Abstract

The loss of a child through death is one of the most traumatic experiences parents will ever have to endure. When adults are asked what loss they dread most, the majority will say that the loss they fear they could not survive is the death of a child. The purposes of this paper are to outline the unique factors that make parental bereavement an overwhelming assault on the individual, to learn more about the grief experiences of bereaved parents and to identify the factors that contribute to healing.

The past decade has witnessed significant changes in bereavement theory and treatment approaches. Considerable attention has been given to the cognitive process involved in mourning, including new ways of looking at meaning and loss. Emerging from this literature review are five factors that contribute to healing for bereaved parents: (a) making meaning out of the loss, (b) the impact of the death on bereaved parents’ beliefs and world views, (c) religion and spirituality, (d) cognitive styles, and (e) social support. The paper also discusses contributions of Adlerian Psychology to the study of bereavement.
Introduction

The death of a child is generally assumed to be one of the most tragic experiences one can imagine. Losing a child can profoundly impact and shape all areas of parents’ personal lives. Repeatedly, studies have shown that when compared to other types of bereavement, parental mourning is more intense, complicated, long-lasting, and is identified as a high-risk variable in developing complicated grief (Matthews & Marwit, 2003; Murphy, Johnson, Chung, & Beaton, 2003; Rando, 1985; Rando, 1993; Sanders, 1980).

Bereaved parents encounter specific dilemmas following the loss of a child.

1. Loss of the parenthood function and identity. When a child dies, the parent is robbed of the ability to carry out the important role of parent, and often experiences a failure in protecting and providing for the child. It assaults the sense of self to have these basic roles shattered, resulting in intense despair (Bernstein, Duncan, Gavin, Lindahl, & Ozonoff, 1989; Rando, 1993).

2. Secondary losses. In addition to the loss of the child, parents lose the dreams and hopes they had for the child. Accommodating the death over a longer period of time is unique to parental bereavement because the parent, in a sense, must “grow up with the loss,” specifically marking the times when the child would have graduated, gotten married, and so on. Having incidents of acute grief are more frequent with the loss of a child than with other types of bereavement. They also lose a special source of love, as children typically love, need, and depend on their parents (Rando, 1993).

3. Violation of the assumptive world that children do not predecease their parents. The death of a child constitutes a major violation of the assumption that parents die before their children. Intensified responses of guilt, anger, despair, and search for meaning
can complicate the grief process (Neimeyer, Prigerson, & Davies, 2002; Rando, 1993; Wheeler, 2001).

4. Issues in the family system. The loss of a child becomes the loss of the family as it had been known. Parents are not only struggling with their own intense mourning, they must also fulfill the parenting role with the surviving children. Often the overwhelming grief felt by a parent can impact what they can give to others, including their children. Children are affected by parental mourning over a child’s death and accompanying effectively can have long-term repercussions for other children in the family (Lehman, Lang, & Sorenson, 1989; Rando, 1993; Schwab, 1997).

5. The leading cause of death for children through age 14 is accidents, which for adolescents and young adults includes suicide and homicide. Therefore, the loss is often sudden and traumatic, which are high-risk variables in mourning. Parents who have lost a child through an accident often have a greater sense of helplessness and guilt as well as a high need to find meaning out of the death, to determine blame, and to assign punishment as they seek to regain a sense of control. When the death is from medical illness, the parents’ sense of biological responsibility often results in guilt. As one bereaved parent put it, “My daughter died from cancer. Her genes allowed her to develop cancer. I gave her the genes. Therefore, I killed my daughter” (Rando, 1993, p 618).

6. Loss of a future caretaker. Although this is not a topic often discussed, parents may currently be cared for or anticipate being cared for by their child; emotionally, financially or physically (Rando, 1993).
Although the loss of a child is devastating under any situation, research shows that losing a child to sudden circumstances poses challenges that are more traumatizing than other types of losses (Anderson, Marwit, Vandenberg, & Chibnall, 2005; Matthews & Marwit, 2004; Feigelman, Jordan, & Gorman, 2009). The sudden death of a child is viewed as a maladaptive experience that impacts our physical well being (Biondi & Picardi, 1996).

A current trend in grief counseling has been the recognition of traumatic grief, grief that involves post-traumatic stress (Simpson, 1997, as cited in Wheeler, 2001). Research conducted by Wheeler (2001) supported the recognition of parental bereavement as a trauma response. The parents in the study often described their initial grief experience as an acute trauma response, including shock, devastation, and horror. Longitudinal studies have found that, compared to the general population, significantly more bereaved parents meet the criteria for Post-Traumatic Stress Disorder (PTSD) immediately following the loss of a child, as well as five years later (Matthews & Marwit, 2004). If the trauma is not worked through, the risk for complicated grief is increased.

Loss of a child seems to threaten the marital relationship in a way other losses do not. There are several reasons for this. In many crises, it is only one partner who is significantly in pain and in need of support. When a child dies, both partners are experiencing tremendous grief. Because chances are that this is the worst loss they have ever encountered, their coping abilities are strained to the breaking point, leaving less energy to support each other. Concerns arise when parents erroneously assume that they will experience similar grief and utilize similar coping mechanisms. Studies show that men and women typically express grief differently, with men exhibiting more anger, and women exhibiting more depression and withdrawal. Further, men tend to exert more control over their emotional expressiveness (Martocchio, 1985). The
death of a child may also put the relationship between parents under severe pressure because, after a major loss, it is common to displace feelings of blame and anger on those who are closest to them (Rando, 1980).

All of these problems contribute to the relatively high divorce rate for bereaved couples (Rando, 1993), although the literature is conflicted on this point. Research also indicates that those couples that do stay together perceive their relationships as becoming stronger as the parents cope with the loss. In examining several factors influencing the marital relationship after the death of a child, research found that prior marital satisfaction was the most significant predictor for current marital satisfaction (Lehman et.al., 1989).

A study examined the relationship between parental grief reactions and marital intimacy, one to twenty-four months following the death of a child, and found that intense grief reactions were related to the marital relationship. More specifically, both men and women who reported intense grief reactions also reported less intimacy with their partners and rated the quality of their marital relationship as low. A follow up study indicated that the quality of the marriage predicted grief reactions for both men and women in that those couples with lower levels of marital intimacy shortly after the death of their child experienced higher grief (Lang, Gottlieb & Amsel, 1996).

The Grieving Process

Definitions

**Bereavement.** Bereavement is defined as the objective situation of having lost someone significant (Schwartzberg & Halgin, 1991). Rando (1993) states that the term bereave and rob derive from the same root, “which implies an unwilling deprivation by force, having something
withheld unjustly and injuriously, a stealing away of something valuable—all of which leave the individual victimized” (p.20).

**Grief.** Grief represents the response to the loss and includes emotional responses, physical sensations, altered cognitions, and behaviors. Grief behaviors can have a similar profile to those found in people suffering from depression; although those experiencing a grief reaction do not typically experience the loss of self esteem that is commonly found in most people who are clinically depressed (Rando, 1993, Schwartzberg & Halgin, 1991; Worden, 2009). Grief is dependent upon the person’s unique perception of the loss.

