



# Techniques of Grief Therapy

Assessment and Intervention

Edited by Robert A. Neimeyer



# Techniques of Grief Therapy

*Techniques of Grief Therapy: Assessment and Intervention* continues where the acclaimed *Techniques of Grief Therapy: Creative Practices for Counseling the Bereaved* left off, offering a whole new set of innovative approaches to grief therapy to address the needs of the bereaved. This new volume includes a variety of specific and practical therapeutic techniques, each conveyed in concrete detail and anchored in an illustrative case study. *Techniques of Grief Therapy: Assessment and Intervention* also features an entire new section on assessment of various challenges in coping with loss, with inclusion of the actual scales and scoring keys to facilitate their use by practitioners and researchers. Providing both an orientation to bereavement work and an indispensable toolkit for counseling survivors of losses of many kinds, this book belongs on the shelf of both experienced clinicians and those just beginning to delve into the field of grief therapy.

**Robert A. Neimeyer, PhD**, is a professor of psychology at the University of Memphis, where he also maintains an active clinical practice. Neimeyer has published 30 books, including *Techniques of Grief Therapy: Creative Practices for Counseling the Bereaved* and *Grief and the Expressive Arts: Practices for Creating Meaning*, the latter with Barbara Thompson, and serves as editor of the journal *Death Studies*. The author of nearly 500 articles and book chapters and a frequent workshop presenter, he is currently working to advance a more adequate theory of grieving as a meaning-making process. Neimeyer served as president of the Association for Death Education and Counseling (ADEC) and chair of the International Work Group for Death, Dying, & Bereavement. In recognition of his scholarly contributions, he has been granted the Eminent Faculty Award by the University of Memphis, made a fellow of the clinical psychology division of the American Psychological Association, and given lifetime achievement awards by both the Association for Death Education and Counseling and the International Network on Personal Meaning.

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## Assessment and Intervention

**Edited by Robert A. Neimeyer**

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## Preface

Like the field of death studies or thanatology with which it is intimately associated, grief therapy is an inherently pluralistic enterprise. Arising as it does at the interface of the helping professions and the ineluctable reality of loss in (and of) human life, formal professional attempts to assuage the resulting grief inevitably carry the imprint of the many disciplines involved, from psychology and counseling, through nursing and social work, to spiritual care and the expressive arts. And yet, until recently, therapeutic efforts to support people struggling with often profound and prolonged life disruption in the aftermath of the loss were fairly informal and intuitive, and inadequately communicated to others joined in similar work. As a result, many creative practices have been shared only informally within the professional community, and many others have no doubt died with their solitary creators. Just as seriously, the lack of practical documentation of such practices has resulted in their being substantially ignored by researchers, who have instead given far greater attention to documenting the impact of bereavement than to studying therapeutic procedures to alleviate it. Researchers, no less than clinicians, therefore would benefit from a clear and practical description of methods of grief therapy, so that their possible contribution to the reduction of human suffering in the face of unwelcome change can be extended creatively and evaluated scientifically.

*Techniques of Grief Therapy: Assessment and Intervention* was compiled to serve just this function. Like its predecessor, *Techniques of Grief Therapy: Creative Practices for Counseling the Bereaved* (Neimeyer, 2012), the present volume offers a cornucopia of practical means of addressing the challenges of loss, ranging from evidence-based strategies for restoring vital engagement with the world after a life-vitiating transition to novel processes and procedures for conducting therapy and enhancing its impact within and between sessions. As in the earlier book, I have attempted to recruit a large and diverse set of contributors, some of whom are among the leading theorists and researchers in the field, while others are practitioners “in the trenches” of clinical settings ranging from hospices and hospitals to private practices and specialized bereavement centers. All write with clarity and compassion about the concepts that animate their practice and the specific tools that give it shape.

### Organization of the Book

The 66 chapters that follow are divided into 12 parts, each of which focuses on a shared objective, which finds expression in the several chapters that comprise it. Part I, *Framing the Work*, offers a range of contemporary and sometimes original perspectives on the work to follow, considering grief and grief therapy in the frame of adult developmental, attachment, coping

and trauma theories, and introducing a specialized website that helps practitioners find the scientific literature they need to add inspiration and rigor to their work. Part II, *Assessing Bereavement*, provides a great trove of measures for evaluating grief and bereavement, at levels that range from its negative and positive outcomes through the nuanced impact of loss on survivors' worlds of meaning to their ongoing attachment relations to the deceased and living support figures. Part III, *Coping with Grief*, extends this focus on evaluation in the direction of self-assessment and self-change, in the form of various models and methods for grasping more clearly where we are in the process of grieving, and how we might constructively move forward toward resilience.

Part IV, *Attending to the Body*, represents the first of nine sections to offer concrete and detailed clinical procedures targeting specific therapeutic objectives, in this case helping clients attune to the body's felt needs and address them with compassionate physical practices. Part V, *Working with Emotion*, assists counselors in teasing apart bereavement overload, and implementing ways of containing, exploring, and even using difficult emotions as guides to growth. Part VI, *Reconstructing the Self*, holds the mirrors of several methods to our clients' gaze, so that they can engage in the deep work of reconstructing their own identity in the wake of life-transforming loss.

