (Bower, et al., 2003, Cacciatore & Flint, 2012; Prigerson & Maciejewski, 2008), spirit (Burke et al., 2011, Bower, et al., 2003; Stroebe, et al., 1992; Thieleman, 2015) and the role of culture/social support (Cacciatore et al., 2014; Cacciatore & DeFrain, 2015; Neimeyer, 2001; Raveis et al., 1999).

While grief is more commonly thought of as an affliction that needs to be treated, holistic health is useful for viewing grief due to its roots. Grief is likely to be a normal response to the loss of a loved one (Boelen & Prigerson, 2012). Walters (1999) describes holistic health as being based upon the laws of nature, where a whole is made up of interdependent parts. The earth is made up of systems, such as air, land, water, animals and plants, which are constantly interacting with each other. Changes to one part affects all other parts, and if life is to be sustained, the parts cannot be separated (Walters, 1999). If grief is "the natural order of things...a sign of life stirring toward itself," as Jenkinson (2015) writes, then it, along with death, is part of the make-up of being human (p. 367). Rather than be denied or pushed away, it's important to recognize grief as a natural response to loss. Ultimately, a holistic approach to grief is to *learn* grief as a part of life. With grief being a natural part of life, a holistic approach is to see it as affirming the natural order of things, rather than it disrupting the natural order of our lives. While the experience of grief can certainly be a disruptive force in life, it is, holistically speaking, a natural part of life.

Much has been written and researched about grief, but this previous work has generally viewed grief as an experience that befalls individuals or groups. This research explored grief as a

skill, a topic about which little is currently known. Padgett (2008) states that qualitative research models are especially suited to topics about which little is known (p. 15). Further, Padgett (2008) recommends qualitative methods for research that wishes to capture the lived experience of individuals or a group (p. 16) and for researchers who wish to merge advocacy with research (p. 17). Since not much is currently known about approaching grief as a skill, the lived experience of workers who interact with and care for people who are grieving was especially valuable for exploring this research topic. In addition, this research advocates for grief indeed being a skill, and seeks to understand *how* grief is a skill rather than asking if it is a skill. For these reasons, qualitative research methods, and the subjective experiences of people who work with the bereaved, were most appropriate for this research topic.

Methods

Research design

This study used qualitative methods to answer the question “how is grief a skill?” These methods were appropriate due to the person-centered nature of the research, which relied upon the subjective, insider perspectives of individuals who work with grieving people (Padgett, 2008). It sought to understand each participant’s professional and/or personal perspective on specific aspects of grief.

Sample

Research participants were recruited using snowball sampling. This type of sampling starts out with a few cases of the type of participant that is desired for the study, and allows these participants to lead researchers to new participants (Monette, et al., 2014). Using this method, the researcher researched and contacted potential participants via email, using publically available contact information. Information regarding the study and interested participants’ role in the study was described in the email, and the researcher’s contact information was also provided in order to allow participants to choose to participate. Additionally, the researcher asked participants to lead the researcher to other eligible participants. The researcher provided his contact information to the current participant so that future participants of interest were allowed to contact the researcher at their own discretion.

This study interviewed a mix of professional workers, researchers, therapists, and participants with a religious or spiritual orientation. Each participant specialized in grief care or grief-related subjects. Seven participants were interviewed for this qualitative study. Professional therapists, counselors and/or hospice workers were chosen for their clinical experience in working with bereaved individuals and families. Two participants with religious/spiritual

orientations were sought out and interviewed for their experience in working with grief in a spiritual context. Researchers with an expertise in grief were contacted for their perspective. Additionally, a therapist who works with Indigenous clients was contacted to bring in non-professionalized perspectives on grief. Four of the participants were female, and three were male.

Six participants were willing to be personally identified in the study, and one wished to remain anonymous. The participants are:

- 1) Elizabeth Giffin: Bereavement Coordinator at Hospice of the Twin Cities, Master of Arts in music therapy. She previously worked as a director for a hospital unit that specialized in care of patients with Huntington disease, and also has much experience working with patients with terminal illnesses.
- 2) Mitch Carmody: Writer, artist, grief educator and motivational speaker. He describes his vocation as “working with the bereaved,” and has written several books, hosts a radio show, and works with the Compassionate Friends Network and the Tragedy Assistance Program for Survivors of Military Loss.
- 3) Reverend Medhat Yoakiem: Associate Chaplain at University of St. Thomas and formally a chaplain at Hospice of the Twin Cities. He has spent his career working in hospitals and in Christian ministries. He was born in Egypt, has a master of arts in Middle Eastern Christianity, and specializes in Christian-Muslim relationships.
- 4) Dr. Natalie Marr: Clinical psychologist, and staff member at the Native American Community Clinic in Minneapolis, where she facilitates a grief support group. In addition to psychotherapy, she also has run psychoeducation group and has worked with criminal populations in a forensic unit.

- 5) Dr. Robert Neimeyer: Professor in the Department of Psychology, University of Memphis and active therapist specializing in working with the bereaved. He is the author of 30 books and nearly 500 articles, has served as editor of *Death Studies*, and he trains other professionals on grief related topics in national and international workshops.
- 6) Dr. Joanne Cacciatore: Founder of the MISS Foundation, which provides counseling, advocacy, research and education services centered on grief, particularly traumatic grief. She is also a practicing therapist, a professor at Arizona State University, has published dozens of research papers, and is the author of several books about grief. She describes her approaches to grief as “non-traditional, mindfulness-based approaches.”
- 7) Anonymous participant: Psychotherapist in active practice and adjunct teaching faculty in the Minneapolis/St. Paul area. She describes her practice as integrative, holistic and spiritual, and drawing from Buddhist psychology.

Protection of Human Participants

A consent form was created by the researcher based upon a template provided by St. Catherine University. The form was reviewed and approved by the researcher’s clinical research committee, and has standing Institutional Review Board approval for this research project. The researcher also completed a Collaborative Institution Training Initiative (CITI) program. This is a training program to educate researchers on the protection of human subjects, and completion of the program helps ensure that the researcher had appropriate knowledge on this subject before the study was conducted.

Prior to interviews with the study participants, the consent form was presented, reviewed, and the participant allowed to ask questions. Both the participant and researcher signed the

consent form. The form informs the participant about the nature of the study, procedures to be used, and any risks or benefits to the participant. It also ensures participant confidentiality if they wish to remain anonymous, asked if they wished to be personally identified in the study, informed them of the voluntary nature of the study, listed the contact information of the researcher, the researcher's chair member, the Institutional Review Board of the researcher's university, and showed the statement of consent (See Appendix A for complete consent form).

Data Collection

This research study used semi-structured interviews with participants, which occurred either in-person or over the telephone. Interviews ranged in length from 50-90 minutes. The interview consisted of nine standard questions for each participant, (See Appendix B), which began by asking about each participant's experience with grief, and personal and/or organizational philosophies regarding grief. This was followed by open-ended questions that allowed participants to freely share their experiences and thoughts regarding several aspects of grief. Finally, participants were directly asked to discuss the idea of grief as a skill, this idea's potential use for them as a professional, and possible implications for Western society.

Data Analysis

An analytic induction approach was used for data analysis in this study, with the research question being "how is grief a skill? Interview questions followed a course from open-ended to then specifically addressing the research question, and the participants opinions were used to test the theory of redefining grief as a skill. Two digital audio recording devices were used to record the interview, and the interviews were subsequently transcribed by the researcher. Transcribed interviews were analyzed and coded for themes using conventional content analysis methods. Initial codes were uncovered by listing each separate response next to their corresponding

interview question, and were then analyzed for manifest and latent content in order to determine emerging themes in the interview.

Results

The purpose of this research study was to explore the question “How is grief a skill?” Through qualitative data analysis, seven major themes emerged: 1) What is grief? 2) Why grief is so problematic. 3) Growth from grief. 4) Meaning in the context of grief. 5) Helpful ways to approach grief. 6) Critique and cautions regarding the research question. 7) Ways that grief is a skill.

What is Grief?

The first dominant theme to emerge was *What is Grief?* (See Table 1). Six of seven participants offered descriptions of grief, or what they believe grief is. These reactions ranged from describing grief as an emotion, a series of emotions, as a sort of psychological “wheel,” or as a cycle. It was described as a human universal, and as being part of the “landscape of being human.” Two participants related grief to change, saying it represents change or makes change possible. One participant correlated the severity of the grief reaction to how much the bereaved person had loved the person who died. Grief was described as a way of managing loss by one participant, and as a process of making meaning in a world that has been challenged by loss. One participant also described grief as being a process that should be supported, and not a problem that needs to be fixed.

Table 1. *Participant Statements Suggesting Dominant Theme of What Is Grief?*

Dominant Theme	Participant Statement
What is Grief?	<ul style="list-style-type: none"> <li data-bbox="391 1694 1370 1797">Giffin: “I want to call it like a wheel that people sometimes get on where it’s maybe a wheel of guilt, or fear, or disbelief...ruminating on the idea,

on a fear, on a regret.”

- Cacciatore: “Grief is an emotion...a human emotion that brings other emotions...a way to describe sadness, despair, rage, anger...it’s innate.”
- Carmody: “It’s directly correlated to the amount of love you put into a relationship. If you have intense love, you have intense grief.”
- Anon: “It’s part of the landscape of being a human being...it’s a part of change...it makes change possible”
- Anon: “It’s not just death...it’s changes we go through, like the loss of a dream or the loss of a partner.”
- Anon: “Grief is a cycle.”
- Anon: “I don’t see it as a problem to be fixed...it’s about supporting the process”
- Marr: “It’s a part of life...there’s grief for good losses, and grief for difficult losses in our life...Certainly there’s good loss. There’s kids that graduate from high school and are out of the house. There’s becoming an empty nester. There’s grieving a job, finding a new job even though you liked the first job you were at.”
- Marr: “Change represents some loss in our life.”
- Marr: “[a] way of managing loss.”
- Neimeyer: “a philosophy or conceptual framework for me is seeing grieving as a kind of process of reaffirming or reconstructing a world of meaning that has been challenged by loss.”
- Neimeyer: “It’s a human universal that is culturally distinct.”

	<ul style="list-style-type: none"> • Neimeyer: “[measures for grief are] depression...anxiety...separation distress...a person’s capacity to cry, comprehensibility in loss, different dimensions of meaning making...”
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Why Grief is so problematic?

The second dominant theme to emerge was *Why Grief is so Problematic* (See table 2). One participant described grief as innate in humans and something we’re born with, but becomes socialized out of people in the Western world. She elaborated by describing social constraints and pressures against grieving, an inability and/or unwillingness of individuals to stay with emotions, and an unwillingness to make space for grief. Individuals can begin to think they aren’t grieving correctly, and judge their grief reactions harshly. Some may shut down, avoid grief, become hardened in heart, and have an absence of meaning and purpose in their lives. Another participant described apathy as the most detrimental part of grief. He described the loss of control in grief, and how individuals become different people because of their loss, which can result in the loss of friends. He also noted the pressure in America to cut ties with the deceased, noting that people are expected to “bury [the deceased’s] life with their body.” Another participant discussed unique challenges of men and women in grief, saying that men may be perceived as weak for showing a strong grief response, and that women (in the Western world) may feel pressure to not show grief in order to avoid the stereotype of women being more emotional and vulnerable.

Different support for different grief was discussed. One participant spoke to an outpouring of support that results when a child has cancer, but the lack of support for more

stigmatized losses, such as suicide. Another participant noted the falling away of social support for bereaved people as time passes after a loss.

Lack of understanding and education about grief was discussed by several participants. One stated that it is a major disservice to isolate children from the grieving process. Another participant explained that many people don't know how to manage loss, which may be a result of not seeing adaptive examples of grieving and managing loss in their lives, or otherwise just not learning to do it well. She also noted that people often don't recognize losses, and that these losses that aren't grieved can cause problems. Historical trauma was also discussed in the context of Native American populations, and how grief from this can be the backdrop of many problems in these client populations.

From a researcher lens, another participant described the poor instruments used to study grief in the recent past, which likely has inhibited or limited improved understanding and treatment of grief. This participant also discussed difficulties for the bereaved both in making meaning in their relationship of both the pre-death and post-death incarnation of their lost loved one, and how to continue the bond. Having had a difficult relationship with the deceased can become problematic post-death for the bereaved. The participant described that when grief symptoms are very significant, it can traumatize the bereaved, and stunt their functioning, recovery, and growth. Lastly, this participant noted a provocative human dilemma: "we're wired for attachment in a world of impermanence." Humans need attachment and connection to survive, and so the loss of these attachments naturally will lead to difficulties.