**Emotional responses.** Feelings can include sadness, fatigue, depression, shock, anger, guilt, and anxiety (Barbato & Irwin, 1992). Anger may be directed at the deceased for leaving the bereaved, may result from frustration that the bereaved couldn't prevent the death, or may include attributing blame towards others (Worden, 2009).

**Physical sensations.** Grief also elicits physical symptoms such as tight feelings in the throat and chest, breathlessness, muscular weakness, and lack of energy. Occasionally, physical health may be seriously impaired, and growing evidence indicates that recently bereaved people are more vulnerable to illness (Barbato & Irwin, 1992).

**Cognitive responses.** Often new thought patterns occur in the early stages of mourning but usually disappear. However, persistent maladaptive thoughts may trigger feelings that can lead to depression or anxiety. Common cognitive responses include disbelief, feelings of confusion, difficulty organizing thoughts, and preoccupation with the deceased (Worden, 2009).

**Behaviors.** The most common behaviors’ include crying, sleep disturbances, changes in appetite, absent mindedness, social withdrawal, dreams of the deceased, and avoidance behavior in which the bereaved may go to great lengths to avoid any situations that remind them of the
deceased (Worden, 2009). These behaviors generally subside over time. Complications in the grieving process or a depressive disorder may occur if the behaviors impact a person’s ability to function.

**Mourning.** Mourning indicates the process that someone goes through after a loss, in contrast with grief which is the personal experience. Rando (1993) separated mourning into three phases, each dealing with a particular response to the loss. These include avoidance, confrontation, and accommodation. People may move back and forth among these three phases.

**Avoidance.** The Avoidance Phase begins when one receives the initial news of the death. Their world is shaken, and there is a desire to avoid the terrible acknowledgement of the death. The person may become numb and feel confused. Rando (1993) describes this phase as “a buffer, allowing the mourner to absorb the reality of the loss gradually over time and serving as emotional anesthesia while the mourner begins to experience the painful awareness of the loss” (p. 33). Some consciously put aside their emotions to carry out the necessary tasks and support others, which is fine if it’s a temporary delay of mourning vs. a longer term attempt to deny the death, which can become pathological (Rando, 1993).

**Confrontation.** The Confrontation Phase is when grief is experienced most intensely. Excruciating pain takes place during this time as one copes with the reality of the loss. The challenge is that the mourner is not only reacting to the initial loss of the loved one, but also to secondary losses, such as the roles filled by the deceased, the unfulfilled hopes and dreams of the survivors, and the challenge to beliefs.

**Accommodation.** The Accommodation Phase is when the mourner learns to live with the loss and makes necessary internal and external changes in adjusting to the new life. Many
determine that social good should come from their losses and have channeled their pain into serving the community in various ways.

Rando (1993) describes six processes of mourning, referred to as the “R” processes of mourning, which coincide with the three phases of mourning. These include (a) recognize the loss, (b) react to the separation, (c) recollect and re-experience the deceased and the relationship, (d) relinquish the old attachment to the deceased and the old assumptive world, (e) readjust to move adaptively into the new world without forgetting the old, and (f) reinvest.

According to Worden (2009), there are four tasks associated with mourning.

**Accepting the reality of the loss.** This task involves coming face to face with the reality that the person is dead. The bereaved may go through a period of denial, refusing to face the reality of the loss (Worden, 2009). Bowlby (1980) writes of individuals searching and seeking desperately to achieve consolation. People need to accept the loss at an intellectual, emotional, and spiritual level.

**To work through the pain of grief.** The process of allowing oneself to feel the pain rather than suppressing the experience is important. In some social contexts the expression of grief may be encouraged, while in others a subtle message may be given that the mourner should stop grieving and get on with life. People can hinder the mourning process by avoiding painful thoughts or by using alcohol or drugs to desensitize the pain (Worden, 2009).

**To adjust to an environment in which the deceased is missing.** This task involves coming to terms with factors such as taking on new roles and adjusting to the changes. Many resent developing new skills and coping with the changed situation. Others may promote their own helplessness by not using or developing the skills they need to cope, and may withdraw.
from the world and not face the new changes (Worden, 2009). The loss also may force individuals to re-think their beliefs and how they view the world.

To emotionally relocate the deceased and move on with life. Emotional relocation requires that the bereaved continue to hold the memories associated with the deceased; yet be able to move on with life. The goal is for the person to be able to experience pleasure, look forward to life, and be able to reflect on memories of the deceased without intense pain. The sadness may never disappear completely, but will lack the intensity it once had (Worden, 2009).

Grief theories

Grief is a normal yet complex phenomenon which has been explained through a number of theories. This section summarizes relevant background information about key theories of bereavement. The theories help to explain the reasoning behind grief and the various factors that impact the intensity of the response that is experienced.

Kubler-Ross stages of grief. Kubler-Ross (1969) established five fundamental and progressive stages of the dying experience as experienced by her patients. From initial reactions of denial and anger, patients and their families moved to attempts at bargaining for survival, moved on to experiences of depression and, ultimately, acceptance.

Bowlby’s attachment theory. Attachment theory has offered significant contributions to the exploration of the bereavement experience. Bowlby (1980) investigated the psychological implications of attachment, as well as separation. He suggested that the degree of intensity of a survivor’s grief is a direct indicator of the significance of his or her attachment to the deceased individual. Throughout human development, continual attachments to others are formed based on security and safety needs, and are usually directed towards a few specific individuals.
Bowlby (1980) proposed that adult attachment bonds to spouse and children are derived from the same emotional system underlying attachment in children (when they respond to separation with behaviors such as crying and protest). The adult behaviors that resemble childhood attachment and separation include the following stages: (a) numb disbelief, (b) searching for the lost person, (c) depression and acknowledgement that searching is useless, and (d) recovery where the bereaved change their sense of self and diminish their psychological involvement with the deceased. Current research continues to support the expanding theory that our attachment orientation does impact the severity of the grief experience and ability to recover. Research on complicated grief supports the theory that grief arises from the separation of the security-enhancing attachment bond (Neimeyer, 2006).

According to Bowlby (1980), any threat to the parent-child attachment bond leads to physiological and emotional parental responses. These reactions may make grieving more challenging for bereaved parents for they heighten the disruption of parental self-identify and the role as protector and provider.

Sanders bereavement theory. Sander’s (1999) theory of bereavement involves an individual experiencing the following phases: (a) shock, (b) awareness of loss, (c) conservation-withdrawal, (d) healing, and (e) renewal. This theory views grief as a process of change in which grieving is adaptive and stimulates growth. Sanders acknowledges the biological basis of grief and, within each phase, identifies both physical and psychological symptoms that individuals may encounter during that phase.

Complicated Grief

Extensive research has investigated what constitutes “normal” and “abnormal” grief reactions. However, it is important to recognize that each grieving person responds to the death
of a loved one in his or her own unique way and, therefore, a wider variety of normal grief reactions is possible. Uncomplicated grief is defined as a normal grief experience during which a bereaved individual moves through the task of mourning within a reasonable period of time (Worden, 2009).