In Part VII, *Re-storying Narratives of Loss*, contributors help therapists listen between the lines of the stories clients are telling themselves and others about the loss, and use a range of dramaturgical, technological, spiritual, poetic, imaginal, and reflective practices to reach toward fresh self-narratives. Part VIII, *Reorganizing the Continuing Bond*, recognizes the centrality of attachment at the core of grief, and discusses several means of reviewing and renewing the sometimes conflicted, typically loving ties that are shaken, but not sundered, by the death. Part IX, *Re-envisioning the Loss*, extends these narrative procedures through the power of imagery, conveying in detail novel prescriptive and expressive arts tools for rendering bonds and the challenges to them more visible to therapeutic attention.

Part X, *Mobilizing Systems*, recognizes a fact that is often strangely neglected in the field of grief therapy—namely that mourners grieve in a social field. Accordingly, contributors to this section offer guidance on involving family and other network members affected by a loss, and outline essential methods for fostering mutual support through the transition. Part XI, *Facilitating Group Work*, likewise conveys procedures for ensuring that support groups provide an empathic and manageable “holding environment” for shared pain, discussing detailed suggestions for their co-facilitation and specific structures for prompting the telling of healing stories. And finally, Part XII, *Recruiting Ritual*, underscores the role of spiritual, cultural, and creative practices in honoring those we love and restoring a sense of wholeness in those who remain. Taken together, the volume complements its predecessor, nearly doubling the fund of tools and techniques made available to grief therapists.

## Acknowledgements

In closing, I want to express my gratitude to the scores of passionate colleagues who have contributed their enthusiasm and effort to this project, and particularly the “unsung heroes” of bereavement care in the role of front-line workers who are often given little opportunity to share the intelligent and inspired practices that inform their work with clients. No less than the leading theorists and researchers whose contributions also fill the volume, they have helped make grief therapy the vital and humane field that it has become. I am proud to call many members of both groups my friends.

I also would like to thank those colleagues like Anna Moore, my acquisition editor at Routledge, and Melissa Smigelsky, my doctoral student in clinical psychology, who have helped at many stages in the development of the volume, and whose unflagging efforts to

champion, index, produce, or market the volume have helped make it a reality. If “it takes a village to raise a child,” as the African proverb suggests, this is no less true of publishing a book of this magnitude.

And finally, I want to extend my sincere gratitude to the countless clients in my own clinical practice and that of most of the other contributors of this volume, whose willingness to share their stories, their pain, and their hope ground all of us in the reality of loss, just as it also underscores the nobility with which it can be borne. I am a better therapist and person for their teaching, and I hope that their stories, rendered in the scores of case illustrations to follow, will have a similar effect on other readers.

Robert A. Neimeyer, PhD  
Memphis, TN, USA  
February 2015

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## How to Use This Book

Given the scope of the present volume, readers might well engage its diverse content in different ways depending on their personal and professional contexts of work. I will therefore offer a few suggestions for three potential audiences in particular: clinicians, researchers, and educators.

*Clinicians*, broadly construed to include psychologists, counselors, therapists, social workers, and others who facilitate grief support in different settings, can consider the volume as a source of orientation to the work of grief therapy (in Part I), which finds expression in the scores of useful methods described in detail and illustrated in case studies (in Parts III–XII). Drawing on constructivist, narrative, emotion-focused, cognitive behavioral, family systems, group, and expressive therapies, the dozens of technique chapters that constitute the core of the book then invite browsing for clinical inspiration, while also being organized into clusters of chapters that facilitate targeted searches for specific guidance. The substantial trove of assessment resources (in Part II) further extends the clinical utility of the book by making accessible highly relevant scales and questionnaires (with scoring keys) to aid practitioners in identifying client strengths, needs and vulnerabilities, as well as to document the efficacy of their therapeutic interventions.

*Researchers* can find in the material of Part I a helpful introduction to contemporary models of grief and grief therapy, extending surveys of this literature offered in previous volumes (Neimeyer, 2012; Neimeyer, Harris, Winokuer, & Thornton, 2011). Part II is likely to have particular value for this readership, conveniently including as it does a psychometrically informed presentation of many of the major measures that can help operationalize the proposed mechanisms of change in grief therapy, while also providing valid and reliable means to evaluate its efficacy. The remaining chapters, viewed from the standpoint of psychotherapy research, represent something of a handbook or manual of therapeutic procedures that invite further study, research that could be greatly advanced by the clarity with which they are conveyed. Thus, theoretically, technically, and psychometrically, the contents of the present volume, like its predecessor, should help sharpen the scientific agenda of the field as well as foster more creative practice.