Table 2. *Participant Statements Suggesting a Dominant Theme of Why Grief Is So Problematic*

Dominant Theme	Participant Statement
Why Grief Is So Problematic	<ul style="list-style-type: none"> <li data-bbox="418 411 1404 663">• Cacciatore: “I think we’re born with an innate ability to feel grief...I think when...the primary provider for a six-month old baby walks out of the room, and the baby screams in prostration, that is a form of grief...I think we’re born with grief, and it’s socialized out of us.” <li data-bbox="418 705 1377 1031">• Cacciatore: “The current model [of contending with grief in America] we use, individuals don’t want their grief, they don’t know how to stay with their emotions, the skillful art of EMDR or the skillful art of DBC or CBT, alphabet soup, isn’t working for these people and they think something is wrong with them.” <li data-bbox="418 1073 1386 1251">• Cacciatore: “We’re pressured by [our] social environment not to grieve, we tend to judge our own grief harshly, and then when grief comes we don’t make space for it.” <li data-bbox="418 1293 1370 1619">• Cacciatore: “At the social level they’re getting these social constraints, ‘oh you shouldn’t be feeling this way,’ ‘aren’t you over it yet?’, ‘you need to get on something,’ oh you’re not doing it right.’ This leads to avoidant behaviors, and then the person doesn’t experience real social support or compassion from self or others.” <li data-bbox="418 1661 1404 1776">• Cacciatore: “[people can] shut down. Their hearts become hard, they pull their energy in, and there is nothing, no meaning, no purpose...” <li data-bbox="418 1808 1325 1839">• Carmody: “We do a great disservice in the country by isolating our

	<p>children from the grieving process...grief is a normal part of life.”</p> <ul style="list-style-type: none"> • Carmody: “Apathy is the most detrimental part of grief...you just sit, you get apathetic, and nothing matters anymore” • Carmody: “We lose friends...we become different people....people want the old [self] back, but [they] are not coming back.” • Carmody: “You lose control when you’re in grief.” • Carmody: “[the support is] different! My son died of cancer. People who have kids who die of cancer, they get all the support in the world. They die of suicide, people run the other way.” • Carmody: “[It’s] a hard psychology for people to have. They think we need to bury their life with their body...” • Anonymous: “[grief] compromises our executive functions.” • Giffin: “[people] experienced a pretty major shift in identity, be it moving from married to widowed, parent of said child to not.” • Giffin: “Especially as time goes on, people often have the perception of the support they had immediately after the person they love’s death, falls away.” • Yoakiem: “Western and ancient, or third world, cultures don’t understand each other...the misunderstanding will lead to complete, wrong reaction...[to a person from a Scandinavian culture] loud grief...it’s like a threat...I’m concerned about my safety” • Yoakiem: “I think in ancient cultures, the male is the strong one. So...showing tears, or passion, or sadness, this very vulnerable feeling,
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	<p>they will be revealed as weak...and I know that there's some of the culture here too.”</p> <ul style="list-style-type: none">• Yoakiem: “in a more modern time [in Western culture] I think if female have a more hard time it's because she doesn't want to fit the stereotype of female as a vulnerable and always emotional, and crying easily.”• Yoakiem: “We lose control, and we don't know how to not be in control.”• Marr: “Grief is a major part of historical trauma, which is something that is kind of the water, or the background landscape that I'm working in at all times with [Native American clients].”• Marr: “I think a major thing I see is just people who don't know how to manage loss. Or who never had examples of people who have managed loss well in their lives....never see it as a kid then you don't know how to manage it as an adult, or even worse, you see more maladaptive ways of managing loss: drug or alcohol use, domestic violence...”• Marr: “Grief is something we learn to do, to manage the loss, and when we don't learn to do it well, we find that we have more difficulty.”• Marr: “A lot of people wouldn't be sensitive to [historical trauma] and it's probably another reason to blame the individual.”• Marr: “Sometimes...it's more of a spiritual absence that they don't have a way to make meaning of multiple losses.”• Marr: “Even if they were taught ‘this is how you deal with loss,’ they weren't taught to recognize [losses], and if they grieved them they would
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	<p>do better....the one's we're not paying attention to are the ones that tend to cause us the most problems.”</p> <ul style="list-style-type: none"> • Neimeyer: ” When we first began doing this work, there were almost no good measures of grief....these were really poor instruments....and then you had research on grief that didn't really measure grief at all.” • Neimeyer: “...accessing the backstory of the relationship. How now do I reorganize my sense of attachment to the one I loved and lost...all of these suggest a big part of grieving is working on the meaning of the relationship, not only in its pre-death incarnation, but also in its post – loss...how do we continue the relationship now?” • Neimeyer: “...problematically what do I with the disappointments in the relationship or the sense of betrayal, or my need to be forgiven by them for wrongdoing that I perceived in the aftermath of the loss?” • Neimeyer: “But where grief is very significant, then it can lead to a lot of existential questioning...however, the symptoms are really overwhelming...people can be traumatized, they can be preoccupied with the stress, they shut down, they're frozen, and you find very little growth in those circumstances.” • Neimeyer: “[as humans] we're wired for attachment in a world of impermanence.”
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Grief Difficulties/What Doesn't Help with Grief. A sub-theme of *Why Grief is so Problematic* emerged, which focused more specifically on approaches or aspects of grief that

cause difficulties. This sub-theme is *Grief Difficulties/What Doesn't Help* (see Table 3). Six of seven participants added to this sub-theme, and gave a variety of specific examples. One participant discussed the suffering that comes as a result of attempting to avoid suffering, which can have impacts on the individual, interpersonal, and social levels. Another participant discussed loss in the context of change, stating that often the loss goes unrecognized or the change isn't accepted, and that problems come from denying the loss and wanting to go back to what used to be instead of what the new reality is.

Another participant identified drugs and alcohol as hindrances, describing them as methods to not feel, or ways to disguise hard emotions. Another participant discussed the "bad clichés" often said to bereaved people out of good intentions, but which are actually detrimental. These clichés, or otherwise not being willing to be with another person's grief, are not only are they hurtful to the bereaved, but also represent an inability or unwillingness of the other person to handle the pain.

Elisabeth Kubler-Ross's five stages of grief were discussed by two participants as not being helpful. One participant described it as a linear progression, which can set people up for thinking they are failing. The other participant agreed, stating that people can believe they aren't grieving correctly because they aren't following the stages.

Being invalidated by culture was discussed. One participant discussed how certain types of grief are validated and some are disenfranchised. When grief is disenfranchised or possibly even not permitted, it can cause problems for the bereaved due to the lack of social support and negative reactions they may receive. Another participant noted the problem of isolation, and need for social support, stating that "without people we go bloody crazy!"

Table 3. *Participant Statements Suggesting a Sub-Theme of Grief Difficulties/What Doesn't Help With Grief*

Sub-Theme	Participant Statement
Grief Difficulties/ What Doesn't Help	<ul style="list-style-type: none"> • Cacciatore: “We suffer immensely as we try to avoid our suffering. Seeking to avoid our suffering is costing our culture, economically, socially, interpersonally, emotionally, mentally in every way. It’s costing us layer by layer by layer...there’s a price to pay for not feeling it.” • Cacciatore: “one of the things parents reported as being unhelpful in counseling...people were trying to find meaning, or their clinicians were trying to find meaning in their child’s death.” • Carmody: “If you isolate yourself, that’s ok. But if it becomes a couple of weeks, it becomes agoraphobia, and you don’t want to interact with others. We’re herd animals, we need people, without people we go bloody crazy!” • Carmody: “drugs and alcohol can impede the [grieving], because you’re not feeling. You’re disguising your emotions and maybe creating other emotions...those can be hindrances.” • Carmody: “...the five stages of grief by Elisabeth Kubler-Ross’s...they are for the death and dying, not for the bereaved. People were trying to apply them to themselves...they thought ‘what if I’m not grieving properly? Because [I’m not going] the stages?’” • Giffin: “I think the [five stages of grief] are still valid, but...it was this trajectory of a line we moved through and ta-da, we’re done, right?...it

sets people up for thinking they are failing.”

- Yoakiem: “There’s very bad clichés people use actually out of good intentions, but it’s a very poison thing...and actually [they] are telling people to shut up...because grief and sadness trigger things inside us we don’t want to be reminded of...we should ask ourselves why we’re so fast about shutting people down and not letting them go through grief. So when [we] react like that it’s telling [us] that there’s something inside of [us]...there’s some pain [we] cannot even handle.”
- Marr: “A lot of what underlies everything has to do with change, and the change being a representation of some sort of loss, because something is ending and something is beginning. Sometimes in those transitions we don’t deal well, especially when we’re not recognizing it as a loss. That we want to deny that it’s a loss, and we want to go back to what it used to be, instead of what is.”
- Marr: “I think when there have been multiple losses and no one has taught us how to get through those...we feel really stuck in a sort of emotional developmental state, much younger than our chronological age, and this can get us stuck in all sorts of areas in our lives, and personally not being able to raise our families to the extent that we would like to.”
- Neimeyer: “for example, some cultures tend to validate certain types of relationships and disenfranchise others. And so if yours is one of the invalidated relationships, you don’t have a right to grieve in a public

	<p>way, you're a same sex partner, or you're an extramarital partner, or in China, where parent's don't even attend their own child's funeral, because there's no tradition that leads in that direction on the generational scale."</p>
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Growth from Grief

A third dominant theme emerged, which was *Growth from Grief* (see table 4). All seven participants confirmed that grief can lead to growth, and provided examples of growth they have seen in their work. One participant described how humans grow, both because they want to and because they need to, and that grief is a powerful stimulus for this type of growth. Another participant agreed that growth comes from attempting to discover a new identity and learn to navigate a changed world after loss, and that learning to live with pain was a major growth area. A third described the growth from grief as a process of learning to survive, but felt it wasn't an achievement to glorify. A fourth participant explained that learning to manage loss better was itself an area of growth.

Becoming more authentically and fully human was discussed by several participants. One participant stated that learning to live with grief makes people human and gives them depth. Another commented that through grief we can learn to live a more authentic, vulnerable life, and that a sense of openness and connection to life can occur after painful losses. A third participant described how being changed by grief can lead to deeper, more authentic friendships. A fourth participant described how being vulnerable is a gift, not a burden, and that becoming more vulnerable is growth. Control was discussed, with two participants stating that a significant form of growth from grief is learning how to *not* be in control in life, or at least be less in control.

Learning resiliency and new skills is another area of growth discussed. One participant discussed how discovering ways for resiliency, self-care and nurturing was important, as was discovering how to reconnect with life after a loss. Another participant described how humans can learn new tools from surviving loss, which can nurture them in their continuing life. He believes this process can be a rebirth. He also believed that we learn new skills for being sensitive and articulate to others' pain, and that humans can grow in kindness after a loss. Another participant described many potential areas of growth, such as altruistically, in compassion, by being less self-centered, by having more purpose in life, deepened spirituality, an increased sense that life is precious, and even greater maturity and wisdom. One other participant also described his own growth as a result of working with the bereaved, and he feels gifted to work in a profession that helps him continue to grow.

Growth was also discussed in a metaphysical sense. One participant discussed how suffering can lead to an alchemical transformation, where individuals may transcend their previous functioning in life, begin living with a profound sense of meaning and purpose, and become a "force of compassion." She described this potential growth as transfiguration. She also quoted Rolla May by saying that individuals do not become fully human painlessly. Another participant described grief as a doorway, which can allow people to grow. She discussed a Chinese symbol that simultaneously means opportunity and crisis, and she believes grief holds this duality. When a loss shakes up a person's world, it is an opportunity as well. She feels that through the process of integrating loss, humans can be enriched by grief.

Table 4. *Participant Statements Suggesting a Dominant Theme of Growth from Grief*

Dominant Theme	Participant Statement
Growth from Grief	<ul style="list-style-type: none"> • Cacciatore: "...when people suffer...they can transcend their loss, they don't just return to a level of functioning they were at before the loss, but they transcend their place in the world. They are, in a very mystical sense, completely transfigured by the experience and they begin to live a life of profound meaning and purpose. And they shake shit up. Their heart is shattered into tiny pieces of compassion that move in and through the world. And they are a force of compassion." • Cacciatore: "Is it fun? No, but no alchemical transformation is fun. We don't go through the kind of suffering that creates a dramatic, dramatic, dramatic change...you don't to that change without pain. Rolla May says one does not become fully human painlessly." • Giffin: "There's personal growth that occurs through just having to learn a new identity, a new way of navigating through the world...I think all grief, when addressed, involves growth of some sort. It involves adapting to new roles, involves adapting to or revisiting one's spiritual/religious beliefs. And I think also if someone hasn't experienced grief before, it's learning to live with pain, which is huge and I believe life enriching, ultimately." • Giffin: "...it is what makes us human, makes us deep, as people learning to live with grief." • Carmody: "in grief, you get a whole new skillset...we learn new tools for

living.”

- Carmody: “you learn the skills of working with other people. Communication skills, how to talk to [the bereaved], how NOT to talk to them; learn things not to say. [grief can make people] much more sensitive and articulate.”
- Carmody: “searching for your skillsets. You don’t know you’re skilled until you do it. And once you find it [you] get nurtured by it.”
- Carmody: “We lose a lot of friends in grief...now some of the deeper friendships I’ve had in my life are with other bereaved parents, because we cut through all the crap...we talk, laugh louder, we make decisions quicker...we don’t sweat the small stuff.”
- Carmody: “I was in Newtown and people don’t accept the murder of their children. But...people can accept the challenge to survive...we don’t accept their death. We’d never accept that, maybe. But we can accept the challenge.”
- Carmody: “ [Doing kind things for others]...so that’s what you do...you start to feel better because you’re putting things out, not being so self-centered in all your misery and pain. It makes you feel better...we can grow in kindness.”
- Carmody: “we can change...you look at yourself and think oh my God, I have talent, I have depth I’ve never explored before...a rebirthing, a restructuring. You find, I’ve got all these talents, now I can rebuild my life.”

- Carmody: “in grief we lose control...we can learn to be less in control.”
- Yoakiem: “I’m very gifted to do a job like [work with the bereaved], and a job that is actually helping me grow. Because there’s big room for you to reflect on, [it’s] not just a job.”
- Yoakiem: “we still hold a lot of mystery in how we work as human beings, so we still do not know how to control that...I think that the growth is really more about how not to be in control. The temptation is...the business mentality, we want to get things done, we won’t to move on, but there are things that are not about what you want...deceiving our true selves by not being in touch with what is going on inside us.”
- Yoakiem: “Unless you face and treat [grief] as a real wound, then you are making things worse and worse. So the growth here is being in touch and being vulnerable, and admit, feel, talk, being open, find a place where you personally feel vulnerability is a gift and not a burden.”
- Yoakiem: “So we’re gaining skills not because we wish or we want or it’s a good skill, that’s how humans survive. It’s not a wish thing, it’s that we have to go through it. So I will not make it as a glory, you are gaining something.”
- Anon: “I just find that grief is a doorway, grief can kind of, it opens up all kinds of unprocessed stuff, or can be a time for people to grow.”
- Anon: “I really think that grief is, when we have difficult experiences, an opportunity. It’s like that Chinese symbol that is opportunity-crisis...so when things crack our world, or when something lands, or when something

happens in life, it shakes us up, it's an opportunity.”