In some cases, the normal process of mourning becomes distorted. Complicated bereavement is the intensification of grief to a point where the person feels overwhelmed, resorts to maladaptive behavior, or remains in a state of grief without progression (Worden, 2009). Normal and complicated mourning are on a continuum, with extremes of intensity and time scale determining pathology. An awareness of the different stages of grief allows a counselor to determine if a behavior is abnormal in duration. Evidence suggests that between 10% and 20% of survivors experience unremitting and intense grieving that affects the quality of their lives and increases risks to physical and mental health (Neimeyer, 2006). Complicated grief reactions do not usually resolve themselves without outside intervention (Worden 2009). There has been an attempt to define complicated grief in a way that it can be measured and included in the next edition of the *Diagnostic and Statistical Manual.*

The normal process of grief can turn to complicated mourning for a number of reasons. These may include: (a) difficult circumstances surrounding the death, such as sudden losses, or multiple losses within a short time period; (b) a person’s history of grieving experiences; (c) the personality of the bereaved person; and (d) social factors surrounding the death such as how the person died and the availability of social support (Feigelman, et al., 2009; Worden, 2009).

Worden (2009) proposed four headings under which complicated grief reactions can be categorized: (a) chronic grief reactions, in which the normal grief reactions continues for an excessive period of time; (b) delayed reactions in which the reaction occurs some period of time
after the death; (c) exaggerated grief reactions, in which a person is so overwhelmed that they develop major psychiatric disorders; and (d) masked grief reactions in which a person experiences physical symptoms that may not at first appear to be related to the loss.

Rando (1993) suggests that, common to all forms of complicated grief, are the components of denial, repression, and reluctance to relinquish the lost loved one. Rando further cites the behavior patterns common to complicated grief, including intensified death anxiety, persistent over idealization of and preoccupation with the deceased, an inability to experience normal grieving behaviors and emotions, a fear of intimacy with others, a pattern of self-defeating behavior and chronic anger.

In a review of bereavement literature, Walsh-Burke (2000) identified three categories of factors believed to contribute to complicated grief: (a) client-related factors, (b) factors related to situational characteristics of the bereavement, and (c) environment-related factors. Client-related factors include unresolved past losses and preexisting psychiatric disorders such as depression. Situational characteristics of the bereavement include the type of death and the relationship between the deceased and survivor. For example, conflicted relationships or excessive dependency on the deceased have been associated with complicated grief. Further, the death of a child and sudden death are situational characteristics that can result in complicated grief. Environmental factors include limited social support, multiple stressors, and financial distress. Assessing the presence of these factors in bereaved clients’ lives can help identify potential risk for complicated grief.

Prevalence rates of complicated grief are estimated at approximately 10% to 20% of bereaved persons. Approximately 2.5 million people die yearly in the United States. Estimates suggest each death leaves an average of 5 people bereaved, suggesting that more than 1 million
people per year are expected to develop complicated grief in the United States (Shear, Frank, Houck, & Reynolds, 2005). Complicated grief reactions do not usually resolve themselves without intervention in the form of outside help, so there is clearly a need to better understand complicated grief and treatment options.

**Grief Counseling and Therapy**

Although most people are able to independently work through the reactions that follow a death, some experience difficulty in resolving their emotions and may seek help. According to Worden (2009), the goals of grief counseling are different from those of grief therapy. Grief counseling seeks to facilitate the tasks of mourning in the bereaved to facilitate a better adaptation to the loss. In grief therapy the goal is to resolve the conflicts that are preventing healthy mourning for those whose grief is delayed, chronic, excessive, or manifested through somatic or behavioral symptoms.

**Factors that contribute to healing**

**Meaning making**

The past decade has witnessed significant changes in bereavement theory and treatment approaches. Considerable attention has been given to the cognitive process involved in mourning, including new ways of looking at meaning and loss. Research shows that individuals dealing with loss or trauma often feel forced to attribute meaning to the event; that is, to make sense of the circumstances (Keesee, 2008; Matthews & Marwit, 2004; Neimeyer, 2002). When a child dies, searching for meaning in the child’s death becomes an important way to cope with the death (Wheeler, 2001).

Meaning making is defined as the active process of giving meaning to our experiences, particularly those involving suffering. This is more than a cognitive exercise where the person
merely positively reframes a stressful life experience. Meaning making involves an integration of the loss and a reappraisal of one’s own identity. The reality of the loss forces the bereaved to assume new roles and identities (e.g., no longer being a mother) and to subsequently find meaning in this life (Neimeyer, 2001).

Neimeyer (2002) considers meaning reconstruction to be the central process of grieving. He advocates using narrative therapy in grief therapy because finding meaning is often accomplished through the use of life stories. People have created a self-narrative that includes plots, settings, hopes, aspirations, and goals in their stories. The death of a child disrupts the continuity of one’s self-narrative, and forces a person to redefine the self and learn to live in the world without the deceased. Often, beliefs regarding loss and death that have been shaped from messages from one’s family and culture are now challenged after the child dies, and bereavement may force the mourner to modify those beliefs. People need to work through the exploration of meaning as they reflect on their own story as well as their child’s story (Neimeyer, Prigerson, & Davies, 2002).

Wheeler (2001) conducted a survey to look at two aspects of the search for meaning in parental bereavement. The first is the search for cognitive mastery; the second is the search for renewed purpose. For most of the parents in the study, the death resulted in a severe crisis of meaning, and the search for meaning was an important part of readjustment. According to Wheeler, “The search for meaning is a search for a reinvestment in life when previous goals and purpose have been challenged by a traumatic life event” (p. 52). Bereaved parents have to learn to reinvest themselves in a world without their loved one. To accomplish this, they need to seek understanding (i.e., cognitive mastery) and discover reasons to continue living (e.g., renewed purpose in life). Results from the study showed that during early grief, the struggle was a
desperate attempt to gain cognitive mastery over the death in asking how and why the event happened. The study also showed that the way to accept the death of the child was to find a way to renewed purpose in life. In addition to making meaning of the death, the parents had to find meaning in their own lives. Building relationships with other people and helping others were the two most common methods parents mentioned for renewing purpose in their life. The parents who were able to find meaning often stressed positive changes, including personal growth, valuing life more fully, caring more about others, valuing the spiritual above the materialist, and finding new spiritual beliefs (Wheeler, 2001).

A large study of over 1700 bereaved parents examined the relationship between making meaning and type of death. Those who experienced the sudden death of a child (especially losses through suicide and homicide), were far more likely to report an unsuccessful struggle to find sense or meaning in the experience. Typical characteristics in this group included negative thinking and no ability to find any benefit in the experience. The study also looked at complicated grief, and found that the inability to find meaning correlated positively to complicated grief (Neimeyer, 2006). The author suggests that the criteria for diagnosing complicated grief include ability to make sense out of the death.