Finally, *Educators* are likely to find the present volume, along with the original, to be attractive as texts for advanced undergraduate and especially graduate classes in bereavement and grief therapy. Beyond the useful introduction to contemporary theory provided in Part I, the remaining sections of the book offer detailed instruction in concrete methods of intervention, greatly alleviating the anxieties of students struggling to close the gap between theory and practice. Moreover, the structure of the book invites *experiential learning* through the assignment of readings of relevance to the students' own history of losses, as well as those of their clients. For example, the 12 parts of the book are amenable to incorporation as weekly readings

in a syllabus that scaffolds a typical semester (Part I in Week 1, Part II in Week 2, etc.), and students can be encouraged to actually try out one of the methods of their choice from each unit by considering its application to a loss of their own. A brief reflective paper on their experience in doing so—with appropriate safeguards regarding personal disclosure—can greatly deepen their lived understanding of a given questionnaire, process, or technique before they attempt to implement it in field settings, and can make for lively and often moving class discussions. The suggestions for further readings in each chapter also point students toward additional resources that could help scaffold a class paper or project.

In summary, I hope the structure and content of *Techniques of Grief Therapy: Assessment and Intervention* address the needs of different constituencies engaged in the fields of grief therapy and research, and promote greater integration of pedagogy, science, and practice.

Robert A. Neimeyer, PhD

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# **Part I**

## **Framing the Work**



# Toward a Developmental Theory of Grief

Robert A. Neimeyer and Joanne Caciatorre

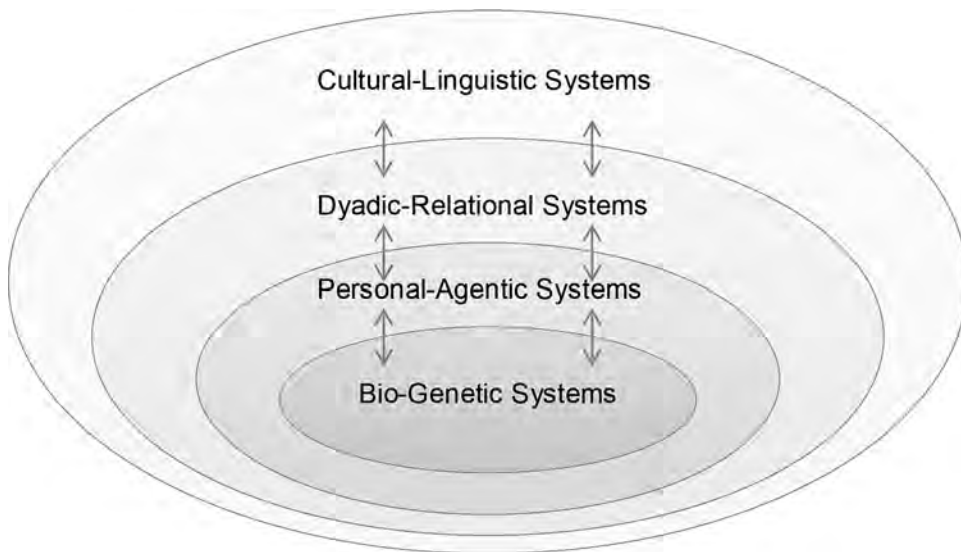
At least in English, “grieving” can be understood as a verb rather than a noun, a static state or condition. This implies that, at least optimally, it represents a form of psychosocial and perhaps spiritual transition from the initial onset of a life-altering loss through a period of frequently tumultuous adjustment to a point of relative stability beyond the period of acute bereavement. Viewed in this temporal perspective, adaptation to the loss of someone or something central to one’s sense of security and identity can therefore be seen as a developmental process, one that is not simply reducible to a set of psychological symptoms, a psychiatric diagnosis, or a culturally defined social role—though it may be understood by some in these terms too. Our goal in this initial chapter is to sketch the possible outlines of such a developmental model of grief, suggest the social needs implicit for the mourner negotiating this transition, and gesture toward the sorts of therapeutic responses at each point that might best facilitate the mourner’s movement through the series of challenges or crises this process entails. We will begin by framing our general orientation toward such a developmental theory before outlining the model itself, offering occasional citations of relevant research and brief clinical vignettes to illustrate the model’s connection to clinical practice.

## An Epigenetic Framework

From an epigenetic systems perspective, both internal experience and external behavior emerge in development through coactions among multiple levels within an organism–environment system (Gottlieb, 1992). In biology, epigenesis stands in contrast to both preformationist theories, which view an organism’s structures, behaviors, and capacities as innate and fully formed, as well as in contrast to maturationist views that regard such structures or capacities as the predictable unfolding of a genetic potential. Instead, in a psychological context, an epigenetic approach understands all development and behavior as emerging from a person–environment, or ecological, system composed of hierarchically organized levels that transact (Mascolo, Craig-Bray, & Neimeyer, 1997), as depicted in Figure 1.1.