- Anon: “I think how we integrate loss into our lives...I think you can be enriched by your grief. And I think you can have more compassion and understanding and care, you know, as the possibility if you're able to be with it. And I think when people are around for a while, they've experienced losses, it can really, you can become a kinder, more caring person.”
- Anon: “There's a connection that can happen across culture, across people...grief levels the playing field.”
- Anon: “...the vulnerability and the sweetness that comes after grief. So it's living an authentic, vulnerable life. And being a true human being.”
- Anon: “[Discovering] the ways for resiliency, self-care, nurturing, how do you get through...finding what reconnects you to life.”
- Anon: “I've worked with folks who've said ‘I'm in such an open state and vulnerable...I don't want to close again.’ It's like...it's painful, but [people] also feel so present and alive and touched so deeply by life...a person can feel a sense of connection.”
- Marr: “My philosophy is...is it happening well in your life or not? And if you're struggling then chances are that there are ways to do it that a little better, which is what I would say is the personal growth piece.”
- Neimeyer: “People do grow some just because they want to...we're motivated to learn and explore...and we grow not because we want to but because we need to. And when the world we once inhabited is decimated

	<p>or shattered and we need to put the pieces back together like humpty dumpty, that really is a powerful kind of stimulus for growth. And if you were to consider, look at the number of good works or charitable organizations that arise in the world, a huge percentage of them would be memorials or living legacies to people who have died.”</p> <ul style="list-style-type: none"> • Neimeyer: “[growth can occur] towards greater altruism, greater compassion, less preoccupation with self, more concern for the suffering of others. There’s also of course documented growth in terms of peoples’ capacity to define a broader meaning of purpose in life, a deepened spirituality, a sense of valuing life as precious, living for making moments count, a kind of reevaluation of values and priorities, movement away from materialistic concerns and towards more relational ones....greater maturity and wisdom.”
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Meaning in the Context of Grief

A fourth dominant theme emerged, which was *Meaning in the Context of Grief* (See Table 5). Five participants contributed to this theme, with four of them expressing hesitation about the need to make meaning of a loss in order to recover from it. One described a client who was healing from loss, but had difficulty finding any meaning in it. Another described meaning making as an end-stage of grief, and not one everyone gets to. She elaborated that attempting to make meaning of a loss early in the grieving process likely signals that the bereaved are denying earlier stages of grief. A third participant cautioned the use of language around meaning, stating that loss should not be glorified. The fourth described meaning as helpful, but not essential. He

elaborated that not all loss comes with major consequences for survivors, and that “[the bereaved] don’t have to search for what [they] haven’t lost.”

Participants described many ways that bereaved individuals can find meaning. One talked about how bearing witness to others’ pain and being part of a group led to meaning. She also shared an example of how a client found meaning by becoming an advocate for gun laws to help others after the accidental shooting of [his or her] own child. Another participant also discussed how meaning can take the form of taking better care of ourselves, of other people, and of the planet. He also described a process of “turning loss into legacy,” wherein the deceased is kept alive and present through what survivors say and do. This also can become a legacy to the survivor’s own life, which he described as motivating and empowering. Another participant described meaning in the context of describing the death story and the relationship to the deceased, and a process of identifying what life means after a loss. An example of this he gave was a parent who lost an only child who now wonders if they are still a mother or father. He also described the process of figuring out how to continue a relationship with the deceased as a part of meaning making.

One participant described loss as a challenge to personal meaning systems, stating that grieving is a process of “reaffirming or reconstructing the world of meaning that has been challenged by loss.” He also described meaning as a descriptive thing, signifying that it was neither a good or bad thing necessarily, and that all cultural and religious systems could be understood to be meaning systems.

Table 5. *Participant Statements Suggesting a Dominant Theme of Meaning in the Context of Grief*

Dominant Theme	Participant Statement
Meaning in the Context of Grief	<ul style="list-style-type: none"> <li data-bbox="391 447 1382 842">• Giffin: “I’m reluctant to say [finding meaning] is essential for healing. What is meaning? Is it memories? Is meaning that someone feels they are richer because of it? Is it because they feel like they understand life more deeply because of it?...I have a client who has autism. [To him] the death of his mother is meaningless, and agonizing...it’s hard for him to find meaning. But I feel he’s healing.” <li data-bbox="391 888 1377 1066">• Giffin: “I think reflection is essential for healing. So if reflection is equal to finding meaning, in terms of acknowledging that the death is real, then yes I think that is essential.” <li data-bbox="391 1113 1382 1291">• Carmody: “When we understand that we have everything we need to survive on this planet...when we take care of ourselves...then we’re better able to take care of other people and the planet.” <li data-bbox="391 1337 1398 1661">• Carmody: “We become a legacy to [the deceased’s] voice. We keep them alive with what we do and say. I talk about turning loss into legacy...so that’s a positive benefit of keeping someone’s memory present and alive. It’s [also] a legacy to your life...it’s empowering to accept it. If I can leave a legacy that will give me motivation to get off the couch.” <li data-bbox="391 1707 1386 1801">• Yoakiem: “be very careful of what the language...And there is no excuse, no glorification of loss, ok? Loss is loss, ok? Death is death...I think

nobody wants to go through grief and loss, because it is ugly, it is bad, its, there is no good I can say can come out of that...And the meaning is, I think is to, how do we live with the scars that will be with our life?"

- Marr: "I think that making meaning is a kind of end state in learning to process loss well. I think initially there's just the shock of it all, there's the kind of absorbing the sorrow...and then the next parts are coming into greater joy and sometimes even making meaning past those losses, because life keeps pressing along. I find it a very useful state, but not one everybody gets to necessarily... don't see people making meaning right out of the gate...if they think they are, they're kind of denying those earlier stages."
- Marr: "I know a person who accidentally shot their child during a home invasion...And this person learned to make meaning by becoming an advocate for gun laws, working with local gun opponent community...[they] had been completely able to transcend the pain of that grief by putting it in this meaningful context."
- Marr: "Some people will explain how they felt isolated in their grief and in our group, all of a sudden feel like they're bearing witness to other people, and so now they're making meaning because they can be part of this group that helps people."
- Neimeyer: "no, it's not essential...I think it's commonly the case, but personally we have to acknowledge that we don't have to search for what we haven't lost. And that's true whether we're talking about our house

keys or car keys, or we're talking about existential priorities or sense of identity...when we don't have to undertake any big existential search, life goes on..."

- Neimeyer: "We are attempting to find some kind of orientation to what is the meaning of the death, what is the death story, what is the meaning for my life now, what does it mean for me now that I've lost my only child, am I still a mother or father...the second track...[is] accessing the back story of the relationship. How do I reorganize my sense of attachment to the one I've lost, and the continuing bond...how do we continue the relationship now, what do we do with it?"
- Neimeyer: "I think one can understand cultural and religious systems as meaning systems...every culture has its own framework for meaning...inferring of legitimacy to some forms of grieving, and invalidating or even stigmatizing others...meaning is not just a good thing. Meaning is a descriptive thing. Even if it perpetuates injustice and marginalization of some, [meaning] always makes sense in the context in which it evolved. This doesn't mean we can't contest it and, in some sense, resist it, attempt to modify, to humanize it..."
- Neimeyer: "meaning systems are challenged and changed by loss....a philosophy or conceptual theoretical framework for me is seeing grieving as a kind of process of reaffirming or reconstructing the world of meaning that has been challenged by loss."

Spirituality. *Spirituality* is a sub-theme of Meaning in the context of grief, which was commented on by five of seven participants. One participant felt that spirituality is a “helpful frame for many people, except when it’s not.” A second participant described how people can survive grief without spirituality, but that it’s a tough journey and that “they seem much more bitter.” A third participant explained how grief can be a spiritual journey for some individuals, perhaps taking the form of a spiritual absence and inability to make meaning of loss, which then precipitates the journey. A fourth participant believes humans connect on a spiritual level when being vulnerable, and that it’s important to be vulnerable in grief. Another participant also discussed vulnerability, saying that heroes of the Christian Bible were “actually very vulnerable, broken, screwed up people,” Following this example, he teaches that it is good to cry, to be vulnerable, and to even be angry with God.

One participant, speaking through a Native America perspective, discussed what she called “truth through balance.” This considers the four quadrants, or mind-body-spirit-soul, and how an imbalance in one or more quadrants leads to ailments. Managing the ailment better comes from returning to balance.

Another participant, speaking from a Christian background, described faith as “a tool holding you above water.” He discussed how many people suffer due to expectations of how society expects them to be in grief, or what they believe or are told that God expects of them in grief. This participant explained that God is interested in authenticity, not in being fooled.

A participant with a Buddhist perspective described grief as a part of life, and not separate from it. She described her personal experience of grief as a blessing, which has come with time and experience. She believes it is a source of depth, spiritual connection, and

connecting with other people. She described this process as “suffering in a way that’s about love and connection and joy.”

One participant discussed how death and acceptance are a part of life, and how loss can decrease fear of death. He described how the grieving parents he works with, who believe in continuing existence (or grow to believe in continuing existence), no longer fear death after the loss of their child, and look forward to the coming reunion with them.

Table 6. *Participant Statements Suggesting a Sub-Theme of Spirituality*

Sub-Theme	Participant Statement
Spirituality	<ul style="list-style-type: none"> <li data-bbox="410 888 1239 989">• Carmody: “We connect on a spiritual level when we’re being vulnerable.” <li data-bbox="410 1037 1365 1289">• Carmody: “...those who [don’t] have the...the spiritual part, that connection to the universe, to our creator or whatever you want to call it...they seem much more bitter. Without [spirituality] you can survive, but it’s a tough journey.” <li data-bbox="410 1331 1398 1730">• Carmody: “Acceptance is a part of life. Death is a part of life. It’s not scary...we fear what we don’t know, we fear the unknown, so when you know what’s out there, it’s not so fearful. When you believe in continuing existence it’s not fearful. None of the grieving parents I talk to have a fear of death...we live for the day and enjoy it, and look forward to that reunion [with the deceased].” <li data-bbox="410 1772 1373 1808">• Carmody: “When you open the door to spirit, it just comes flowing in if

you allow it. All these other religions, everyone is trying to articulate something that can't be articulated."

- Carmody: "When you get into a vulnerable place with people...I call it sitting in the mud puddle with them."
- Yoakiem: "Be careful about language, especially fitting the theology of glorifying pain, like God is cleaning you. There's a lot of ideas—again I am speaking from a Christian background—that will trigger that."
- Yoakiem: "There is huge room in the Bible for people to cry, to be vulnerable, and most of the stories for heroes that we like to make them superhuman, they were actually very vulnerable, broken, screwed up people in life that did a lot of bad things...yes you can be mad [with God] because that's what you feel. Because in the end if you believe your God is a smart guy, whatever you think about you, you should think He would be interested in authenticity. He would be interested in how you feel, not how you fool Him."
- Yoakiem: "Your faith is a tool that is holding you above water...see it as a poison thing that's keeping them in their head, not being fully present, not fully vulnerable because of how [heroic] they feel they should be, or who their pastor or whatever their mentor is saying that is how they should be."
- Anon: "drawing from the Buddhist psychology of duality, or the wisdom traditions, it's just a part of life...even positive things like the birth of a child, there's change. So I don't see [grief] as separate from life."

	<ul style="list-style-type: none"> • Anon: “I see [grief] as more of a blessing. That has also come with time and experience, doing my own personal work and healing...it’s integrated and transformed...it’s a place of depth, spiritual connection, and connecting with other human beings...suffering in a way that’s about love and connection and joy.” • Marr: “sometimes [grief] is more of a spiritual journey...maybe they realize it’s a spiritual absence that they don’t have a way to make meaning of all the multiple losses they’ve experienced.” • Marr: “In Native American cultures they often talk about it as truth through balance. So the mind, body, emotion, and spirit continuum, the four quadrants, it’s talking about things coming back into balance, and so usually when people are experiencing ailments in one or another quadrant, you can assume some imbalance in how they’re managing things.” • Neimeyer: “I find that [spirituality] is a helpful frame for many people, except when it’s not.” • Neimeyer: “when the grief is very significant, then it may lead to a lot of existential questioning.”
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Grief in Western Culture. A second sub-theme of Meaning for the Bereaved emerged, which was *Grief in Western Culture* (see Table 7). All seven participants commented on this sub-theme. One participant described that in Western cultures—middle-class white Americans in particular being the dominant ideology--the major goal in grief is to return to normal functioning

and move on. He added that the goal “is to manage [grief], take it like a man, take it like an adult...get over it already.” A second participant lamented how vulnerability is seen as a weakness rather than a strength, and how expectations in the West are to “bury [the deceased’s] life with their body.” A third participant, who was born in Egypt and who specializes in Christian-Muslim relations, described several major differences as a result of living in both the West, and in what he referred to as ancient/third world cultures. He described third world cultures as being more connected, village-minded, having built-in social support for grief. The community takes care of the bereaved and any needs, so they can focus on grieving. In the West, there’s a push to return to normal functioning, and “the loss inside us is still there.” Additionally, rather than having built in social support, this participant explained how people have been replaced by organizations that will step in instead. He believes that grief moves faster “on the surface” in Western countries compared to third-world countries, but that it takes longer to heal from on a deeper level. Another participant added that she believes Western communities struggle the most with social support, which leads to relative isolation in grief, particularly in the context of the nuclear family system.

Avoiding grief was discussed by many participants. One explained how grief is compartmentalized in Western countries, which creates a false sense of separation between life and death. She also described Western tendencies to avoid, disconnect, or stay at superficial levels of harder experiences. Another participant described Western culture as impatient, and wanting immediate gratification or recovery from pain. These efforts to bypass or shortcut lead to hardened hearts and turning inward, and people becoming a “fragment of their former [self]. In her view, this is why maladaptive coping strategies develop, such as problems with alcohol, gambling, pornography, shopping, or food. She also mentioned how Western culture tends to see

growth, meaning, or other things of value as coming to us from outside of us, thereby minimizing the value of growth, meaning or insight that comes from within.

Another participant believes that other cultures or religious/spiritual practices may work more effectively with grief, saying that “they were taught to recognize what loss is and to give it its reverence, and to use the skills that they know to get through...” Another participant agreed, saying it is a great disservice to isolate children from grief, and believing that grief should be taught, even in schools.

While it’s easy to identify problematic practices and cultural norms in the West, one participant pointed out that these practices and norms are just another form of meaning making around loss. In this case, the meaning of loss is that it is an “intrusion into efficient relational occupational functioning, and then it’s something to be overcome and not get preoccupied with.”

Table 7. *Participant Statements Suggesting a Sub-Theme of Grief in Western Culture*

Sub-Theme	Participant Statement
Grief in Western Culture	<ul style="list-style-type: none"> <li data-bbox="370 1276 1404 1675">• Cacciatore: “we hurry, because we’re not a very patient culture...we want immediate gratification from our loss, and we don’t want to feel the pain deeply...we shortcut and bypass. And we end up, in my experience, people’s hearts harden, they pull their energies inside, they detach. They’re using alcohol or gambling, porn or shopping or food, or whatever, to cope. And they are now a fragment of their former selves.” <li data-bbox="370 1717 1404 1822">• Cacciatore: “The problem is that we live in a culture that wants to tell us these things [meaning, growth] come from the outside.”