Studies have examined the contribution of finding meaning to intensity of grief. This has emerged as an important predictor of grief severity, with parents who report having made little to no sense of the child’s death being more likely to report higher grief severity (Keesee, 2008; Matthews & Marwit, 2004; Wheeler, 2001). Wright (1991) suggests that grief work is not complete until people have found meaning in their grief, and stresses that both emotions and belief systems need healing.
Schwartzberg & Halgin (1991) conducted research and found that those who cannot make sense of or find any meaning in the death are those who exhibit the most severe grief reactions and distress, confirming that a significant cognitive challenge facing a grieving parent is the need to make sense of the death. “Why…” is a simple question that can pose a severe cognitive threat to someone. Although some individuals will find no answers to their questions, others will develop a cognitive strategy to determine a meaning for their loss. For example, those with a strong spiritual belief will rely on faith for emotional solace, but also the realization that God allowed the death and God is in control.

Positive and negative elements of meaning making. To make sense of a death of a child, which often seems senseless, parents are compelled to examine the implications and meaning of the event. Many bereaved parents eventually derive positive benefits from loss. This illustrates that one can choose to recover from loss and capitalize on whatever good can come from the bad. This view does not deny the pain of grief and the price of the loss of a loved one. Rather it demonstrates that one can decide that the loss will have some positive meaning. Positive responses included new priorities, commitment to living life more meaningfully, increased spirituality, and channeling their pain into meaningful endeavors (Schwartzberg & Halgin, 1991; Rando, 1993).

Davis and Nolen-Hoeksema (2001) found that the ability to perceive benefits or personal growth stemming from the loss may facilitate positive adjustments during bereavement. The three most common positive themes were a growth in character, a new perspective, and an increased sense of connection, and strengthening of relationships. A loss can be a wakeup call that one’s priorities and goals are not as one wants them to be, and the reordering of priorities can be an opportunity for growth. An example of a question a person could ask is what has this
experience taught me about myself and about my relationships with others. Dominick et al. (2009) found that using an internet tool to help individuals see personal growth due to the loss of a loved one enhanced adjustment to their grief. The author suggests that part of the cognitive processing of a death may include an appraisal of how the bereavement has resulted in some form of psychological gain.

The assumptive world

An emerging theme and source of significant research in the last decade is the impact of death on bereaved individuals’ world views. There has been a growing understanding that the death of a loved one forces individuals to restructure and rebuild previously held assumptions about the way in which the world functions, including spiritual assumptions and one’s personal identity (Janoff-Bulman, 1989; Neimeyer, Prigerson & Davies, 2002; Schwartzberg & Halgin, 1991). The death of a child is considered to be one of the most incomprehensible of human events, and therefore one which has maximal potential for seriously challenging assumptions. Parental bereavement can lead to a cognitive upheaval around fundamental beliefs such as religion, safety, the meaning of life, and the extent to which one can control life (Neimeyer, Prigerson & Davies, 2002; Schwartzberg & Halgin, 1991).

The concept of assumptive world refers to ideas, values and assumptions that give people a standard against which life experiences are interpreted and understood (Janoff-Bulman, 1989). An assumption that most parents have is that their children will die after them. When the basic rules that had previously guided the person’s life are challenged because the loss cannot be fitted into the parents’ belief system, the meaningfulness of their world is brought into question. Research continues to indicate that in order to survive bereavement and reinvest in life again, one must restructure and make changes in understanding the basic assumptions about how the world
functions. The more modification required of the parent, the more likely that the grieving process becomes complicated (Keesee, Currier, & Neimeyer, 2008; Matthews & Marwit, 2004; Neimeyer, 2006). It is important to note that not all deaths challenge one’s basic assumptions or mental schemas. An example of a death that fits many expectations would be an elderly person who lived a full life.

Janoff-Bulman (1989) discusses what happens to one’s assumptive world views in the face of trauma. She explains how these events violate fundamental assumptions about the world and ourselves – assumptions involving benevolence, meaning and self-worth. The benevolence of the world relates to fundamental beliefs in the benevolence of both people and the world, and examines the extent to which people believe good and bad events exist. Those who believe in the benevolence of people think the world is a good and just place, and individuals are decent. The meaningfulness of the world addresses the individual’s perceived control and the degree to which a person influences good or bad experiences. Assumptions about self-worth describe people’s beliefs that they are worthy human beings who take care of themselves by engaging in appropriate behaviors. Traumatic events cause people to construct new assumptions that take into account the new experiences, particularly if they struggle to make sense of a seemingly senseless event. Studies have found that more positive views regarding the benevolence and meaningfulness of the world, and self worth predict lower levels of grief (Matthews & Marwit, 2003).

Studies have examined the impact on individuals who struggle with incongruence between their beliefs and the death. Parents are motivated to assimilate events that are incongruent with their self or world schemas because failure to resolve them results in distress. If people do not confront these aversive thoughts or avoid them, the traumatic event may...
continue to precipitate recurrent, intrusive thoughts about the event. Intrusive thoughts and avoidance are key criteria for posttraumatic stress syndrome (Lepore, Silver, Wortman, & Wayment, 1996).

**Religion/Spirituality**

Researchers have examined the theory that religion or spirituality may help bereaved individuals to provide meaning to an otherwise inconceivable event. In a qualitative study, McIntosh, Silver, & Wortman (1993) examined the role of religion following the death of a child and found that a critical influencing factor in determining whether people are able to make sense of the loss is their religious or spiritual beliefs. The following variables were assessed: religion, social support, cognitive processing (the extent to which parents processed their loss), meaning (the degree to which parents found meaning in their child’s death), well being (how often the participants expressed emotions such as joy and contentment the previous week), and psychological distress. Results found that greater religious participation was associated with greater levels of perceived social support, greater meaning found in the death, greater cognitive processing, increased well being, and greater psychological well being. Results also showed that people whose preexisting beliefs could support the information inherent in the traumatic event coped more effectively, and spiritual beliefs helped to facilitate a person’s acceptance of a tragic event.

Research demonstrates how many people strive to assimilate the loss into existing beliefs and revise their beliefs. Wright (1991) talks about how survivors can be helped by developing or strengthening their biblical perspective on life. People may have lived by a belief that if people are good, nothing bad will happen to them. An alternative belief to help cope with the grief is, “God can intervene – at his sovereign choosing – but He may not; and it is not our right to
demand his intervention” (p. 129). Golsworthy and Coyle (1999) found that Christian spiritual beliefs helped in the creation of meaning for the loss, explaining the death, and providing hope for the future. The study also showed a correlation between spiritual beliefs, optimism, and hope.

Over 80% of participants in a study of more than 300 bereaved adults indicated that their spiritual or religious beliefs were helpful during their grieving process. The same study showed that spiritual beliefs also may be strengthened during time of grief (Frantz, Trolley, Johll, 1996). Similar results were found by Anderson et al., (2005) as they examined psychological and religious coping and found that positive religious coping was associated with lower self-reported grief.