As applied in the context of bereavement, this implies that the development of mourners’ grief processes will be jointly shaped by (a) *bio-genetic* factors such as their dispositional temperament, genetic vulnerability to fluctuating affective states, and physical resilience; (b) *personal-agentic* factors such as their emotional awareness, personal philosophy, and





**Figure 1.1** The organism–environment system presupposed by an epigenetic model of development

coping skills, (c) *dyadic-relational* factors such as social support, family convergence or divergence in grieving styles, and social connectivity, and (d) *cultural-linguistic* factors such as societal, gendered, or ethnic norms governing the expression of grief, cultural sanctions or disenfranchisement of particular forms of loss, and even the connotations carried by terms describing (or ignoring) the mourners' status as widows, orphans, or bereaved parents. The plethora of transactions *within* these levels (e.g., considering conflicting needs at the personal-agentive level) or *between* them (e.g., personal preferences for emotional expression being invalidated by a family or cultural prescription of stoicism) configure highly individualized expressions of grief and its evolution over time for any given mourner.

Viewed in this epigenetic frame, grieving can be seen as a *situated interpretive and communicative activity* (Neimeyer, Klass, & Dennis, 2014). It is “situated” in the sense that mourning always unfolds in the context of a given familial, social, cultural, and historical context; it is “interpretive” in that it inevitably entails attempts to make sense of a compelling emotional experience; it is “communicative” as it is intrinsically embedded in spoken, written, and non-verbally performed exchanges with others; and it is an “activity” in that it is an enacted process, not merely a state to be endured. Thus, a fuller understanding of the development of bereavement entails more than a summation of symptomatology or even a phasic transition through essential stages that merely vary in their order or progression as a function of individual psychology. It is to this more nuanced and contextual understanding of the development of grief that we now turn.

### **Toward a Developmental Model of Grieving**

The individuality of grief arising from the epigenetic systems perspective notwithstanding, some broad continuities can be discerned in adult mourners who encounter various developmental challenges in the course of their bereavement, particularly when the loss involves an intimate attachment figure (such as a child, partner, parent, or other loved one, such as a best friend or close sibling). To describe these challenges we draw upon the classical scaffolding of Erikson's conception of development as a series of “crises,” each of which entails contending

with a dialectical tension between two poles (e.g., trust vs. mistrust; autonomy vs. shame and doubt; ego integrity vs. despair) (Erikson, 1968).

Like Erikson, we propose that satisfactory resolution of these tensions at a given point in development entails grappling with both poles of each dichotomy, and doing so in a given social field and historical and cultural context, which when done successfully permits fuller and less impeded engagement with subsequent challenges. Optimally, this process leads to a synthesis of the polarities of each crisis and establishes the ground for engaging the next. However, unlike Erikson, whose concern was normative “macro” lifespan development from infancy to death, our focus is at the “micro” level of adults facing the challenge of significant loss at a given moment in the life cycle.

For convenience, we describe this process in terms of three successive crises, which meld into one another over the course of bereavement. Here we will briefly outline these crises, underscoring the developmental challenge posed by each, the implicit questions that drive the ongoing quest for meaning in the experience, associated priorities as they arise and shift over time, and the psychosocial needs or supports that promote their satisfactory resolution.<sup>1</sup> More briefly, we suggest some illustrative therapeutic stances and strategies having special relevance to each crisis, pointing toward subsequent chapters in this volume for their further explication. Finally, we will anchor each in an actual case illustration that gives a human face to the developmental tensions that each period of grieving characteristically entails. Table 1.1 summarizes this developmental model.

### Early Grief: *Reacting*

The earliest weeks of profound loss are typically characterized by a deep narcissistic wound: the seemingly impossible has happened, and it feels as if a part of the self has been ripped away with the loved one. Early during this period, the mourner often reacts with a sense of emotional anesthesia. He or she may remain in a suspended state of disbelief, or oscillate in and out of reality, for a prolonged period of time. Once the emotional anesthesia begins to wane, and the bereaved begin to feel the full weight of the grief, the pain of the wound feels unbearable. The mourner generally understands this is an irreversible wound, one for which there is no immediate remedy. As weeks meld into months and the numbness gradually abates, mourners may experience great difficulty with self-care, cognition, emotional regulation, physical health, sleep and diet hygiene, spirituality and/or faith, social transactions, and interpersonal

Table 1.1 A developmental model of grief

Period	Time frame	Crisis	Synthesis	Question	Priorities	Psychosocial needs	Therapeutic methods
<b>Early grief:</b> <i>Reacting</i>	Weeks after loss	Connection vs. Isolation	Self-acceptance	How and why did this happen?	Safety, Trust, Survival	Listening, Identification, Compassion	Emotion regulation, Containment
<b>Middle grief:</b> <i>Reconstructing</i>	Months after loss	Security vs. Insecurity	Continuing bond	Where do I locate my loved one?	Validation, Understanding	Audience for stories, Permission to maintain bond	Memorialization, Legacy projects, Imaginal dialogue
<b>Later grief:</b> <i>Reorienting</i>	Years after loss	Meaning vs. Meaninglessness	Posttraumatic growth	Who am I now?	Self-reinvention, Altruism	Permission to change, Signification	Directed journaling, Social action

relationships. It may be easier in this period to withdraw in order to protect oneself from well-intentioned but unhelpful others, particularly if the mourner has not received what he or she so desperately needed in the initial wounding.