- Giffin: “There are many communities that are sort of automatically supported and in place, and I truly believe that it’s the Western communities that struggle the most with built-in support...the more isolated we’ve become [as a society] in relying on technology, or even things like not going out to see movies anymore...I think that really creates an isolating experience when that nuclear family structure is affected by death.”
- Carmody: “Vulnerability is seen as a weakness...when it’s actually our greatest strength.”
- Carmody: “...they think we need to bury their life with the body.”
- Carmody: “We do a great disservice in the country by isolating children from the grieving process...I say we need grief 101 in school...we live with grief every day, so why not [teach] skillsets...? We get a toolbox for our car, for everything else we get tools.”
- Yoakiem: “In ancient or third-world culture, [it is] really very deep and connected...and since I came [to the West] one of my big challenges about thinking about who seems like they’re not caring that much about each other. I...understand that it’s just a system of replacing people by our organizations...we don’t have the time, we don’t have the effort, the energy, but we have the organization that can step in.”
- Yoakiem: “it seems [in the Western world], on the surface, grief moves fast. [In third world countries] it takes longer. I think on a deeper level, grief takes a longer time here and takes a shorter time there.”
- Yoakiem: “[In third world countries]...the community will take care of all

things you need to take care of, and you just need to focus on your grief...there is grieving on the surface, but because of the mass support, you'll move on in life. [In the Western world], we like to go nonstop. We have job, we have life, we have other things around us. So we're done with the logistic things [regarding grief], but the loss inside us is still there."

- Anon: "we compartmentalize grief, rather than making it a part of the landscape...[in Western countries] we create a false sense of separation, we make death itself a tragedy. We kind of keep it at bay, where in other cultures...you're walking around, you're breathing the smoke from the cremation fire while you're cooking dinner. "
- Anon: "We're a very addictive society, we like to fill up, avoid, disconnect, and so it's, like, bad. Don't feel, don't think too much...we tend to stay at a more superficial level in this culture. "
- Marr: "I do think that there are different family systems, different spiritual practices, different religions, different cultures, that [grieve] well. Or do it better than others. Because they were taught to recognize what loss is and to give it it's reverence, and to use the skills that they know to get through those things."
- Neimeyer: "In America, grief is under ritualized. We have this goal of pretty efficient return to normal functioning...life is for the living, you need to kind of let go and move on. It entails saying goodbye to your loved one...I think that is the majority cultural frame among middle class white Americans especially...the goal of grieving is the manage it, take it like a

	<p>man, take it like and adult, you know, get over it already.”</p> <ul style="list-style-type: none"> • Neimeyer: “I was just going to acknowledge too that [the Western orientation toward grief] is a way of meaning making around loss in our time. It presumes the meaning of loss is that it’s kind of intrusion into efficient relational occupation functioning, and then it’s something to be overcome and not get preoccupied with.”
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Helpful Ways to Approach Grief

A fifth dominant theme from participant interviews was *Helpful Ways to Approach Grief* (See Table 8). All seven participants added to this theme. One participant described the importance of authentically and fully experiencing both the light and dark parts of ourselves, stating that doing so makes us “more integrated human being[s].” A second participant noted the importance of attending to the body-mind-soul-spirit, which he calls the “four pillars of equilibrium.” A third participant noted the unique experience of grief that everyone has, and the importance of giving the grief space and time to take its own trajectory. She also highlighted the importance of approaching loss as something to be adapted to, not to be overcome or achieved.

Other participants also noted the importance of giving grief space, with one saying it is important for people to cry, scream and truly connect with emotions being felt. Another participant compared the grief process to constipation, explaining that a person experiencing it needs to “relax or it’s not going to happen.” A participant discussed how symptoms of distress can be so overwhelming for some clients that they can become traumatized and shut down. In those cases, he notes the importance of helping them to lower their distress first before approaching the grief, so that “reflective processing and adaptive action are possible.”

Most participants discussed how grief is a normal part of life, with one specifically elaborating on how this orientation can be a helpful way to approach grief. She explained that “Change always represents some kind of loss...it’s the underpinning of so much in our life...there’s difficult loss...but there’s good loss too.” She goes on to say it can be helpful to teach and learn how to prepare for grief, as it could allow a bereaved person to manage the loss better.

While several participants gave various descriptions of the process of grief, such as it being a circle, one participant described a model of grief in detail. He called it the S.T.A.I.R.S. model, which is a model he created. He comments that “The STAIRS model...instead of being a linear progression, it’s more like an experience. You can go up and down the stairs....S for shock...T for trauma....A for acceptance...I, the introspection, the insight, the intuition...R, I need to rebuild my life...the S, which is Serenity.” He describes shock, trauma, acceptance, introspection, rebuilding, and serenity as common and/or potential experiences a person can have as they progress through grief. A key aspect is the emphasis on being able to move from step to step, which is an essential distinction from the linear progression usually associated with Elisabeth Kubler-Ross’s Stages of Grief model, the latter of which several participants said can set bereaved people up for feeling they aren’t grieving in the correct way.

Three participants discussed how social support is helpful. One called social support a pivotal piece of managing grief, saying that “we share experiences as human.” She also discussed “yoking the burden” as being very helpful, which is being willing to “carry the loss and heaviness and the gravity of being with [someone] for a spell.” Another participant discussed how being in a culture that supports and/or has rituals around grief can be helpful, saying it “provides a sort of script for clients who are engaging in death and in grief.”

Table 8. *Participant Statements Suggesting a Dominant Theme of Helpful Ways to Approach Grief*

Dominant Theme	Participant Statement
Helpful Ways to Approach Grief	<ul style="list-style-type: none"> • Cacciatore: “Any time we are who we are, feel what we feel, without judgment, without trying to change it, and we learn to accept even the dark parts of ourselves, we’re a more integrated human being.” • Giffin: “Everyone’s grief experience is unique, and [Hospice of the Twin Cities] believe[s] that people ultimately need space and time to express their grief, and to live into their grief.” • Giffin: “Grief is not something a person works through and gets over, it’s something that’s forever and a part of their life. And that adapting to grief is what people do versus recovering from or accomplishing...normalize their feelings...there is no getting over it, and you have to be on your own trajectory, adapting to your grief.” • Giffin: “offer space to express it...give them permission to really connect with the emotions they are feeling from their grief.” • Carmody: “Body-mind-soul-and spirit. I call them the four pillars of equilibrium.” • Carmody: “...you start breathing better. And laughter, that’s why it’s the best medicine, because when you laugh you start to breathe better. Or when you start to scream!...the release of hormones helps with the release of pain. So everything we do is body based if we listen to it.”

- Carmody: “The STAIRS model...instead of being a linear progression, it’s more like an experience. You can go up and down the stairs....S for shock...T for trauma....A for acceptance...I, the introspection, the insight, the intuition...R, I need to rebuild my life...the S, which is Serenity.
- Yoakiem: “just creating room, let them cry, let them scream...”
- Anon: “This is kind of crass...[grief is] like constipation. You need to relax, or it’s not going to happen.”
- Anon: “Give people permission to grieve in their own way...[give] permission for them to not have it together.”
- Anon: “Just walking [can be] an awesome resiliency skill.”
- Marr: “Change always represents some kind of loss...it’s the underpinning of so much in our life...there’s difficult loss....but there’s good loss too.”
- Marr: “I think...if we are teaching this, we’re showing people that loss is a part of life, be ready for it, here’s some things you can do, we would probably manage it a little better.”
- Marr: “in our grief group...yoking the burden is really helpful...to just be able to carry the loss and the heaviness and the gravity of that with [someone] for a spell, in and of itself kind of helps people.”
- Marr: “having social support or whatever you want to call it, family, is such a pivotal piece. That we share experiences as human.”
- Neimeyer: “[There are] just the plenitude of ways in which cultures provide resources for people accommodating the struggles around grief...[they] provide a sort of script for clients who are engaged in death

	<p>and in grief.”</p> <ul style="list-style-type: none"> • Neimeyer: “we do find in our research that grief is maximized when the pain is substantial but not overwhelming...[when] the symptoms are really overwhelming, we find that people can be traumatized, they can be preoccupied with stress, they shut down...so you can help them dial down the level of distress to the point where reflective processing and adaptive action are possible.”
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Helpful Clinician Actions. Six participants discussed a sub-theme of Helpful Ways to Approach Grief, which was *Helpful Clinician Actions* (See Table 9). One participant felt that many therapists aren't prepared for the unique demands of working with grief. A second commented that therapists need to be self-aware, as their own experiences, losses, and personal work will be in the room with clients too. She added that a therapist being authentic with their own vulnerability, rather than keeping a professional façade, can be a gift to clients. A third participant discussed the importance of keeping a contained space, psychologically and emotionally, due to the vulnerability that a grieving person may be feeling. A fourth participant, however, commented about the importance of giving more space understanding to people who are grieving, saying they may have grieving needs or norms that benefit from having a strong grieving reaction. This extra space in the latter circumstance can avoid problems that can result from not allowing others to express their strong emotions, and potentially being seen as a threat to them. Understanding what a grieving client's unique needs are is important. A fifth participant discussed her believing it was a privilege to work with the bereaved, saying that “it's amazing how some people do come up with meaning [that] I never would have seen coming.”

Being cautious about expert status was discussed by three participants. One commented that therapists acting in the role of expert, or providing a lesson plan, is an approach that he doesn't find "very deep or engaging at all," and that it's more appropriate to "understand their world and struggles, in a way that confers the expertise on them, and then we see ourselves as mere consultants in the process." Another mirrored this, saying that people have their own wisdom and answers, and the therapist should be "encouraging others to explore their own wisdom." In this vein, a third participant strongly cautioned against telling clients that their grief will have meaning for them because "it's not my place...a clinician [is] supposed to simply hold space for the pain, and simply bear witness to the pain." Additionally, she cautioned against the premise of the grief being for a greater good, saying, "I don't think it's ever worth the price we pay. I think it's very important to validate that for people."

Table 9. *Participant Statements Suggesting a Sub-Theme of Helpful Clinician Actions*

Sub-Theme	Participant Statement
Helpful Clinician Actions	<ul style="list-style-type: none"> <li data-bbox="391 1236 1360 1486">• Cacciatore: "When I'm working with someone, I don't ever, ever, ever, ever, ever say anything like this grief is going to have meaning for you...it's not my place to stay...a clinician [is] supposed to simply hold space for the pain, and simply bear witness to the pain." <li data-bbox="391 1528 1373 1633">• Cacciatore: "I don't think [growth from loss] is worth the price we pay. I think that it's very important to validate that for people." <li data-bbox="391 1675 1373 1856">• Giffin: "encouraging [bereaved individuals] to explore a pretty contained space, keeping it contained because people are very vulnerable and their egos are pretty fragile when grieving."

- Giffin: “And that the idea is that people have their own wisdom and their own answers, and that a therapist doesn’t necessarily hold the answers, it’s about encouraging others to explore their own wisdom.”
- Yoakiem: “Give grief space...understanding others...then we’ll avoid a lot of the reactions that can create a big issue, just because we don’t understand.”
- Anon: “to be a therapist that is authentic...being willing to be authentic and acknowledge your own vulnerability versus having a professional persona...be a real human being, is just a gift.”
- Anon: “I think to do this kind of work...you have to do your own inner work...your own experience, any inner work you do, any spiritual work you do, just dealing with your own stuff, that’s in the room.”
- Marr: “It’s amazing how some people do come up with meaning, meaning I would never have seen coming...sometimes I just feel more privilege as a counselor to just be a part of that with these people. Just kind of bear witness to it.”
- Neimeyer: “[Many] therapists are not ready for the unique demands of grief.”
- Neimeyer: “I have mixed feelings whenever we see psychologists or other professionals being the source of wisdom that is given to others in the form of lessons or instruction. I think it’s actually much more appropriate...to understand their world and struggles, in a way that confers the expertise on them, and then we see ourselves as mere consultants in the

	<p>process...especially in an American cultural frame that emphasizes efficiency, and increasingly as we see in our political life kind of an authoritarian view of the indecision of the ways of being...in psychoanalytic terms, that is strongly embraced by many cognitive behavioral therapists for example, except I don't find that to be very deep or engaging at all, philosophically or therapeutically, so I tend not to practice it."</p>
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Critiques and Cautions Regarding the Research Question

While six participants found the research question to be a helpful way to approach grief, three had concerns about it, leading to the sixth dominant theme of *Critiques and Cautions Regarding the Research Question*. One participant simply asked whether grief was a skill, or whether it were a skillset, stating that "I'm not sure if skill is a wide enough lens." Another participant felt the research question could be a valuable approach, and while he found it attractive as a concept, he didn't "find it attractive as a lesson plan." He cautioned against psychoeducational training on grief as a skill, or in developing a series of things to teach and conform to. Likewise, a third participant offered a detailed critique of the research question from her perspective, saying that "it's like saying you can learn how to be angry, you can learn how to be sad. It's already there." Like another participant, she cautioned against coming up with a manualized method for skillful grieving, saying that it would reduce grieving to a person's individual ability and lead to blaming the individual if they were struggling. Rather than blaming the individual for their own grief response, she advocated for teaching "the culture not to be such asshats about grief." She also felt that post-traumatic growth, or other positive growth from grief,

	<p>posttraumatic growth researchers, or even Wortman’s critique of it, early mystics were talking about transfiguration...and then you’re certainly not talking about skills...I think the mystics would argue it isn’t something we cultivate, it’s something innate and socialized out of us.”</p> <ul style="list-style-type: none"> • Anon: “Is it a skill or a skillset?...I’m not sure if skill is a wide enough lens.” • Neimeyer: “I do think that when you are grieving is something you can do skillfully, or not, can be valuable [as an approach]. To me, that doesn’t really lead to a kind of psychoeducational training in grief...[not] a series of things we teach people, or need to conform to...I find [grief as a skill] attractive as a concept even if I don’t find it attractive as a lesson plan.”
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Ways that Grief is a Skill

The seventh dominant theme that emerged from the interviews was *Ways that Grief is a Skill* (See Table 11). While only six of seven participants thought that “Grief as a Skill” was a useful way to approach grief (See *Critiques and Cautions Regarding the Research Question* and Table 10 for critiques of the research question), all seven participants commented in direct and/or implicit ways about grief being a skill.