A person’s religious or spiritual beliefs can have a positive impact on the grieving process. This value system often shapes how we assign meaning and purpose to both life and death. Belief in an afterlife and the brevity of life lessens the senselessness of events by helping to make it more comprehensible, at least in a spiritual sense (McIntosh et al. 1993). In contrast, a spiritual crisis can occur as a person struggles to make sense of God’s plan in the loss. During this time, individuals can experience anger with God (Frantz et al., 1996).

Exline (2003) found that Christian afterlife beliefs are a significant source of comfort and hope for the bereaved. A secure belief that a loved one is in heaven substantially reduces the suffering associated with bereavement. On the other hand, if bereaved persons feel there’s a possibility that a loved one may be in hell, uncertainty and fear can bring additional distress.

Studies have examined the relationship between hope and complicated bereavement. Literature has suggested that religious beliefs have a significant moderating effect on the process of grief, particularly in reference to hope. A feeling of hopelessness is common for those with
complicated grief (Cutcliffe, 1998). Individuals feeling hopelessness, or despair will experience the world according to their current emotional well-being: bleak and pointless. Since hope is related to healing from loss, it’s important to understand the relationship. The loss of a loved one is integrated into the religious belief system and given meaning. For example, the individual who holds Christian beliefs believes that if their loved one was a believer, they have gone to a better place; to heaven. This can renew hope (Snyder, 1996). This provides implications for therapists in understanding the importance of inspiring hope for clients, and an aspect of this may be to help clients facilitate their discovery of a sense of meaning in their loss. The bereaved individual may need to cease to think about what was and what could have been, and begin to think about what is and what could yet be with the possibilities that the future can bring. This shows movement from a hopeless outlook to a more hopeful one.

**Cognitive Styles**

**Optimism.** People have different cognitive styles that impact grief reactions; one being optimism. Davis et al, (1998) conducted a survey comparing ability to make sense of the death and finding benefit using independent variables of pre-loss measures of optimism-pessimism, a measure of spiritual beliefs, and measures of pre-loss distress. Variables that significantly predicted sense making were spiritual beliefs and pre-loss level of distress. With regard to the benefit-finding construal of meaning, the significant predictor was level of optimism. Those highest in optimism were more likely to report finding benefits following the loss of their loved one. They also found that those who were able to make sense of the loss and find something positive in the experience showed lower levels of distress six months after the loss.

A study by Boelen and ven den Bout (2002) found that optimism and positive thinking were inversely related to anxiety and traumatic grief symptoms, particularly depression.
Research conducted by Barrera et al. (2007) found that positively reframing experiences of losing a child helped parents to cope with the grief. Those who were consumed by grief were not able to positively reframe their experiences of loss. In a Harvard Bereavement Study it was found that optimism and the ability to redefine problems were associated with lower levels of depression among the surviving parents (Worden, 2009). When one has a pessimistic attitude, they have negative views of life, themselves, and the future, which undoubtedly will impact the grieving process. In contrast, if someone is optimistic, they have more positive expectations for the future and are more likely to seek positive reinterpretations. People don’t have a choice in their loss, but they do have a choice in their recovery. People can get stuck in grief if they choose to live a life of blame and bitterness (Wright, 1991).

Barrera et al. (2007) studied the patterns of parental bereavement in parents who lost a child in the last 19 months. They examined the diversity of bereavement patterns, grief responses, and various factors that may contribute to the responses. Three bereavement patterns emerged from the study: integration of grief, consumed by grief, and minimal expression of grief. Characteristics of integrated grief included intense pain over the loss, but eventually being able to gain a sense of control over the grief and express a positive outlook on life. Parents in this group worked very hard to positively reframe their experiences of losing a child. Statements such as “I miss her very much, but we had a great life together…” were common. In contrast, parents who were consumed and overwhelmed with the painful loss felt their daily functioning was compromised. These parents were unable to positively reframe their loss, focused on the negative aspects, and felt no hope for things ever changing to the positive.

Riley, LaMontagene, Hepworth, & Murphy (2007) examined the relationship between dispositional factors, grief reactions, and personal growth among bereaved mothers. The factors
included optimism, coping, and perceived personal growth. The bereavement outcomes included grief reactions, complicated grief, and personal growth. The results showed a negative relationship between grief responses and dispositional factors; that is, mothers who were more optimistic, who utilized active coping and positive framing, and who perceived higher levels of social support had fewer grief reactions. There was also a positive relationship between personal growth and dispositional factors.

**Rumination.** Another cognitive style is rumination, which is defined as focusing persistently and repetitively on negative emotions and unpleasant circumstances following a traumatic event. Studies have shown that people who respond to the negative emotions aroused by stressful events by focusing passively and ruminatively on those emotions are at risk for severe and prolonged periods of distress (Nolen-Hoeksema, McBride, & Larson, 1997). People engaged in ruminative coping worry excessively about their depression, focusing on how sad they feel without doing anything to relieve their symptoms (Nolen-Hoeksema, 1991). Parents who depict this pattern often seek out events that trigger re-living painful memories and severe grief (Barrera et al., 2007).

When applied to bereavement, studies show that people who ruminate about their grief-related depressive symptoms show longer and more severe depression because it enhances pessimistic, maladaptive thinking. They are more likely to believe negative, distorted interpretations of events and voice negative expectancies for their future. These interfere with their ability to create solutions to the problems. Forcing people to focus on distracting external stimuli leads to significant relief from their depressed mood (Nolen-Hoeksema, Parker, & Larson, 1994).
In a longitudinal study of over 253 bereaved adults, it was found that rumination significantly predicted depression at one month and six months. The study also found that those with poorer social support, more concurrent stressors, and higher levels of post loss depression reported more rumination than people with better social support, fewer stressors, and lower initial depression levels. Gender also played a role in that females were more prone to ruminate about their depressed moods, and also reported higher levels of depression at both one month and six months (Nolen-Hoeksema et al., 1994). The number of stressors in someone’s life affected rumination, potentially because people who are facing multiple stressors may be too cognitively overwhelmed to engage in active coping strategies that could distract them from their ruminations and impact their mood. Support is important because bereaved people who are socially isolated will have more opportunities to ruminate when others are not available to distract them. Finally, even though the study showed that the more depressed a person is, the more difficult it is to refrain from rumination; studies have shown that even clinically depressed people can voluntarily focus their attention away from negative, ruminative thoughts (Nolen-Hoeksema et al., 1994). This is important for clinicians to know as they work with bereaved clients. The way people respond to their initial symptoms of distress following their loss may influence the long-term impact of the loss on their emotional well-being.

**Cognitive-behavioral therapy.** People who engage in ruminative coping could be helped by cognitive-behavioral therapy (CBT). CBT interventions include educating patients about grief, stress management, explaining how feelings are related to thoughts which impact our behavior, and utilizing coping strategies.