This is a critical time for mourners. It is a time when their own wounds are fully recognizable and they also have the opportunity to notice that there are others who are wounded—sometimes by an analogous loss. Most often, mourners will seek out and find those whose stories closely mirror their own. They seek similarity in others' stories for validation of their own emotional state.

Psychosocial needs during this period include an opportunity to express difficult emotions such as anger, rage, guilt, shame, self-blame, despair, and other emotions that many others will deny. It is crucial not to have these emotions dismissed or bypassed. In essence, we bear a duty to provide a safe and nonjudgmental space for the griever to explore and express these states of deep desolation that so many others find unspeakable.

Developmentally, mourners in early grief therefore commonly struggle with issues of *connection vs. isolation*, as they feel that the unique anguish of their loss casts them outside the once "normal" world of relationships shared with others. At the same time, they contend with profound questions about the "event story" of the death, how it can be understood practically, existentially and spiritually, and what implications it carries for their radically changed lives (Neimeyer & Thompson, 2014). Just as they require patient tending and befriending in their grief-related emotions, mourners in this early period also need patient listeners who will join them in their quest to find meaning in the loss, without quickly resorting to their own preformulated answers.

Thus, most crucial in the period of acute wounding is promoting a sense of safety and shoring up the conditions required for mourners' psychological survival, which may at times literally be threatened, as research on elevated risk of mortality in the early weeks of bereavement demonstrates (Stroebe, Schut, & Stroebe, 2007). For example, studies suggest that bereaved mothers who reported compassionate caregiving by providers experienced fewer negative, long-term psychological outcomes than those who felt that their needs to be upheld, heard, and treated with compassion were unmet (Radestad et al., 1996). Likewise, research documents that survivors of homicide loss fare better when their psychosocial needs for grief-specific support are met by others in their social network, whereas they struggle with greater complication as the number of negative, critical, or intrusive relations with others increases (Burke, Neimeyer, & McDevitt-Murphy, 2010). Mutual support groups of mourners suffering similar losses may be especially valuable during this period, providing a context for connection with others whose losses (e.g., of a child, or of a partner through suicide) closely correspond with the griever's own. When the mourner meets with empathic listening and identification from the social world, the crisis of *connection vs. isolation* can be more easily resolved in the direction of *self-acceptance*, that is, a compassionate self-awareness that one's own pain is understandable, legitimate, and mirrored in the lives of others who have suffered similar loss. Accordingly, high degrees of therapist "presence" and "containment" in the form of creating a safe "holding environment" for distressing affect is essential at this point (Neimeyer, 2012d), which may be reinforced by mindfulness as a medium for therapy as well as a prescription for client self-care (Cacciatore & Flint, 2012). Therapeutic techniques for promoting a client's "self-capacities" (Pearlman, 2015, Chapter 31) in the context of meticulous "dramaturgical" listening (Noppe-Brandon, 2015, Chapter 35), as through searching for the felt sense of clients' embodied emotional experience (Farber, 2015, Chapter 21; Neimeyer, 2012a), can advance this goal. Likewise, careful management of support group settings to ensure safety and to prevent re-traumatization (Neimeyer & Sands, 2015, Chapter 59; Spence & Smale, 2015, Chapter 57) can ensure the supportive interpersonal field required for participants to move toward emotion regulation and re-connection, ultimately promoting their self-acceptance of

both their pain and their humanity. A case illustration of a mourner in this early period of *reacting* to loss follows.

### Case Illustration

Anna (aged 37) is a Hopi Native American single woman who suffered the death of her 4-year-old son to cancer nine months earlier after he was diagnosed at age 2 with neuroblastoma. Anna sought counseling at the insistence of friends from work who were concerned about her significant weight loss, changes in her physical appearance, and apparent social withdrawal after her son's death. During Anna's first session, the counselor focused on creating a safe space, careful to listen closely to the details of her son's treatment and ultimately his death. Anna expressed feeling anhedonic since his death but did not openly cry or express sadness. The counselor allowed Anna to guide the conversation during the first session, and she tended to focus on the specific details of his diagnosis and medical treatment, as she sought to make sense of the painful reality of her child's death. During the second session, however, Anna disclosed that she felt isolated from coworkers, particularly because many of her colleagues had school-aged children, and they frequently spoke of their activities at work. She found herself "hiding" in her office, and she often felt anxiety every morning while driving to the office. In addition, she also felt disconnected from her tribal family who, she noted, "doesn't allow us to talk about our dead . . . it's a taboo." It became clear that Anna lacked a safe place to talk about her grief, specifically, and she felt she was "sinking deeper and deeper" into a state of loneliness and despair. Her self-questioning was notable during the second session when she questioned whether she was "losing all sense . . . and was turning into that sad and depressed person no one wants to be around."