One participant defended the research question, stating “I think that it’s appropriate to think of life as something we can do skillfully or not...and grief is one context where that skill is...potentially...is very much in evidence, or lack thereof.” Another participant felt there was value in approaching grief as a skill, and described grieving “as [the] way of managing loss.” She believes that if grieving is a way of managing loss, then it is teachable, and is therefore a skill

that can be learned. A third participant liked the research question, partly because of the problems of viewing grief as an event. She commented that grief as a skill may be helpful because skills are something you have for the rest of your life, and that “grief as a skill differentiates it from grief as an event. I love that.”

One participant believes that humans can learn to be with grief (but qualifies that being with grief is an innate ability that is unlearned in Western culture), and that grieving individuals can learn affect tolerance. She believes that the key to grieving is learning to “accept my emotional state and approach my emotional state, and be with my emotional state...[and] the natural behaviors of healthy coping or restorative coping, come from my ability to make space for and accept my emotions.” A second participant agreed, describing what he called “proactive grieving. In proactive grieving, “you share a sacred space...you’re being totally vulnerable...[you] open up...and just bear everything.” He also said being skilled at grief was to “be vulnerable to the pain, but be open to the joy too.” A third participant agreed, stating that “letting it affect you makes you ‘good’ at it.” She elaborated by saying that grief should be able to come when it needs to, and that learning to live with and honor the loss is important, as it helps keep the deceased alive. However, this participant also compared grief to alcoholism, saying that one is never cured. She discussed the importance of learning to live with the grief, and compartmentalizing it, since people “can’t possibly focus on the pain [constantly] if you want to keep going.

One participant proposed many potential skills of grief and stated they may be:

being able to maintain relationships that are mutually [beneficial]. I think skills in being able to identify our own states of emotion and to experience what I call emotional literacy, and to be able to convey those experiences to other people,

and to read the need that's implicit in our emotions...I think behavioral and action skills would also be relevant as we are often put in a place of needing to reorganize our daily lives in the aftermath of especially life disorganizing losses...probably skills having to do with self-reflection, can be very helpful for people, at levels that are emotional, behavioral, meaning-oriented.

One participant agreed that learning to deal with grief well was a skill, but that learning to recognize what grief is was also a skill. A second participant discussed neuroplasticity, and how gaining new skills and rebuilding neuropathways was one of the skills associated with grief. This participant also felt that a skill of grief was learning to connect with other people who understand. Additionally, a skill of grief he described was "turning loss into legacy," and "accepting the challenge [of grief]." He felt that simply accepting the challenge of grief was skillful and empowering. A third participant felt that a skill from grief is learning "what reconnects you to life."

Self-care, connecting with social support, resiliency and growth were skills that many participant commented on. One participant commented that people get better by "focusing on self-care...seeking out sources of social support...sharing stories." Another participant said that skills of grief are "human resiliency, and the strength and capacity to be with what is unthinkable and unbearable...find some way to continue on." She continued by naming less skillful ways to get through grief, such as using alcohol, and noted how there are better ways to get through the process.

Several participants discussed how grief can connect humans. One participant described how "learning grief as a skill can help us be more empathetic human beings...and deepen our perspective of the human experience...[and] maybe help people be more sensitive to other

people experiencing grief.” Another participant agreed, believing that grief is “a skill [people] can learn from each other...seeking understanding...[and] understanding saves lives in the world.” He also felt that laughter, music and sadness were universal languages for humans, and that “when people understand you and your compassion, that’s all it requires for understanding.”

Several participants also discussed ways that grief can be a skill in a humanistic, spiritual or metaphysical sense. One participant, in the context of wisdom and spirituality, commented that “It’s kind of crass, but [grief is] like the alchemy of shit to gold. Sometimes I’ll even say that good manure makes the best veggies.” A second participant discussed transfiguration or post-traumatic growth, and said the bereaved need to be patient for such growth. She elaborated by saying “you can’t crack the chrysalis open too soon, or you kill the caterpillar. I think it was Lau Tzu that said that nothing in nature is rushed, yet everything is accomplished.” Another participant referenced Carl Jung’s Wounded Healer archetype, saying that a person who has become skillful at grief may “use...wounds not to be ashamed from it, not to keep your distance, but actually to make you closer to people.” A third participant commented that a skill learned from grief can be that a person is “more attuned to the intrinsic value of life.”

Table 11. *Participant Statements Suggesting a Dominant Theme of Ways that Grief is a Skill*

Dominant Theme	Participant Statement
Ways that Grief is a Skill	<ul style="list-style-type: none"> • Cacciatore: “Our ability to be with grief can be learned, because it’s been unlearned by our culture...I think we can learn affect tolerance.” • Cacciatore: “The key is being, learning how to, at an individual level, accept my emotional state and approach my emotional state, and be with

my emotional state, and then the behavior, the natural behaviors of healthy coping or restorative coping, come from my ability to make space for and accept my emotions.”

- Cacciatore: “[with transfiguration] we need to be willing to be patient, you know, you can’t crack the chrysalis open too soon, or you kill the caterpillar. I think it was Lau Tzu that said that nothing in nature is rushed, yet everything is accomplished.”
- Giffin: “I think that learning grief as a skill can help us be more empathetic human beings, understanding how pain can affect every aspect of our lives, or sleeping life for that matter, and can help deepen our perspective of the human experience, and that humans, the sort of cycle of life, maybe it can help people be more sensitive to other people experiencing grief for a wider variety of reasons too...we tend to, if we tend to them with love, we tend to let people into our lives, we want to be in other peoples’ lives because we understand the wounds they might be carrying as well.”
- Giffin: “I think hospice workers, as are people who have lost someone dear to them, are more attuned to the intrinsic value of life.”
- Giffin: “an alcoholic would never say I’m healed. So isn’t it the same thing? Isn’t our grief the same? Can we learn to live with, can we learn to...that we naturally start to compartmentalize maybe, as part of our lives because we can’t possibly focus on that pain [constantly] if you want to keep going.”
- Giffin: “the affecting you is what make you good at it. Letting it affect you

is what makes you ‘good’ at it, in quotes.”

- Giffin: “let grief come when it needs to...learning to live with it, and honor who you lost...it’s ok to continue the bond, and honor your own feelings of keeping them alive.”
- Giffin: “You can get better at grief by focusing on self-care...seeking out sources of support...sharing stories, getting together with other people who can talk about grief as well.”
- Giffin: “[Grief as a skill]...would move us away from the thought of feeling, because a skill is something you have for the rest of your life. So grief as a skill differentiates it from grief as an event. I love that.”
- Carmody: “So being skilled is rebuilding those neuropathways. Learning new skills.”
- Carmody: “We normalize [grief]. It is normal, it’s a part of life. I call it proactive grieving...you share a sacred space...when you’re in that space...you’re being totally vulnerable...open up, get out of the fetal position, and just bear everything. Be vulnerable with pain and joy. Humans, we can hold pain and joy at the same time.”
- Carmody: “Connect...with others who understand.”
- Carmody: “Accept the challenge [of grief]. It’s empowering to accept it.”
- Carmody: “Turning loss into legacy.”
- Carmody: “I say be vulnerable to the pain, but be open to the joy too. Don’t hide it...humans, we can carry joy and sorrow at the same time. That’s melancholy.”

- Yoakiem: “I love what Carl Jung said...when he talk about wounded healers....So use your wounds not to be ashamed from it, not keep your distance, but actually to make you closer other people...you are seeking connection.”
- Yoakiem: “[Grief is] a skill we can learn from each other...seeking understanding...understanding saves lives in this world.”
- Yoakiem: “laughter, music, I think sadness, is...universal languages...so when people can understand you and your compassion, that’s all it requires for understanding.”
- Anon: “It’s about resiliency, and human resiliency, and strength and capacity to be with what is unthinkable and unbearable, to move, breathe, be, through it, and to grate that into their lives, or find some way to continue on.”
- Anon: “It can be kind of crass, but it’s like the alchemy of shit to gold. Sometimes I’ll even say that good manure makes the best veggies.”
- Anon: “I think skills are to support...what reconnects you to life, what helps support you to continue, what are the self-care and resiliency skills that you can develop and learn.”
- Anon: “People are getting drunk, passed out every night, I mean that’s probably not so skillful, so finding what are your ways to get through.”
- Marr: “I think that there’s value in approaching grief as a skill...You think of grieving as your way of managing loss, then grieving is a skill, and it’s definitely something that’s teachable.”

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| | <ul style="list-style-type: none">• Marr: “I think that learning to deal with it well [is a skill], but learning to recognize it is as well.”• Neimeyer: “I think that it’s appropriate to think of life as something we can do skillfully or not, in general terms, and grief is one context where that skill is, I think potentially, is very much in evidence or lack thereof. So what would be some of the available skills? I think that skills and being able to maintain relationships that are mutually [beneficial]. I think skills in being able to identify our own states of emotion and to experience what I call emotional literacy, and to be able to convey those experiences to other people, and to read the need that’s implicit in our emotions...I think behavioral and action skills would also be relevant as we are often put in a place of needing to reorganize our daily lives in the aftermath of especially life disorganizing losses....probably skills having to do with self-reflection, can be very helpful for people, at levels that are emotional, behavioral, meaning-oriented.” |
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Discussion

The findings of this study support several conclusions from other research studies and writers regarding issues to grief. The findings also suggest some specific skills related to grief, as well as ways in which the process of grieving can lead to increased capacities in many areas of life.

Grief is Something that is Done

Participants described grief in many different ways, and in ways that went further than what is often traditionally thought of as grief. Grief in dominant Western culture tends to be generally described as a person's emotional reaction to loss. In this study, one participant agreed with this emotion definition, but also described grief as innate, and as an emotion that brings along other emotions with it, such as sadness, despair, rage, and anger. Several other participants described grief as normal, and that it simply is a natural part of life. One participant described grief as a process, and not a problem to be fixed. Another described grief as the changes we go through as a result of loss. A participant described grief simply as our way of managing loss, and another sees grief as a way of reconstructing a world that has been challenged and changed by grief. These descriptions of grief directly contradict the view of grief as a pathology--as the current classification of grief in the DSM 5 that seemingly links grief to being a mental disorder (Carey, 2012). Additionally, seeing beyond the common Western view of Grief as an affliction that needs to be treated, holistic health is useful for viewing grief due to its roots. In a holistic health view, grief is likely to be a normal response to the loss of a loved one (Boelen & Prigerson, 2012).

While emotions are innate and come naturally, as the first participant described, several participants also described grief as a process or way of managing loss. This suggests that grief is

actually something we do, not just emotions or a thing that befalls us, which supports writings by Stephan Jenkinson (2015), who also describes grief as something that is done. If grief is something done, this opens the potential for it being a thing that can be done skillfully, as well as something that can be learned.

Barriers to Skillful Grieving

Findings in this study support previous research on how grief is often pathologized in dominant Western societies, which likely isn't the most beneficial way of viewing grief (Cornell, 2014). Current dominant Western views of grieving aren't universal to humans, neither currently nor in past societies. Many current and previous societies—even American society itself in the 1800s—weren't sheltered from grief, didn't avoid grief and loss, and societies like Egypt even encourage profound grieving (Stroebe et al., 1992). Participants described many dominant Western values related to grief that can be unhelpful for the bereaved, such as emphasizing a quick recovery, a return to previous identity and functioning, vulnerability being seen as a weakness, and avoidance of grief. Other participants described how individuals and families are more isolated in dominant Western cultures, and how organizations, such as funeral homes, have replaced more a more village mindset, where a bereaved individual would receive much social support and help. A village context can allow powerful grieving to occur and be supported immediately after the loss, and can lead to a quicker overall recovery. In places where intense grieving isn't supported, and village support isn't available, deeper grief can remain buried in a bereaved person and impact many areas of their life.

Additionally, participants discussed how more in-tact cultural or spiritual practices often provide scripts or rituals for grieving, which can be very helpful to bereaved individuals. Dominant Western cultures tend to not have such cultural or spiritual approaches to getting

through grief. Also, in a society that avoids grief, how to grieve isn't something that is taught. Several participants discussed the need for grief to be taught and to be modeled positively in order to learn how to manage loss. One participant lamented how grieving is socialized out of people in Western cultures.

Not being able to recognize loss and avoidance of grief was a major barrier to skillful grieving. A participant discussed how grief can be the underpinning for so many problems in life, such as depression, anxiety, or relational problems, and that these problems result for losses that aren't grieved. Adding to this, death isn't the only form of loss, and not grieving other losses can cause problems. Some types of losses aren't seen as important as others, or are stigmatized, which can lead to them not being recognized as losses and/or the disenfranchisement of the person who has experienced the loss. Additionally, bereaved people may avoid loss by using alcohol, drugs, food, gambling, extramarital affairs, and other no-adaptive methods to cope. These don't make the pain go away, but merely cover it up for time. One participant discussed how people suffer extensively by trying to avoid suffering. In previous research, detaching from the loss, or avoiding it, has been shown to interfere with one aspect of moving through mourning, which "is to repair the disruption to the inner self-other relationship caused by the loss (Neimeyer, 2001, p. 21).

Believing there is one correct way to grieve was discussed as a barrier to grieving by participants. Elisabeth Kubler-Ross's stages of grief were discussed by several participants, who lamented its perceived linear progression. In believing that the stages were a linear progression, grieving individuals move to subsequent stages after accomplishing the earlier stages, and once beyond a stage, it is considered complete. Participants agreed that this can set people up for failure, either believing they weren't progressing through the stages, or that they were grieving

incorrectly because they weren't experiencing all the stages. With the personal and unique nature of grief, participants didn't feel the stages of grief model was appropriate to use with clients. Previous research matches these findings, with the stages of grief model likely was based on work done with dying people, rather than grieving people, or may more appropriately describe Post-Traumatic Stress Disorder rather than grief (Bonanno, 2009; Jenkinson, 2015).

Participants emphasized that each person's experience with grief is unique, and the importance of normalizing grief responses. For similar reasons, several participants had critiques of the research question of this study, describing the dangers of developing a manual or protocol for how humans should grieve skillfully. This is due to, as all participants agreed, the unique nature of grief and everyone's unique path through it. It is also due to the potential for blaming the individual if they aren't coping well with grief, rather than looking at other factors at the micro, mezzo, or macro level as the source of struggle. Due to individual, cultural, and religious/spiritual differences, there is likely little utility for developing a universal method of skillful grieving.