In situations of normal grief, an individual’s coping tendencies are typically sufficient to allow them to reconstruct their belief systems in ways that allow them to understand the negative
event. This could be aided via counseling or a support group; but overall, they can achieve this with their own resources. However, with complicated grief, normal coping tendencies are not working and therapeutic intervention is needed in order to reconstruct self and world assumptions. Because of the meaning reconstruction, CBT is an appropriate mechanism for treating those with complicated grief (Matthews & Marwit, 2004; Stubenbort, Donnelly, & Cohen, 2001). Although grief therapy is typically conducted on an individual basis or in groups, Wagner, Knaevelsrud, and Maercker (2005) investigated the efficacy of using an Internet-based CBT program for those struggling with complicated grief. This randomized controlled study showed that participants in the treatment group improved significantly compared to participants in the control group on the main symptoms of complicated grief (maladaptive behavior, avoidance and intrusion), as well as depression and anxiety. This study also confirmed the similarities between complicated grief and PTSD, which has symptoms such as disbelief, intrusive images, and avoidance behaviors.

A study using a randomized, controlled clinical trial investigated the relative efficacy of CBT and interpersonal psychotherapy for complicated grief. The treatment addressed complicated grief depressive symptoms such as sadness, guilt, and social withdrawal. Responses to CBT were relatively more favorable and faster (Shear et al., 2005).

Boelen, Keijser, & van den Bout (2007) conducted a study comparing the effectiveness of CBT to supportive counseling. Outcomes showed that those who participated in CBT produced more improvement in complicated grief and general psychopathology than those receiving supportive counseling. The study confirmed that there are key cognitions that tend to result from the death of a child. Examples of the distorted assumptions were that protection from harm is not under control, that the world is dangerous, and that the person is inadequate. The
purpose of CBT in this study was to line up these thoughts with the truth and a respectful, honest view of self and others. These studies, and many others, suggest that encouraging patients to confront and work through the loss, including cognitions, is important in the healing process, including treatment of complicated grief.

The importance of enhancing positive thought patterns is discussed by Amen (1998) as he describes how the overall state of mind is based largely on our thoughts, and when the deep limbic system is over-active, a person tends to think negatively. “When they look at the past, they feel regret. When they look at the future, they feel anxiety and pessimism. In the present moment, they’re bound to find something unsatisfactory. They are suffering from automatic negative thoughts, or ANTS” (Amen, 1998, p. 56). Amen provides specific steps on how to change your thought patterns to become more positive: (a) realize that thoughts have a significant impact on how a person feels and behaves; (b) notice how negative thoughts affect the body and how positive thoughts affect the body; (c) think of bad thoughts as pollution, affecting your deep limbic system, your mind and your body; (d) understand that ANTS don’t always tell the truth; (e) talk back to the ANTS by intentionally challenging the thoughts, turning them into positive thoughts (Amen, 1998).

Social support

A person’s existing social support system is another factor affecting one’s grieving process. Social support includes the emotional, economic, and practical help or information provided to the individual by significant others. It is generally accepted that lack of social support following a death can be a risk factor. Social support has a positive effect on protecting individuals against the health impact of bereavement (Stroebe & Schut, 1991). A strong social support system provides an outlet to express thoughts and feelings. Researchers have stressed
the importance of social support after bereavement, particularly traumatic bereavement (e.g., after the sudden death of a child). Traumatic deaths are unique in that the immediate reaction often consists of shock or disbelief, followed by strong feelings that may be spread out over different life spheres (Dyregrov, 2002, 2006).

Rando (1993) states that among mourners, bereaved parents are the most stigmatized and that they suffer enormously because their loss represents the worst fears of others in their support systems. This response harms bereaved parents, who often feel like social lepers. In the absence of others with whom to check out perceptions and communicate, parents develop impairments in reality testing. Social reactions to the death of a child rob parents of needed support and exacerbate the already high levels of stress under which they must operate.

Research by Parkes (1980) suggests that uncomplicated grief is best achieved within a supportive family environment. The strength and availability of a social support system can contribute to bereavement recovery by enabling healthy grief progression and a return to normal daily functionality. Parkes considers professional counseling necessary in cases where family systems are viewed as unsupportive.

One aspect of social support is the ability of the griever to share their stories with others. Baddelely & Singer (2009) reviewed research on bereavement narrative disclosure and concluded that general blanket statements about the therapeutic benefit of bereavement disclosure are questionable because there are so many variables influencing the value. The authors see the value that telling loss stories can play in healing and have developed a model that helps facilitate the value. This includes information on the teller-listener relationship (including roles and level of intimacy), the intrapersonal functions (emotional, recovery, meaning and goals), story disclosure (timing and amount of emotional detail), and loss
characteristics (time since loss and type of loss). They have included evidence for the kinds of stories, narrators, listeners, relationships, time frames, and types of losses that best promote emotional recovery.

Studies have shown the value of disclosing one’s thoughts, feelings and personal stories in reducing distress, particularly if the disclosures include genuine positive emotions. This supports the usefulness of grief work and talking about one’s loss in facilitating emotional recovery. The telling of a loss story, or narrative disclosure, helps in coping with the emotional pain, incorporating the loss into a changed identity, and finding new purposes for one’s life (Baddeley & Singer, 2009; Stroebe, Stroebe, Schut, Zech, & van den Bout, 2002). Talking through the traumatic event is important as studies have shown that people who feel they cannot talk to others are unable to process the traumatic experience, and are more likely to experience recurrent, intrusive thoughts about the event, which complicates the grief process (Lepore, Silver, Wortman, & Wayment, 1996).

It’s important to note that bereaved individuals who remain stuck in their pain long after their loss may wear out their friends and family who often grow weary of their unremitting misery. This is where a counselor or a grief group can be beneficial to provide a safe, empathic place for grievers to share their stories, receive validation and, most importantly, start to revise their story to include hope and renewed purpose. This requires challenging them when they continue to focus on stories that lead to self-blame, guilt and prolonged distress (Baddeley & Singer, 2009).

**Contributions of Adlerian Psychology**

Limited research has been conducted on looking at bereavement from an Adlerian perspective, although many Adlerian concepts are useful in understanding grief and loss. This
section examines key Adlerian concepts and their usefulness in understanding the study of bereavement and how survivors perceive their loss.

**Social interest and social embeddedness**

Social interest is a fundamental principle of Adlerian Psychotherapy and refers to one’s desire to participate, to contribute, and to feel accepted and loved. As socially embedded individuals, death confronts us with the loss of a relationship. Social embeddedness captures the ability to cope with the obstacles and misfortunes of life in a socially adaptive way, benefitting others (Oberst & Stewart, 2003). This desire to benefit others aligns with the research related to bereaved parents having a desire to find positive meaning from the loss of their child. Positive responses from the parents included channeling their pain into meaningful endeavors, committing to living life more meaningfully, and increased spirituality (Schwartzberg & Halgin, 1991). As counselors, knowing the importance of finding the positive meaning in a death can lead to encouraging clients to reach out to others and to find meaningful activities that give meaning and a sense of purpose to the death. Adlerian psychology emphasizes the alignment between empathy and social interest. Reaching out and serving others enhances empathy, which can be healing to those suffering from grief.