The counselor continued to listen deeply to her story, validating her experiences of isolation, and providing a relational home (Stolorow, 2007) for her trauma and grief. Rather than pathologizing her grief, the counselor helped Anna see more clearly her pattern of increasing isolation and self-doubt. She began to understand that others might not understand her experience of loss the way she'd hoped, and thus, she was able to gradually augment her expectations. She was also able to speak with a supervisor at work. He privately asked others to be more aware of Anna's sensitivity to discussions about their living children. Finally, as relational trust expanded, Anna began to access and express her grief during sessions. She began to trust herself—and her suffering—more every week. Eventually, she was able to speak with her family about how their tradition of silence felt hurtful to her. While they did not agree to change their cultural proscription, she did feel relief by merely engaging in open dialogue with them. By the end of the third month, Anna was ready to attend a support group for parents. Here, she found like-others with whom she connected and maintained close relationships for several years. While the grief remained palpable, Anna no longer felt so disconnected from herself, from others, or from her grief. She felt better able to tolerate the undulations of painful affective states.

### Middle Grief: *Reconstructing*

As in Eriksonian theory, our model presumes that satisfactory resolution of the crisis of *connection vs. isolation* in early grief establishes a context for engaging later challenges that come into focus in the months that follow. As mourners contend with the permanence of the loss of a significant attachment figure, they may struggle with a profound sense of emptiness,

preoccupation with the loss, and yearning for that which eternity will not return—at least in the embodied human form they crave. As in Bowlby’s formulation of the attachment and caregiving behavioral systems, the bereaved may find themselves cut adrift from the secure mooring previously afforded by their bond with a living loved one who cared for them or to whom they provided care, or both (Bowlby, 1980). Lacking this tangible tether, mourners may struggle with substantial separation anxiety expressed in pining and yearning for the one who died, restlessness, hypervigilance, autonomic arousal, and susceptibility to panic. This crisis of *security vs. insecurity* is commonly accompanied by agitated concern with the question of where to “locate” their loved ones, spiritually, emotionally, and socially in the form of being able to speak their name, tell their stories, and find some ritual support for doing so in a creative or culturally sanctioned way. Thus, in addition to attempting to process the “event story” of the death, an imperative that commonly arises in the early weeks of bereavement, as time goes on griever often struggle to access the “back story” of their relationship with the deceased in a way that restores their sense of attachment security (Neimeyer & Thompson, 2014).

Psychosocial needs of mourners during this period include the generous provision of validation for the loved one’s ongoing importance and “presence” in the mourner’s life, predicated on understanding the griever’s attempt to *reconstruct* rather than *relinquish* the attachment bond in a form that is sustainable in the deceased person’s physical absence (Klass, Silverman, & Nickman, 1996). This implies family, community, and cultural permission to conserve the connection, optimally by offering opportunities to “introduce” the deceased to others in conversation and find inspiration in the loved one’s life story or the story of their love (Hedtke & Winslade, 2004). Optimal negotiation of this developmental crisis can lead to a continuing bond to the deceased attachment figure, but like other healthy attachments, not one that precludes loving connection to others. Indeed, the network of other relationships also commonly is reaffirmed or reconstructed during this period, as the mourner strives to rebuild sustainable routines and patterns in a life narrative disorganized by the loss.

Mourners who struggle greatly with reconstructing a living bond with the deceased can benefit from all manner of creative therapeutic assistance, from symbolic correspondence and imaginal conversations with the deceased (Bogatin & Lynn, 2015, Chapter 43; Neimeyer, 2012b, 2012c), to creative practices for private (Harris, 2015, Chapter 30) and public memorialization (Henning, 2015, Chapter 45; Stoll, 2015, Chapter 46). In this way both intimate and communal spheres can assist with the task of locating the deceased as a figure having continued relevance for mourners and others who knew or who might yet come to know the deceased through stories that can be circulated with the living. The continuation of our case study illustrates many of the challenges of this developmental period and the psychosocial resources that facilitate their resolution.

### Case Illustration

Anna continued in support group for 18 months after her son’s death. As others in her social world often did not acknowledge Anna as a mother, for example on Mother’s Day, friends from her support group consistently recognized her, an enactment of compassion that was received with gratitude on her part. In counseling, she learned and practiced “mothering” her son through public rituals, often enacted with the aid of other bereaved parents. On his birth and death dates, she and others visited his grave and decorated. She attended candle-lighting ceremonies and volunteered for other charities “to make him proud.” Prior to counseling, when asked if she had children, she would respond in the negative. Her response, since, had shifted. She now responded that she “has a son who

died in 2011” because she felt she was “still a mother, even if he died.” By the end of the 18th month, Anna no longer felt the need to ritualize him publicly and her ritual moved to the private sphere. This transition was not distressing for her; rather, it felt like the “natural” thing to do. Every morning, she lit sweet grass for him. She remembered him in her prayers. And she often connected with him through the natural world. He had a peculiar interest in owls, and she began collecting owl totems in his memory. She said they helped her feel “connected to his spirit.” She also created an altar in her home for his keepsakes and other mementos. Importantly, therapeutic intimacy deepened despite the relative infrequency of the sessions, which had now declined to once or twice every few months. Counseling, she said, gave her a place to “process feelings and feel validated as his mother . . . even after all this time.”