Participants also discussed the pressure in Western countries that bereaved people can feel to sever ties with the deceased and move on. Severing bonds would not be considered normal in many other current societies or past societies (Stroebe et al., 1992). Grieving has historically been a way of showing both the extent of a loss and the depth of the bond with the deceased, and pressure to cut the bond can be problematic for bereaved individuals.

Less skillful or attuned actions by therapists or clinicians can be a barrier to grieving too. Discomfort on the part of the therapist for working with grief and death, or lack of training in the special needs of specific types of grief was shown to have potential negative impacts in previous studies (Cacciatore & Flint, 2012). Also, as previously discussed, pushing a grieving client to

find meaning was not a helpful way to approach grief as a clinician. This may connect to previous research, which showed how therapy could be unhelpful or potentially detrimental for some individuals experiencing less severe forms of grief (Neimeyer, 2000).

Skillful ways to approach grief

Participants in this study discussed many helpful ways to approach grief, as well as directly addressing the question of how grief may be a skill. An analysis of these comments suggested many approaches to grief that may be skillful. These ranged from specific actions and approaches, to more philosophical, spiritual or metaphysical orientations toward grief. It should be noted again that all participants described grief as an experience that is different for everybody, and so these potential skillful approaches to grief may not be universally helpful.

Previous research discussed how people respond to grief in the same way that they have lived their lives (Rando, 1988, as cited by Prosser-Dodds, 2013). This means some may approach more willingly, some may avoid, or some may just be more resilient. This describes how individual differences may impact individual grief responses. However, it is a human capacity to change, which means that if grief is a skill, then people can learn and get better at it. Participants in this study agreed. One participant discussed how it's appropriate for life to be thought of as a thing that can be lived skillfully, and so being skillful in grieving would be a facet of this. Another participant discussed how she believes clients can learn how to manage loss more skillfully, and thus grieve more skillfully. Knowing that grief is something that can be improved upon may be a skillful way to approach it.

Two participants discussed the physical aspects of grief. One described how walking can help with resiliency from grief, and the other discussed the importance of laughter, breathing better, and the resulting release of hormones as helpful for being with grief. This matches past

research which explored grief's effects on the physical body, including physical pain, and which suggests that body-based treatments may be helpful with grief (Ader, 2001; Bower, et al., 2003; O'Connor et al., 2008). Assuming this to be true, engaging in body-based treatments, or even just exercising, is likely a skillful way to approach grief in order to aid recovery.

Change, and its connection to grief, was discussed by several participants. Previous work suggested the limitations of recovery or resolution models of grieving, and instead emphasized the need to focus on change, as grief is an experience and personal journey that changes a person's life forever (Wolfelt, 2007-2013). Participants' viewpoints in this study support this previous focus on change, as several discussed how grief changes people forever, and even how grief is a process that lasts forever. Change itself represents some kind of loss, and so grief may come with any type of change. Rather than the goal of returning to what was previously considered normal, this study suggests that a more skillful way to approach grief is for a person to allow it to affect them, accept that they will be changed, and work to fully and authentically experience grief. This will involve giving grief space to happen and helping to support the process, rather trying to rush the process or rush for resolution. As one participant described it, it isn't "a problem to be solved." Simply seeing grief as a process, rather than an event, is a more accurate and skillful way to approach it. Working to be with grief, to accept all emotional states that come with it, and to "bear everything" were described as proactive ways of approaching grief in this study.

This change that can take place was often discussed synonymously with growth. One participant referenced a Chinese symbol that simultaneously means crisis-opportunity, as particularly relevant for grief and loss. Several participants stated that humans are challenged by loss, with change being a necessary part of continuing on after a loss. This agrees with previous

research, which suggests that change happens when a person starts “wondering about characteristics of an alternative life” (Alves et al., 2012). Participants described growth in many ways, such as learning new skills to survive, allowing our minds to grow and build new neuropathways. Skillful ways to approach grieving were described as learning new skills and tools for self-care and resiliency, or finding ways to dial down intense grief so that it can start being processed. Simply accepting the challenge to survive, even if the loss cannot be accepted, was described as an empowering way to approach grief. Reaching out for social support was also discussed by participants as essential area of growth and support, and that being around caring and understanding others could both help recover from grief, but could also lead to deeper friendships and relationships, and in general a greater sense of connection. One participant described this as “suffering in a way that is about connection and joy.” Growth in this way can connect people more authentically to others, and also connect them more to spirituality or religion.

Other previous research suggested that finding meaning in loss may be a necessary focus in grief therapy (Alves et al., 2012). However, four participants in this current research study expressed hesitation about finding meaning being essential to healing from grief. Healing had occurred in clients who didn't find meaning in the loss, or meaning was viewed as a later stage of grief. Another participant warned about glorifying loss and the grieving process, and that language related to meaning making after loss should be used very carefully for this reason. One participant described how many losses aren't large enough to shake up a person's life. In situations like that, meaning systems aren't challenged, and therefore meaning isn't something that needs to be searched for. Lastly, one participant strongly suggested that it isn't the place of a therapist to push a grieving person toward finding meaning. Pushing a person toward finding

meaning can be detrimental to their process, or make them feel they are not grieving correctly.

Another participant said she has seen meaning come in many forms, and often in ways she wouldn't have predicted. The message here is that people will find meaning in their own ways, in their own time, and the process of finding meaning doesn't need to be forced.

Participants in this study did discuss how meaning is very helpful in grief, however, even if not necessary for recovery from it. Finding meaning was described generally as learning how to continue on in life after a loss. Another participant described it as finding "what reconnects you to life." Continuing bonds was a part of meaning making, which can include figuring out what the deceased's life means, what their death means, and what the relationship with them is now that they have died. At some stage, turning the loss into a legacy can foster the continuing bond, and is also because it allows the person to create something positive and empowering out of a painful experience. FMRI tests back up the importance of continuing bonds in grief, as studies on brain regions of individuals who are bereaved shows that people come to integrate loved ones into their personal identities, and significant loss can then rupture these identities. Figuring out one's personal identity is important after a loss, as in the case of a parent who lost their only child. Existing research suggests that meaning-making in bereavement is both an aim in therapy and necessary for most people who are bereaved (Byock, 2012). This research also suggests that being able to talk about the loss, and discuss what is missed or loved about the deceased, is an important part of the grieving process, and is a step in meaning making. Previous research also shows that as grief decreases, acceptance increases (Prigerson & Maciejewski, 2008). This previous research and the current study suggest the importance of being willing to approach grief and loss: being able to talk about the loss, and be open and honest about it, can help a bereaved individual move towards acceptance and finding meaning.

Spirituality or religion, as a subset of meaning, can provide a skillful way to approach grief. One participant described spirituality as a tool that can hold a grieving person above water. While spirituality isn't a helpful lens for everyone, approaching grief authentically can lead to being more vulnerable with grief, and developing a more authentic relationship with God.

Participants also agreed with grief being a personal journey, and that everyone's experience is unique. Several commented on the dangers of developing a sort of standardized manual or protocol to follow for grief. Additionally, participants discussed the need to give expertise to the grieving client, rather than a therapist or other expert be the source of wisdom for how to proceed through grief. This agrees with previous research, which showed some differences in people's grieving response based upon variables such as type of grief, culture, levels of introversion and extraversion, and even Myers-Briggs personality style (Prigerson & Maciejewski, 2008; Prosser-Dodds, 2013; Neimeyer, 2000; Cacciatore & Flint, 2012). With no universal grieving style, it seems unlikely that any sort of standardized method of grieving would be useful.

How Grief Makes People more Skillful Human Beings

One participant described a process of transfiguration that can occur from suffering, and all participants discussed positive growth that result from experiencing grief. Another described the process as "the alchemy of shit to gold." These relate to previous research on Post-Traumatic Growth, described as "positive change experienced as a result of the struggle with a major life crisis or traumatic event" (Posttraumatic Growth Research Group, n.d.). Previous research also showed that spiritual growth can occur as a result of grief (Krosch, Shakespeare-Finch, 2016).

Profound personal changes and deepened perspectives and understandings about life was a major theme discussed by participants in this study. Grief was described as a doorway to

change and growth, and growth from grief was described as occurring both because people want to grow, and because they are forced to grow by the experience of grief. This growth was most likely to occur when people were willing to approach fully experiencing their grief (rather than avoid it, which can lead to getting stuck in life). Changes from passing through grief possibly include becoming a more authentic, integrated and full human being. Other participants discussed how grief can lead to an increased ability to be vulnerable with other people. This was described as a strength, which helps connect more authentically with others and with ourselves in the form of self-awareness. One participant said that vulnerability connects people on a more spiritual level, and that much deeper friendships can result from this. Another participant described how vulnerability can foster a more authentic relationship with God. This latter participant also likened the ability to be vulnerable when grieving with the wounded healer archetype of Carl Jung. As he described it, humans can use their wounds to get closer to people, rather than have wounds and pain be a barrier. Being vulnerable, and using wounds to connect with others, can be a skill learned from grief.

Participants discussed how, as a result of loss and grieving, people can become more sensitive to the grief and suffering of others. They can experience a significant increase in empathy, altruism, and be less self-centered. This can increase understanding among people, which may be especially important inter-culturally, with one participant stating that “understanding saves lives in this world.” One participant described positive change from grief as an “alchemical transformation,” and that humans who walk through the suffering can become “a force of compassion.” After this change, a person can awaken to a profound sense of meaning and purpose in their life. This matches previous research, where participants described how “moving beyond [the loss] and “awaking to the urge to do something productive, were a major

part of coping with grief (Kablenz, 2015). Other research looked at death education, and found that it (coupled with mindfulness training) increased levels of empathy (Cacciatore, Theilman, Killian, & Tavasoli, 2015). Other writings state that suffering forms people, and takes them deeper within themselves (Brooks, 2014). Brooks (2014) elaborates further that suffering can be turned into something sacred, and describes how Franklin Roosevelt became deeper and more compassionate after contracting polio, and Victor Frankl became an influential therapist after surviving the Holocaust. Frankl described a process called “responsible action,” where suffering leads to the heart opening up and a person moving towards being in the service of others (Cacciatore, 2013, p. 1). Other research also advocates for entering into the pain, or approaching it instead of avoiding, as it was shown to be able to increase individuals’ capacity for compassion for themselves and others, have a wider contextual understanding of suffering, and learn how to better tolerate suffering in life (Halifax, 2003; Eckl, 2012; Schuyler, 2010). One participant described how learning to live with suffering was a very important ability for being human. Given this, one of the skills that people can learn from grief is learning to live with pain.

One participant expressed that a skill of grief would be learning to manage loss better. Another participant described learning skills of self-care and resiliency to help get through loss. A third also described how humans gain new skills as a result of loss, and said that these new skills and abilities then become nourishing as people survive and continue to live their lives after loss. These comments seem to suggest that a skill of grieving is being willing to experience it, but also to not be overwhelmed or disabled by it. Instead, perhaps grief—unwelcome as it is—teaches us to be nourished by what we do after the loss.

Several participants discussed more philosophical orientations that can change as a result of going through the process of grief. This echoed previous research related to grief and

meaning, where meaning that can come from grief may make us more skillful human beings in the world. In in this previous research, finding meaning was defined as “an enhanced sense of value and importance of one’s life, coupled with (and potentially inspired by) a more acute awareness of life’s fragility and preciousness (Bower, et al., 2003). Participants in this study commented that grief and suffering can lead to increased feelings that life is precious, and make them more attuned to the intrinsic value of life. Grief and suffering can add depth and value to life. One participant even described how the experience of profound loss had erased the fear of death in grieving parents that he’s worked with. These findings also echo previous research showed that actively thinking or learning about death could increase appreciation for life, lead to less death avoidance, seeing more value in life (Heine, Proulx, & Vohs, 2006; Kablenz, 2015; Mendes, Goncalves & Neimeyer, 2012; King, et al., 2009; Wong, 2009). These findings also suggests that, in a culture that avoids grief or is unwilling to engage with it, these actions may show a cultural lack of valuing life. Being able to value and appreciate life in a world where change and suffering are commonplace may be a skill people can learn from grief.

Stephan Jenkinson described grief as a “tenderizer of the soul,” which can allow people to learn “a kind of radical moral intelligence about what it means to be alive” (Davis, interview with S. Jenkinson, n.d.). He continues by stating that happiness has to be derived both from being alive, and knowing it isn’t going to last. Finally, he believes these capacities come from a “willingness to be engaged deeply by unwelcome things.” Most participants, in one form or another, discussed how it was necessary to engage with grief, to authentically feel the emotions, to be willing to be changed by it. All of these suggest that being skillful at grief is simply being willing to be engaged with and changed by grief. As Jenkinson describes, we can increase our capacity for and skill with grief in a similar way that we can increase our capacity for and skill

with love. This increased capacity and skill comes from practicing grief, and being on the receiving end of it.

One participant stated that “Change always represents some kind of loss...it’s the underpinning of so much in our life...there’s difficult loss...but there’s good loss too.” In an ever-changing world, we are gaining and losing things consistently. With change representing loss, it follows that loss of control and grief—in some form—is part of the everyday landscape of being human. Two participants discussed that learning to not be in control was something learned from grief. This is an important orientation have in a life that is uncertain and unpredictable, where humans have limited control. This matches writing by Stephan Jenkinson, who discusses how it’s a skill to not be in control, and that it’s possible to find some comfort in life’s ambiguities and paradoxes (Davis, interview with S. Jenkinson, n.d.).

Related to comparing the ability to grieve to the ability to love, one participant in the study directly linked grief to love, stating that grief is extreme where love is extreme. This relates to another participant’s comments about profound losses causing major shakeups in the lives of the bereaved, and where meaning doesn’t need to be looked for or restructured if the loss isn’t so affecting. This may suggest that grief is the price to be paid for having loved and attached to another person, place or thing. One participant, however, discussed the importance of validating for grieving people that any positive benefit gained from loss is not worth the price paid. Still, skillful insight about grief may be that it isn’t some inconvenient affliction that befalls humans, but rather is something they owe for having loved.

North American society celebrates individualism, happiness, finding our passion, and getting our needs and wants met. Yet when we encounter profound grief and suffering, we are forever changed by it. This suffering, though unwelcome, can be a doorway to change and

understanding. As this current research and past research have shown, grief can lead to a deepened sense of what it means to be human, to greater compassion and empathy, and to a greater appreciation for and sense of value about life. This is described by Stephen Jenkinson, who writes that this understanding can lead to tremendous gratitude for being alive, as well as “Wonder, awe, [and] the feeling of being on the receiving end of something mysteriously good” (Jenkinson, 2015, pp. 56). Cultivating grief as a skill may lead to this capacity for gratitude and wonder that Jenkinson describes. This capacity for gratitude and wonder, in Jenkinson’s view, is the natural twin to the pain and suffering that comes with grief.