Knowing that people are social beings and find their strength in community helps one to understand the importance of social support and social interest after the death of a child. Bereaved individuals may need to be encouraged to consider social interest activities because if they are feeling sad or depressed, reaching out may not come naturally and they may have less empathy towards others. Page and Wheeler (1997) looked at the correlation between social interest and depression. They used the Social Interest Index which describes the extent to which one feels a sense of belonging and wants to cooperate with others. The study found that
individuals who were depressed had significantly lower scores on the Social Interest Index than persons who were not depressed.

According to Watts and Carlson (1999), Adler described social interest as acquiring a sincere interaction with others in an effort to experience social or community feeling. Adlerian Psychology rests on the belief that one’s happiness is associated with social connectedness. This helps to explain why people will be influenced by the beliefs and values of the community, including appropriate mourning. Bereaved individuals may express their grief based on the cultural norms they perceive because of their desire for acceptance from that group. Their desire to belong and be accepted may influence the outward expression of their grief (Hartshorne, 2003). This helps to explain cultural differences in expressing grief. In some cultures, public grieving is allowed for a period of time, and then people are expected to “get over it.” This feeling may force individuals to do their grieving in private or in support groups where their grief is not viewed as abnormal.

Social interest can also be expressed through the life tasks. Adler described three key tasks or responsibilities that people have: work, love, and community, which includes caring for and contributing to the welfare of others. Two additional tasks of self and spirituality were added later by Adlerian theorists (Oberst & Stewart, 2003). It is important to look at the significance that a death may have on the meeting of the life tasks. Adlerians see the primary symptoms of emotional problems “stemming from failed attempts to achieve a sense of competence, self-esteem, and significance that emerges from successfully meeting the life tasks of work, love and community (social interest)” (Oberst & Stewart, 2003, p. 51). This is supported in significant research on finding meaning in the death. Wheeler (2001) determined that those parents who found renewed purpose in their life experienced less complicated grief. A
key component to renewed purpose included caring more about others, which reinforces the importance of social interest in the healing process.

Watts and Carlson (1999) did a review of 45 studies on social interest research from 1981 to 1991 and found that social interest was found to relate positively to characteristics such as empathy and altruism and to relate inversely to characteristics such as hostility and depression. This supports Adler’s theory that social interest is the measure by which a person’s movement through life is socially useful (actions promote the welfare of others) or socially useless (no regard for others). Further research in all social interest studies appearing in *Individual Psychology* from 1991 to 1996 confirmed the same conclusion (Watts & Carlson, 1999). Given the research that shows that individuals who see personal growth (including serving others) growing out of the loss of a loved one experienced an enhanced adjustment to their grief, it appears that encouraging social interest will benefit those who are grieving (Dominick et al., 2009). This confirms Adler’s following observation:

> The act of constructively participating is an act of social interest and social feeling and contributes to the healing process of all involved. The act of sharing one’s problem and life in order to be helpful to others is a manifestation of social interest and feelings as all join together in a cooperative venture. Such a venture reduces feelings of alienation and counteracts alienating behavior patterns that characterize most dysfunctional behavior (Watts & Carlson, 1999, p. 103)

**Goal directedness**

A fundamental premise of Adlerian Psychotherapy is that all behavior has a purpose, even though the individual may not always be consciously aware of the purpose of the behavior. People are goal directed, and when the goal is understood, the behavior makes sense. Mourning
includes a range of emotions and behaviors, which are goal directed. By understanding the
tbereaved person’s goals and concerns, this will help to understand and help with the person’s
reaction to the loss (Hartshorne, 2003).

Research has been conducted to understand complicated grief. Adlerian therapists look
at all symptomatology as having a purpose, and would take this perspective with complicated
grief. For example, research found that one’s degree of affiliation and dependence impacts
complicated grief, so interventions may involve focusing on affiliation or dependency if those
are concerns for that client. Understanding the purpose helps therapists to understand the way
the individual is managing their grief, and helps in identifying appropriate interventions
(Hartshorne, 2003).

A common goal that has been significantly researched is the search for meaning in
parental bereavement. Wheeler (2001) conducted research and found two aspects of the search
for meaning. The first was the search for cognitive mastery and the second was the search for
renewed purpose. Knowing the bereaved parent’s purpose or goals will help a therapist to
facilitate the parent’s need for understanding the death and discovering reasons to continue living
through renewed purpose in life. Another important goal the bereaved parent may have is to
rebuild assumptions. An emerging theme is the impact of death on bereaved individuals’
assumptions and world views. The death of a child compels parents to restructure and rebuild
previously held assumptions about the way in which the world functions, including spiritual
assumptions and one’s personal identity (Janoff-Bulman, 1989; Neimeyer et al., 2002;
Schwartzberg & Halgin, 1991). This has significant application to a person’s lifestyle.
Lifestyle, private logic and cognitive schema

Research shows the importance of the impact of a death on a person’s world views. Adlerians may refer to this as private logic, which is the unconscious reasons for feeling, thinking and behaving, or guidelines in life. Adlerian counseling helps to build the client’s awareness of private logic and helps translate private logic into thoughts and actions that are healthy and more effectively meet the life tasks (Oberst & Stewart, 2003).

Another term used by Adlerians is cognitive schema which includes four components: (a) self concept – the ideas one tells about themself, which may not be objectively true; (b) self-ideal – hopes, aspirations, what a person wants to be; (c) environmental scan – the perception of how the world works; and (d) ethical convictions, which are the subjective convictions about what is right and wrong. The way a person responds to their cognitive schema forms their lifestyle (Oberst & Stewart, 2003). Therapists can help clients become aware of these areas and the discrepancies and conflicts that the death may have caused. As therapists, we need to help people become aware of these areas. An example of a conflict may be: “I should have complete faith in God and what happens in life, but this death is senseless and has absolutely no meaning.” Early Recollections can be helpful in identifying a person’s cognitive schema. Much of the time people are unaware of the extent to which their current thoughts and behaviors are influenced by past experiences.

A person’s lifestyle can somewhat predict the response to the death, and may need to be adjusted to account for the loss of the person. Lifestyle reflects movement, which is how grief can also be viewed.
Mistaken beliefs and cognitions

Adlerian psychology seeks to understand the discouraged person’s mistaken beliefs and self-defeating perceptions by examining private views of self, others and the world. People contribute to their own psychological problems through faulty thinking and by the way they interpret events and situations. People have the potential for both rational thinking as well as irrational and self-defeating beliefs. Mosak and Dreikurs (1973), as cited in Watts and Carlson (1999), identified five classifications of mistaken beliefs as follows: (a) overgeneralizations, (b) false or impossible goals of security, (c) misperception of life and life’s demands, (d) minimization or denial of one’s worth, and (e) faulty values. Research has found that when a child dies, the parent often experiences a failure in protecting the child, resulting in intense despair (Bernstein et al, 1989; Rando, 1993). Given the parent’s state of mind, it would be easy for them to believe faulty perceptions regarding their role as a parent. One goal of Adlerian therapy would be to work with the client to understand their basic mistakes and help them to correct the faulty assumptions that are leading to discouraging convictions.