### Later Grief: Reorienting

Finally, as the months meld into years after a life-altering loss, mourners frequently face the daunting task of revising their self-narrative: Who are they now, in the physical absence of their loved one? Insofar as the meaning of our lives is intimately interwoven with our closest relationships, their loss can stretch or rend the very fabric of our identity, necessitating its repair or reweaving through the projection of new goals that do not require the physical presence of the loved one. Mourners thus confront a crisis of *meaning vs. meaninglessness*, as they strive to restore or reinvent a sense of coherence between the person they were before the loss, the person they are now in its disorienting wake, and the person they will become as they move uncertainly into a rewritten future self-narrative (Neimeyer, 2011).

In this process of reorientation, mourners require something different from their families and social world—not so much support for where they *are*, which they might well have welcomed in early grief, but instead support for who they *might yet become*. When the bereaved receive permission to change in response to major loss, to reorder life priorities, and to live more in conformity with their often-altered core values, they may review and revise time-honored spiritual commitments, drawing on their experience of suffering to discover new strengths, to transcend their former place in the world. This is often done while recognizing that the price for such transformation was far too high. Met with this receptivity, the priority given to self-reinvention can energize posttraumatic growth in any of several domains, especially when grief is substantial enough to prompt a review of previous assumptions, but not so intense as to be overwhelming (Currier, Holland, & Neimeyer, 2012).

Perhaps the most salient feature of such growth in later grief is the broadening and deepening of compassion for the suffering of others (Cacciatore, 2014). Although mourning the death of a child, the premature loss of a parent or spouse, or another highly significant relationship can last a lifetime, the person who has been able to negotiate the crises of *connection vs. isolation*, *security vs. insecurity*, and *meaning vs. meaninglessness* is more likely to experience what the mystics consider transcendence or transfiguration. In this place, the hearts of grieverers are softened and turned outward toward others, even others who are less like them (Cacciatore, 2014). Over time, for example, a bereaved parent whose adult child died may be able to find him- or herself relating to another grieving parent who may have experienced the death of a baby or young child. Gradually, the same parent might extend deep empathic concern to a person who lost a spouse or parent. As the heart turns more and more outward, the same person may ultimately recognize some version of his or her own pain in a homeless person, in those suffering terminal illness, or in people living in poverty in a distant country. Ultimately this compassionate stance may find expression in acts of loving kindness, perhaps done in memory of their deceased loved ones (Cacciatore, 2012). Therapeutically, forms of directed journaling



that encourage people in later grief to reflect on the unsought benefits in the loss (Lichtenthal & Neimeyer, 2012) or on the spiritual lessons it has conferred (Pearce & Smigelsky, 2015, Chapter 37) may help prompt or consolidate such growth, but this should never be hurried along by the therapist (Calhoun & Tedeschi, 2013). A Buddhist workshop focusing on the meaning of suffering, impermanence, and self-transcendence has shown promise in alleviating bereavement distress in later grief, as well as promoting personal growth in participants (Neimeyer & Young-Eisendrath, 2015). Anna's ongoing negotiation of this crisis provides the bedrock for altruism, meaning, and renewed life priorities.

### Case Illustration

By the middle of the second year post loss, Anna started to feel a pressing urge to help others, even those unlike her. She noted in one session that when she first started attending support group, she “only related to parents whose young children died of cancer.” By this point, however, she noticed her heart softening toward other parents whose children died of other causes and at varying ages. This opening of her heart “surprised” her in a “good way” and, thus, her connections and resources expanded ever more. She also decided to return to school for a graduate degree in social work, hoping to reach out to other Native American mothers whose children died. She stopped formal counseling once she started back in school but kept in touch frequently. Anna became a facilitator in her support group and also had a profound shift in her spirituality, which she accessed through poetry. She began to read and write poetry as a means to connect with the numinous. Anna also found herself committed to helping with animal rescue on the Indian reservation, an act of altruism that had never appealed to her. She didn't know how to explain this sense of duty toward the animals' suffering on the reservation, but she experienced tremendous reward in aiding them. Over the course of almost 4 years since losing her son, Anna has experienced depths of grief she never imagined. She would thankfully give anything in exchange for her son's life. Yet, she has returned to a place of equilibrium, acceptance of her new identity and life purpose, and feels that she has grown through the darkness of grief.