Strengths and Limitations

This study has several strengths and limitations. A main strength is that the interview questions are, in part, based upon and supported by the existing research literature about grief. This provided a strong rationale for them, as well as the ability to compare and contrast findings from this study with the previous research. The validity of research findings are supported by the use of digital recording. Additionally, study participants were diverse in regard to profession, culture, and spiritual/religious identity.

The findings have limitations as well. While the study participants came from a variety of fields and with a variety of professional, cultural and spiritual perspective, the small sample size of seven participants will likely not be representative of the entire population of people who do work centered on grief, and therefore the results cannot be generalized beyond the scope of this study (Monette et al., 2014). Additionally, the choice to include participants from a variety of professions may limit the utility of research findings for any one discipline.

While the findings suggest that reframing grief as a skill does carry some utility, it’s important to consider limitations of this study. The concept of “grief as a skill” is a research

hypothesis, and not supported by the literature. Further research is needed to determine its application and utility for clients and professionals. In addition, only seven professional participants were interviewed for this study. While their overwhelming opinion was that the hypothesis did indeed have some utility, it was surely influenced by their own subjective experience, as well as possibly influenced by the questions and interaction with the researcher. Further research with a variety of professionals, teachers, spiritual leaders, and others who work with grief are needed to see if this view is widely shared, and if so, how else might it have applicability and utility.

Implications for Social Work Practice and Holistic Health Care

This study examined grief, the ways grief is a skill, and the resulting utility for approaching grief in this way. The participants in this study overwhelmingly believed that approaching grief as a skill could be a helpful orientation, and this has many implications for social work practice, as well as holistic health care.

A primary implication is that every person's experience with grief is unique. Despite the research premise of grief being a skill, the participants overwhelmingly cautioned against the protocolization or manualization of grief, or blaming the individual if a person was struggling with grief. Instead, they advocated for the normalization of grief responses, for allowing grief space, and for assisting clients in fully experiencing all aspects of grief. Additionally, acting as an expert to clients, or pressuring them to find meaning, were also discouraged. Rather, the skillful approach for a clinician is to create space and bear witness to the grief, to help a bereaved person discover their own inner wisdom and path through grief, and to act more in a supportive or consultation role.

Working to have a more competent understanding of dominant Western culture, other cultures, and the relationship between cultures is another important implication. In the West, organizations have replaced village support when it comes to grief, and a quick recovery and return to normal functioning is encouraged. This has led to greater social isolation for people experiencing grief in dominant Western cultures, and a need to be attended to in grief care. Also, other cultures may have norms and traditions that differ from dominant Western countries, and so individuals or families from other cultures should not be expected or pressured to conform to more dominant Western norms. Other cultures may have different customs, different values, or may grieve in ways that are louder or more open than in dominant Western cultures. Instead of forcing them to conform, and thus disenfranchising their grieving experience, or contributing to conflict, understanding of other cultural norms is essential for assisting people in their grief.

This research and previous research has shown that grief has profound emotional, mental, physical and spiritual effects on people. For anyone working with someone struggling with grief, it is essential to approach them holistically. This includes attending to and working to be knowledgeable of ways grief can have detrimental effects on the whole person. Grief care in the Western world tends to be viewed through a psychological and emotional lens, and often a spiritual lens, but the physical body is another area where treatment may be useful in helping someone suffering from grief.

Lastly, viewing grief as a skill has profound implications in working with the bereaved. It suggests that a bereaved person can be engaged in working with their strengths and capacities, and assisted in increasing these capacities. Additionally, viewing grief as a skill can be a source of empowerment to clients. Merely coping with grief suggests that a person is just reacting to loss. Empowerment suggests that individuals have made efforts in response to challenges or

stressful life events (Gutierrez, 1994). Rather than just surviving loss, professionals can assist clients in the many ways they may be changed and grow from loss. Many of these changes can be very positive, and can be nurturing and empowering.

Implications for Policy

Approaching grief as a skill could have significant implications for policy, particularly in regard to how grief is approached in dominant Western society. This research has suggested that in the dominant Western world, grief is often pathologized. The bereaved are encouraged to get over grief quickly, return to normal functioning, and stay the same person as they were before the loss. One participant stated that “grief is socialized out of us,” with another describing how grief is the backdrop of so many problems in life, and that grief that goes untreated or unrecognized is very problematic. Understanding these cultural norms and pressures could have implications for future policy decisions regarding mental health. This study suggests that there is a need for policy makers to be educated by those who work with the bereaved. This could potentially lead to changes in education regarding grief, to increased funding to both study grief and treat grief, and potentially could contribute to more resources in training those who work with the bereaved. These changes could potentially lead to, according to research participant Dr. Joanne Cacciatore: less mental illness, lowered health care costs, fewer psychiatric hospitalizations, fewer somatic illnesses, less substance abuse, less gambling, and less suffering overall.

Education policy is another area with implications. One participant stated that many therapists aren't equipped for the unique demands of grief. Others lamented the lack of education and openness about grief in Western society. If grief were considered a skill, and the above changes in detrimental effects of grief taken into consideration, it may be seen as essential to

teach grief in one or many contexts. With grief being a part of life, resources could perhaps be used to educate adults who are struggling with grief and its negative consequences. Education spending could also be used for further education of professionals who will work with the bereaved. Or perhaps some education about grief and loss could be incorporated into public schools, since grief is a part of life and one participant lamented how children are isolated from grief in our society. With grief being more widely discussed and taught, it seems likely that the ability to cope with it in the Western world would be vastly improved.

Implications for Future Research

The findings of this study offer implications for future research and for social work practice in working with bereaved individuals or individuals with end-of-life issues. If grief can indeed be reframed as a skill, rather than something to be avoided or traversed as quickly as possible, then more qualitative and quantitative research is needed to determine what actions or processes are involved in this skill. Participants in this study overwhelmingly felt that approaching grief as a skill was a useful orientation, and mused on many ways that grief may be a skill. This included both skillful ways to approach grief, as well as skills that can be cultivated as a result of experiencing grief. Future qualitative research could investigate these potentials further, as well as uncover other ways in which grief is a skill.

References

- Ader, R. (2001). Psychoneuroimmunology. *Current Directions in Psychological Science*, 10 (3), 94-98.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., Text Revision). Washington, DC: American Psychiatric Publishing.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Alves, D., Mendes, I., Goncalves, M. M., & Neimeyer, R. A. (2012). Innovative moments in grief therapy: Reconstructing meaning following perinatal death. *Death Studies*, 36 (9), 795-820.
- Aron, A., Aron, E. N., Tudor, M., & Nelson, G. (1991). Close relationships as including the other in the self. *Journal of Personality and Social Psychology*, 60 (2), 241-253.
- Baer, R. A., & Krietemeyer, J. (2006). Overview of mindfulness-and acceptance-based treatment approaches. In R. A. Baer (Ed.), *Mindfulness-based treatment approaches: Clinician's guide to evidence base and applications* (pp. 3–27). San Diego, CA: Elsevier.
- Balk, D. (2008). A modest proposal about bereavement and recovery. *Death Studies*, 32(1), 84-93.
- Boelen, P. A., & Prigerson, H. G. (2012). Commentary on the inclusion of persistent complex bereavement-related disorder in DSM-5. *Death Studies*, 36 (9), 771–794.
- Bonanno, G. A., & Kaltman, S. (2001). The varieties of grief experience. *Clinical Psychology Review*, 21(5), 705-734.
- Bonanno, G. A. (2009) *The other side of sadness: What the new science of bereavement tells us about life after loss*. New York, NY: Basic Books.

- Bonanno, G. A., Wortman, C. B., Lehman, D. R., Tweed, R. G., Haring, M., Sonnega, J., et al. (2002). Resilience to loss and chronic grief: A prospective study from preloss to 18-months postloss. *Journal of Personality and Social Psychology*, 83 (5), 1150-1164.
- Bower, J. E., Kemeny, M. E., Taylor, S. E., & Fahey, J. L. (2003). Finding positive meaning and its association with natural killer cell cytotoxicity among participants in a bereavement-related disclosure intervention. *Annals of Behavioral Medicine*, 25 (2), 146-158.
- Brooks, D. (2014, April 8). *What suffering does*. New York Times. Retrieved from http://www.nytimes.com/2014/04/08/opinion/brooks-what-suffering-does.html?_r=0
- Broom, B. C., Booth, R. J., & Schubert, C. (2012). Symbolic disease and “mindbody” co-emergence. A challenge for psychoneuroimmunology. *Explore*, 8 (1), 16-25.
- Burden, C., Bradley, S., Storey, C., Ellis, A., Heazell, A. E. P., Downe, S., Cacciatore, J., & Siassookos, D. (2016) From grief, guilt pain and stigma to hope and pride – a systematic review and meta-analysis of mixed-method research of the psychological impact of stillbirth. *BMC Pregnancy and Childbirth*, 16 (1). Accessed: <http://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-016-0800-8>
- Burke, L. A., Neimeyer, R. A., McDevitt-Murphy, M. E., Ippolito, M. R., & Roberts, J. M. (2011). Faith in the wake of homicide. *International Journal of Psychology and Religion*, 21 (4), 1-19.
- Burke, L. A., Neimeyer, R. A., Young, A. J., Bonin, E. P., & Davis, N. L. (2014). Complicated spiritual grief II: A deductive inquiry following the loss of a loved one. *Death Studies*, 38 (4), 268-281.
- Byock, I. (2002). The meaning and value of death. *Journal of Palliative Medicine*, E5 (2), 279-290.

- Cacciatore, J., Thielman, K., Kilian, M., & Tavasolli, K. (2015). Braving human suffering: Death education and its relationship to empathy and mindfulness. *Social Work Education, 34* (1), 91-109.
- Cacciatore, J., Thielman, K., Osborn, J., & Orlowski, K. (2014). Of the soul and suffering: Mindfulness-based interventions and bereavement. *Clinical Social Work, 42*, (3), 269-281.
- Cacciatore, J., & Flint, M. (2012) ATTEND: Toward a mindfulness-based bereavement care model. *Death Studies, 36* (1), 61-82.
- Cacciatore, J. (2011). ATTEND: Toward a patient-centered model of psychosocial care. In C. Y. Spong (Ed.), *Stillbirth: Prediction, prevention, and management* (pp. 203–228). Oxford: Wiley Blackwell Publishing.
- Cacciatore, J. (2013). *Selah: An invitation toward fully inhabited grief*. Tempe, AZ: Arizona State University.
- Cacciatore, J., & DeFrain, J. (2015). I remember your hand in mine: An introduction to the world of bereavement. In J. Cacciatore & J. DeFrain (Eds.). *The world of bereavement: Cultural perspectives on death in families* (pp. v-xi). Switzerland: Springer International Publishing.
- Carey, B. (2012, January 24). *Grief could join list of disorders*. New York Times. Retrieved from: <http://www.nytimes.com/2012/01/25/health/depressions-criteria-may-be-changed-to-include-grieving.html>
- Cornell, W. F. (2014). Grief, mourning and meaning: In a personal voice. *Transactional Analysis Journal, 44* (4), 302-310.

- Cheng, Y., Chen, C., Lin, C., Chou, K., & Decety, J. (2010). Love hurts: An fMRI study. *Neuroimage, 51* (2), 923-929.
- Creswell, J. D., Irwin, M. R., Burklund, L. J., Lieberman, M. D., Arevalo, J. M. G., Ma, J., Breen, E. C., & Cole, S. W. (2012). Mindfulness-Based Stress Reduction training reduces loneliness and pro-inflammatory gene expression in older adults: A small randomized controlled trial. *Brain, Behavior, and Immunity, 26* (7), 1095-1101.
- Currier, J. M., Neimeyer, R. A., & Berman, J. S. (2008). The effectiveness of psychotherapeutic interventions for bereaved persons: A comprehensive quantitative review. *Psychological Bulletin, 134* (5), 648-661.
- Dantzer, R., O'Connor, J. C., Freund, G. G., Johnson, R. W., & Kelley, K. W. (2008). From inflammation to sickness and depression: When the immune system subjugates the brain. *Nature Reviews Neuroscience, 9* (1), 46-57.
- Davis, D (Producer). (N.d.). Stephan Jenkinson: way of grief. *Beyond 50 Radio*. Interview retrieved from https://www.youtube.com/watch?v=sTOrmBZN_Ns
- Dennis, M. K. (2014). Layers of loss, death, and grief as social determinants of Lakota elders' behavioral health. [Lyceum Books?] *Best Practices in Mental Health, 10* (2), 32-47
- Eckl, C. (2012, April 25). *More than a feeling: Embracing grief as a skill*. Psychology Today. Retrieved from <https://www.psychologytoday.com/blog/beautiful-grief/201204/more-feeling>
- Freed, P. J., Yanagihara, T. K., Hirsch, J., & Mann, J. J. (2009). Neural mechanisms of grief regulation. *Biological Psychiatry, 66* (1), 33-40.
- Freud, S. (1917). Mourning and melancholia. In R. V. Frankiel (Ed.) *Essential papers on object loss* (pp. 38-51). New York, NY: New York University Press.

- Granek, L. (2010). Grief as pathology: The evolution of grief theory in psychology from Freud to the present. *History of Psychology, 13* (1), 46-73.
- Guo, W., & Tsui, M. (2010). From resilience to resistance: A reconstruction of the strengths perspective in social work practice. *International Social Work, 53* (2), 233-245.
- Gutierrez (1994). Beyond coping: An empowerment perspective on stressful life events. *The Journal of Sociology and Social Welfare, 13* (3), 201-219.
- Hagerty, A. (2014). Speak softly to the dead: The uses of enchantment in American home funerals. *Social Anthropology, 22* (4), 428-442. doi: 10.1111/1469-8676.12087
- Halifax, J. (2003). Being with death and dying. In B. J. Horrigan (Ed.), *Voices of integrative medicine: Conversations and encounters* (pp 58-65). St. Louis, Mo: Churchill Livingstone
- Heine, S. J., Proulx, T., & Vohs, K. D. (2006). The meaning maintenance model: on the coherence of human motivations. *Personality and Social Psychology Review, 10* (2), 88-110.
- Hobfoll, S. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist, 44*, 513-524.
- Horowitz, M., Seigel, B., Holen, A., Bonanno, G., Milbrath, C., & Stinson, C. (1997). Diagnostic criteria for complicated grief disorder. *The American Journal of Psychiatry, 154* (7), 904-910.
- Institute of Noetic Sciences. (2007). *The 2007 Shift Report: Evidence of a world transforming*. Petaluma, CA.
- Jenkinson, S. (2015). *Die wise: A manifesto for sanity and soul*. Berkeley, Ca: North Atlantic Books.