### Developing Through Grief: Closing Reflections

Viewed through an epigenetic lens, grief can be understood not so much as a set of symptoms or stages, but instead as a developmental transition prompted by disruptions to the mourner's world of meaning occasioned by significant loss. Of course, seen as a situated interpretive and communicative activity arising in the context of a unique biology, psychology, social milieu, and cultural frame, grieving inevitably will be highly variegated in its form and its progression. But in this brief chapter we have also tried to sketch some broad continuities encountered by many of those adults who are faced with life-altering loss, linking these to normative crises (and opportunities) introduced by the death of a loved one, to the existential questions such crises raise, and to the personal priorities and psychosocial needs each entails. Here we will underscore a few further implications of this developmental view for both clinicians and researchers.

First, by describing broad challenges associated with grieving, we are not suggesting that these take the form of stages or phases that “turn on” or “click off” in some predetermined pattern. Instead, like other developmental capacities such as a child's learning to read, or to adopt the perspective of another person, the outcomes we envision (self-acceptance of one's grief, construction of a continuing bond with the deceased and posttraumatic growth) emerge

gradually and uncertainly over a considerable period, facilitated by a psychosocial system that supports their acquisition. Moreover, we recognize that each of the three periods we have outlined can only be located very approximately in time, each melding into the next as development moves forward from early reacting to eventual reorientation. And of course, nothing is inevitable about such movement; when the challenge posed by the loss is minimal, as when the death is expected, appropriate, or carries few implications for the attachment security or life meaning of the survivor, no significant perturbation may occur, and hence no developmental crisis may arise. Likewise, problematic transactions at or between any levels of the epigenetic system (bio-genetic, personal-agentive, dyadic-relational, or cultural-linguistic) can impede movement through the sequence, arresting optimal negotiation of each successive challenge and contributing to complications. It is for this reason that we acknowledged the possible role of therapy in confronting or circumventing such impasses to support the mourner's adaptive development through grief.

Second, we acknowledge that our sketch of the developmental trajectory through grief is offered in broad brush strokes, and that more refined renderings of this transition are possible. For example, just as Piaget's pre-operational stage of child development can be further differentiated into substages concerned with symbolic functions and intuitive thought (Piaget, 1971/1937), so too the developmental periods we have outlined might well be subdivided or supplemented to create a more detailed depiction (in fact, we hint at this possibility by noting a shift from numbing to keenly feeling the wound of loss in our description of early grief). Our preference to limit ourselves to a few more general periods is based partly on considerations of parsimony—not wanting to propound a highly elaborate theory where a simpler one will do—and also on our observations of the messy, nonlinear reality of grieving in the clinical context, where variations in any proposed sequence are the rule rather than the exception. Furthermore, we have not explicitly included children's grief in this model, because we suspect that the priorities of early grief to provide containment and security may predominate for very young children, and because the developmental capacities to support later processes in the model (e.g., to entertain imaginal dialogues with the deceased, pursue legacy projects, or turn grief toward altruistic social action) are themselves likely to emerge in the course of maturation, becoming more readily available in adolescence and adulthood. Of course, extension and refinement of the model to offer a more detailed or lifespan view are both feasible and welcome.

Third, we hope that this model offers some useful heuristics for other clinicians who seek to help clients struggling individually, in families, or in groups with the crises of isolation, insecurity, and meaninglessness that we have described. In linking these emotionally wrenching states to the quest for meaning implicit in each, as well as to the psychosocial resources that might be mobilized to support their positive resolution, we hope to suggest a range of therapeutic procedures relevant to this goal. Indeed, we believe that the present volume, like its predecessors (Neimeyer, 2012e; Thompson & Neimeyer, 2014), offers a cornucopia of affective, meaning-oriented, active, and ritualistic resources for engaging in this work.

Finally, we want to emphasize that the present developmental model, though consistent with current evidence, invites more trenchant empirical validation and modification. Recent years have witnessed the construction and validation of a trove of specific psychometric measures—many of them presented fully and conveniently in the following section of this volume—bearing on grief-related distress and symptomatology, meaning-making, the continuing bond, social support in bereavement, and personal growth. As these and other measures help operationalize many of the components in our model, they encourage research on its propositions, and also offer tools to clinicians seeking to evaluate a client's progress from grief to growth on any of several dimensions.

In summary, we hope that the reader will find in the model a useful, if partial, frame for understanding grieving as a process emerging from the interaction of several nested contexts.



Rooted in our embodiment as biological beings, evident in our personal quest for meaning in the wake of profound wounding, interwoven with our lives with others, and framed in geographically and historically circumscribed cultural discourses, grief can be viewed as a developmental transition, rather than merely a state to be endured or treated. Like the many other such transitions, welcome and unwelcome, of which life consists, we believe that with optimal negotiation of the challenges it presents, grief offers gains that at least partially compensate for the losses it inevitably entails.

## Note

- 1 Thus, we focus here primarily on the middle layers of the epigenetic model, those concerned mainly with personal–agentic needs and priorities and dyadic–relational supports for their resolution. However, we recognize that these same needs presuppose bio–genetic factors unique to each mourner, and that the relational field is ultimately embedded in a broader cultural and historical matrix that constrains and enables specific social interactions.

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