- Kersting, A. (2011). Prevalence of complicated grief in a representative population-based sample. *Journal of Affective Disorders*, 131, 339–343.
- Kim, J. S. (2008). Strengths perspective. *Encyclopedia of Social Work*. DOI: 10.1093/acrefore/9780199975839.013.382
- King, L. A., Hicks, J. A., & Abdelchalik, J. (2009). Death, life, scarcity, and value: an alternative perspective on the meaning of death. *Psychological Science*, 20 (12), 1459-1464.
- Kersting, A., & Kroker, K. (2010). Prolonged grief as a distant disorder, specifically affecting female health. *Archives of Women's Mental Health*, 13, 27-28.
- Koblenz, J. (2016). Growing from grief: Qualitative experiences of parental loss. *Journal of Death and Dying*, 73 (3), 203-230.
- Kowalski, S. D., & Bondmass, M. D. (2008). Physiological and psychological symptoms of grief in widows. *Research in Nursing and Health*, 31 (1), 23-30. DOI: 10.1002/nur.20228
- Krosch, D. J., & Shakespeare-Finch, J. (2016, September 8). Grief, traumatic stress, and posttraumatic growth in women who have experienced pregnancy loss. *Psychological Trauma: Theory, Research, Practice and Policy*. Advance online publication. DOI: 10.1037/tra0000183
- Kubler-Ross, E. (1969). *On Death and Dying*. New York: Scribner.
- Lancaster, J. (2011). Developmental stages, grief, and a child's response to death. *Pediatric Annals*, 40 (5), 277-281. DOI: 10.3928/00904481-20110412-09
- Levine, J. (2009). How faith heals: A theoretical model. *Explore*, 5 (2), 77-96.
- Miller, J. (1970). Children's reactions to the death of a parent: A review of psychoanalytic literature. *Journal of the American Psychoanalytic Association*, 19 (4), 697-719.

- Miller, G. E., Chen, E., & Zhou, E. S. (2007). If it goes up, must it come down? Chronic stress and the hypothalamic-pituitary-adrenocortical axis in humans. *Psychology Bulletin*, *133* (4), 266-272).
- Monette, D.R., Sullivan, T. J. DeJong, C.R., & Hilton, T. P. (2013). *Applied social research: Tool for the human services* (9th Ed.). Belmont, CA: Brooks/Cole.
- National Film Board of Canada. (Producer), Hayashi, Y. (Director), & McLean, B. (Director). (1994). *The Tibetan book of the dead: A way of life* [Motion picture]. Canada: National Film Board of Canada.
- Neimeyer, R. A. (2000). Searching for the meaning of meaning: Grief therapy and the process of reconstruction. *Death Studies*, *24* (6), 541-559.
- Neimeyer, R. A. (2001). *Meaning reconstruction and the experience of loss*. Washington, DC: American Psychological Association.
- Norris, F. H., & Murrell, S. A. (1990). Social support, life events, and stress as modifiers of adjustment to bereavement by older adults. *Psychology and Aging*, *5* (3), 429-436.
- O'Connor, M., Irwin, M. R., & Wellisch, D. K. (2009). When grief heats up: Pro-inflammatory cytokines predict regional brain activation. *NeuroImage*, *47* (3), 891-897.
- O'Connor, M., Wellisch, D. K., Stanton, A. L., Eisenberger, N. I., Irwin, M. R., & Lieberman, M. D. (2008). Craving love? Enduring grief activates brain reward center. *NeuroImage*, *42*, (2) 969-972.
- O'Connor, M., Schultze-Florey, C. R., Irwin, M. R., Arevalo, J. M. G., & Cole, S. W. (2014). Divergent gene expression responses to complicated grief and non-complicated grief. *Brain, Behavior, and Immunity*, *37*, 78-83.

Padgett, D. K. (2008). *Qualitative methods in social work research* (2nd Ed.). Thousand Oaks, CA: Sage

Posttraumatic Growth Research Group (N. d.). What is posttraumatic growth? Posttraumatic Growth Research Group. *Department of Psychology*. University of North Carolina Charlotte. Accessed: <https://ptgi.uncc.edu/what-is-ptg/>

Prigerson, H. G., & Maciejewski, P. K. (2008). Grief and acceptance as opposite sides of the same coin: Setting a research agenda to study peaceful acceptance of loss. *The British Journal of Psychiatry*, 193 (6), 435-437.

Prosser-Dodds, L. *The relationship between grief and personality – a qualitative study* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Thesis database. (UMI No. 3560947).

Raveis, V., Siegel, K., & Karus, D. (1999). Children's psychological distress following the death of a parent. *Journal of Youth and Adolescence*, 28 (2), 165-180.

Remen, R. N. (2003). Kitchen table wisdom: A conversation that heals. In B. J. Horrigan (Ed.), *Voices of integrative medicine: Conversations and encounters* (pp 132-141). St. Louis, Mo: Churchill Livingstone

Rando, T. (1988). *How to go on when someone you love dies*. New York, NY: Bantam Books.

Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work*, 41 (3), 296-305.

Saleebey, D. (2002). *The strengths perspective in social work practice*. 3rd ed. Boston: Allyn and Bacon.

- Schoen, A. A., Burgoyne, M., & Schoen, S. F. (2004). Are the developmental needs of children in America adequately addressed during the grief process? *Journal of Instructional Psychology, 31*, (2), 143-148.
- Schuyler, K. G. (2010). Increasing leadership integrity through mind training and embodied learning. *Consulting Psychology Journal: Practice and Research, 62* (1), 21-38.
- Schultze-Forey, C. R., Martinez-Meza, O., Magpantay, L, Crabb Breen, E., Irwin, M. R. Gundel, H. & O'Connor, M. (2012). When grief makes you sick: Bereavement induced systemic inflammation is a question of genotype. *Brain, Behavior, and Immunity, 26*, 1066-1071.
- Shear, M. K., Boelen, P., Neimeyer, R.A. (2011). Treating complicated grief: Converging approaches. In R.A. Neimeyer, D.L. Harris, H.R. Winokuer, G.F. Thornton, (Eds.), *Grief and Bereavement in Contemporary Society*. Routledge.
- Stroebe, M., Gerge, M. M., Gergen, K. J., & Stroebe, W. (1992). Broken hearts or broken bonds: Love and death in historical perspective. *American Psychologist, 47* (10), 1205-1212.
- Strobe, M. S., & Schut, H. A. W. (1999). The dual process model of coping with bereavement: Rational and description. *Death Studies, 23* (3), 197-224.
- Thieleman, K., & Cacciatore, J. (2014). When a child dies: A critical analysis of grief-related controversies in DSM-5. *Research on Social Work Practice, 24* (1), 114-122.
- Theileman, K., Cacciatore, J., & Hill, P. W. (2014). Traumatic bereavement and mindfulness: A preliminary study on mental health outcomes using the ATTEND model. *Clinical Social Work, 42*, 260-268.
- Thieleman, K. (2015). Epilogue: Grief, bereavement, and ritual across cultures. In J. Cacciatore & J. DeFrain (Eds.). *The world of bereavement: Cultural perspectives on death in families* (pp. 287-298). Switzerland: Springer International Publishing.

- Wakefield, J. C., & Schmitz, M. F. (2012). Recurrence of depression after bereavement-related depression: Evidence for the validity of the DSM-IV bereavement exclusion from the epidemiologic catchment area study. *The Journal of Nervous and Mental Disease, 200* (6), 400-485.
- Walters, S. (1999). Holistic health. *Illustrated Encyclopedia of Body-Mind Disciplines*. Retrieved from <http://ahha.org/articles.asp?Id=85>
- Wang, L., McCarthy, G., & Song, A. W. (2005). Amygdala activation to sad pictures during high-field (4 Tesla) functional magnetic resonance imaging. *Emotion, 5* (1), 12-22.
- Wolfelt, A. (2007-2013). Companioning vs. treating: Beyond the medical model of bereavement caregiving. *Center for Loss and Life Transition*. Accessed: http://griefwords.com/index.cgi?action=page&page=articles%2Fbeyond.html&site_id=5
- Wolin, S. J., & Wolin, S. (1993). *The resilient self: How survivors of troubled families rise above adversity*. New York: Villard.
- Wong, W. (2009). The growth of death awareness through death education among university students in Hong Kong. *Omega, 59* (2), 113-128.
- Yarwood, R., Sidaway, J. D., Kelly, C., & Stillwell, S. (2015). Sustainable deathstyles? The geography of green burials in Britain. *The Geographic Journal, 181*, (2), 172-184.
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Appendix A

ST CATHERINE UNIVERSITY

Informed Consent for a Research Study

Study Title: Grief as a Skill

Researcher(s): Michael Sadowsky, master of social work student

You are invited to participate in a research study. This study is called Grief as a Skill. The study is being done by Michael Sadowsky, a graduate student in the School of Social Work at St. Catherine University in St. Paul, MN. The faculty advisor for this study is Rajean Moone, Ph.D, LNHA.

The purpose of this study is to explore the ways that grief is a skill. This study is important because grief is often approached as an unwanted condition, or set of symptoms to be coped with, with the goal of a bereaved person returning to their previous state of social functioning. Redefining grief as a skill suggests that grief is something that can be learned, which can make a bereaved person an active participant in their experiences rather than a victim of loss. This opens the possibility that grief, while a challenging and life-changing experience, may be a means to empowerment and growth. Approximately eight people are expected to participate in this research. Below, you will find answers to the most commonly asked questions about participating in a research study. Please read this entire document and ask questions you have before you agree to be in the study.

Why have I been asked to be in this study?

You have been selected for this study because of your direct experience, professional and/or personal, in working with grief and bereaved individuals.

If I decide to participate, what will I be asked to do?

If you meet the criteria and agree to be in this study, you will be asked to do these things:

- Participate in an interview with me, which will be conducted at your workplace, over the phone, or other agreeable meeting place. The interview will be approximately 60-to-75 minutes in length. The interview will be audio taped and then transcribed for data analysis.

In total, this study will take approximately 60-75 minutes for you, conducted in a single session.

What if I decide I don't want to be in this study?

Participation in this study is completely voluntary. If you decide you do not want to participate in this study, please feel free to say so, and do not sign this form. If you decide to participate in this study, but later change your mind and want to withdraw, simply notify me and you will be removed immediately. Your decision of whether or not to participate will have no negative or positive impact on your relationship with St. Catherine University, nor with any of the students or faculty involved in the research.

What are the risks (dangers or harms) to me if I am in this study?

The study has no known risks. If you decide to participate, I will be asking you about your professional and personal experiences with grief, and your opinions and experiences relative to this research topic.

What are the benefits (good things) that may happen if I am in this study?

The study has no direct benefits to you.

Will I receive any compensation for participating in this study?

You will not be compensated for participating in this study.

What will you do with the information you get from me and how will you protect my privacy?

The information that you provide in this study will be audio recorded and transcribed for data analysis. I will combine this data with data from interviews with other participants to look for themes related to the study question. I will keep the research results in a locked drawer in my home office, and only I and the research advisor will have access to the records while I work on this project. I will finish analyzing the data by May 15, 2017. I will then destroy all original reports and identifying information that can be linked back to you. Audio recordings and electronic documents will be kept in a password-protected computer file and shared only with the research advisor. The audio files will be destroyed along with other reports at the completion of data analysis, or no later than June 2017.

Being identified in this study is optional. If you choose to be identified, your name, experience, and responses to research questions will be published in St. Catherine University's research database, and potentially in other research journals. Participation in this study is not dependent upon your choice to be identified.

If you choose to not be identified, any information that you provide will be kept confidential, which means that you will not be identified or identifiable in the any written

reports or publications. If it becomes useful to disclose any of your information, I will seek your permission and tell you the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the purpose of the disclosure; you will have the right to grant or deny permission for this to happen. If you do not grant permission, the information will remain confidential and will not be released.

Are there possible changes to the study once it gets started?

If during course of this research study I learn about new findings that might influence your willingness to continue participating in the study, I will inform you of these findings

How can I get more information?

If you have any questions, you can ask them before you sign this form. You can also feel free to contact me a (701)-260-9066 or at michael.sadowsky@stthomas.edu. If you have any additional questions later and would like to talk to the faculty advisor, please contact Rajean Moone at (651)-235-0346 or moone9451@stthomas.edu. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or jsschmitt@stkate.edu.

You may keep a copy of this form for your records.

Statement of Consent:

I consent to participate in the study and agree to be audiotaped: yes no

I consent to be personally identified in this study*: yes no

(*Participation in this study does not depend on your choice to be personally identified)

My signature indicates that I have read this information and my questions have been answered. I also know that even after signing this form, I may withdraw from the study by informing the researcher(s).

Signature of Participant

Date

Signature of Researcher

Date

Appendix B*Interview Questions*

- 1) What kind of work do you do, and how does it relate to grief? What types of clients/people do you work with?
- 2) What are your personal and/or your organization's philosophies regarding grief and loss? How is it similar and/or different from how others approach grief and loss?
- 3) Is personal growth a factor in coping well with loss or grief? If so, how can a client be assisted in personal growth, and in what ways might this growth manifest?
- 4) Is finding meaning in loss or grief essential for healing? If so, in what ways might a client find meaning in loss or grief?
- 5) Have you learned anything about grief from working with people from different ethnic or cultural backgrounds, or from studying other cultures?
- 6) Are there any factors that prevent a person from coping well with grief? If so, how is it different for people who experience more healing from grief?
- 7) Are there any specific types or degrees of grief or loss that require the most help? Why is that?
- 8) Do you or others doing similar work ever see grief as a skill, and if so, could grief ever be re-imagined as a skill to be learned in larger society? Could this idea provide any utility for the work you do? (or might you word/frame it differently?)
- 9) Would there be any benefits if American society approached grief in this way? What might those be?