Watts and Carlson (1999) provided a method for helping others to change beliefs and, in turn, increase optimism and social feeling. This begins with working with someone to help them understand the dysfunctional beliefs by describing the consequences of their beliefs. It leads to the introduction of a new positive belief, or to the reframing of an existing negative idea by giving it a positive meaning in a new perspective. One technique could include having the person repeat their stories, emphasizing the positive aspects, and encouraging new, more positive endings or perspectives in the story. A key goal is to help the person develop increased social interest and social feeling by helping them to adopt beliefs that include the value of others and the necessity of connecting and cooperating with others.
Research by Nolen-Hoeksema et al. (1994) showed that people who ruminate about their grief-related depressive symptoms show longer depression because it enhances pessimistic, maladaptive thinking. They are more likely to believe negative, distorted interpretations of events and voice negative expectancies for their future. Helping people to replace their negative beliefs and expectancies with positive beliefs and hope will lead to relief from their depressed state.

Complicated bereavement is the intensification of grief to a point where the person feels overwhelmed, resorts to maladaptive behavior, or remains in a state of grief without progression (Worden, 2009). Rando (1993) cites that behavior patterns common to complicated grief include intensified death anxiety, preoccupation with the deceased, an inability to experience normal grieving behaviors and emotions, and a pattern of self defeating behavior. A fundamental premise of Adlerian therapy is that cognitions, emotions, and behaviors interact and have a cause and effect relationship. People choose how they think and what they believe, which impacts emotions. When someone is unable to progress and remains in a state of grief over a long period of time, they may need help in changing their patterns of thinking.

**Fictional goals**

Mistaken beliefs align closely with the Adlerian concept of fictions, which are conscious and non-conscious ideas that may not necessarily correspond with reality, but serve the purpose of guiding us to cope better with reality. People live as if certain things are true, and make decisions based on these ideas. “Adler holds that human beings create fictions as idiosyncratic ways of perceiving themselves, others and their environment, in order to guide their feelings, thoughts, and acts according to them” (Oberst & Stewart, 2003, p 14). Once a specific fiction has become part of the lifestyle, a process of selective attention to further experiences takes
place. People unconsciously direct their attention to what they want to perceive, and neglect aspects they want to ignore.

The final fictional goal is the ultimate dream; our sense of how we want the final chapter of our life to look. If someone’s final fictional goal related to their child who died, this could be devastating. Psychologically healthy individuals should be able to revise their fictions and adapt them, if necessary, and a counselor can help facilitate this process.

Encouragement

Encouragement is one of the pillars of Adlerian therapy. Parents who have lost a child desperately need encouragement and hope. Rando (1993) found that among mourners, bereaved parents are the most stigmatized and that they suffer enormously because their loss represents the worst fears of others in their support systems. These parents need support and encouragement as they cope with the distress they are feeling. Encouragement also influences individuals to strive toward positive social interest.

Both picture and artist

People are creating their life story. There are events in life that shape our life such as our family, religion, race, and socio-economic status. There are also life events that hit us out of the blue, including the death of a child. The analogy of people being given a canvas and they paint the life they live can be powerful to someone feeling out of control. Neimeyer (2002) considers finding meaning in the loss a critical component of grieving. He advocates using life stories in the mourning process, and encouraging those in grief to re-write their stories to include hope and belief for a positive future.
**Implications for Therapists and Other Helpers**

Therapists and other helpers who work with bereaved parents can benefit greatly from learning more about the experience of parental bereavement, as well as various theories and models as they assist in the healing process. It is generally understood and accepted that the bereavement experience of a parent who lost a child is traumatic. Literature shows that there are unique issues that make parental bereavement particularly difficult to resolve. These issues must be recognized as one works with bereaved parents. Without an understanding of the unique issues, the therapist may miss valuable opportunities for intervention leading to successful resolution of grief. The following suggestions may help facilitate a more positive outcome to the grief process.

1. Identify and legitimize the unique issues of the bereaved parent. The relationship that exists between parents and children may well be the most intense relationship one ever experiences, resulting in acute vulnerability when a child dies. Reinforce for the parents that they are not only grieving the loss of their child, they are also grieving the hopes and dreams that they had for the child (Rando, 1985).

2. Explain that it is common to experience painful upsurges of grief at various points in time (e.g., attending a graduation ceremony at a time when their child would have graduated).

3. Challenge unrealistic expectations and feelings of guilt or blame that a parent may have, particularly if a parent feels responsible.

4. Assist parents in identifying the coping mechanisms that are currently strengthening their lives and help them to learn other coping mechanisms that have benefitted other bereaved parents. It is important that mental health professionals are familiar with the
psychological, sociological, cognitive, and spiritual factors that surround parental bereavement and the unique coping mechanisms bereaved parents can adopt in order to begin the process of shaping their difficult experience into a meaningful existence.

5. Identify and maintain a sensitive awareness of the unique characteristics each grieving parent brings to the counseling. Studies also show that while there are similarities among bereaved parents, the grief journey and eventual bereavement outcome may be more difficult for certain types of parental bereavement (e.g., loss from a sudden death, through stigmatized deaths such as suicide, preventable deaths, or the death of an only child).

6. Help the couple to understand the effect of grief on their relationship with one another. Help them to avoid placing blame. Encourage ongoing communication, yet recognize the differences in how each one grieves. Give them permission to enjoy each other, stressing that this is not a betrayal of the child who died.

7. Assist the parents in the search for meaning, if the death has resulted in a severe crisis of meaning. This process includes seeking understanding as well as a renewed purpose in living. Listening to their loss story will help them cope with the emotional pain, identify positive outcomes, and find new purpose for one’s life.

8. Examine religious coping in understanding a parent’s grieving process. This is becoming more important with the increasing awareness of the importance of religion and spirituality in the bereavement process.

9. Encourage parents to reach out to others and help them to identify when a support group would be helpful in their journey. Encourage them to also reach out and channel their pain into serving others.
10. Help the person work through their cognitions, and help them to focus their attention away from negative, ruminative thoughts. Cognitive therapy can be a useful tool.

11. Be aware of the different stages of grief to determine if a behavior is normal in duration or if it appears to be complicated bereavement. Assess when grief becomes intensified to a level such that the person feels overwhelmed or behavior becomes maladaptive, which indicates the need for grief therapy. It is acknowledged that complicated grief results in a variety of negative psychological, behavioral, social, physical, and economic concerns for the bereaved individual.

**Conclusion**

The purpose of this paper is to outline the unique factors that make parental bereavement an extremely difficult grieving process, to learn more about the grief experiences of bereaved parents and to identify the factors that contribute to healing. The paper provides research that supports the complexity of parental bereavement, demonstrating that parental grief consists of emotional, behavioral, physiological, and cognitive responses that may be lifelong.

In recent years, there has been an increasing interest and an increase in studies related to bereavement. An emerging theme is the impact of death on bereaved individuals’ world views, as well as their personal identities. This paper summarizes the research concerning how the death of a loved one forces individuals to restructure and rebuild previously held assumptions about the way in which the world functions and provides useful information for the counselor working through the cognitive factors with a client. Other factors affecting bereavement that emerged from the literature review include religion, cognitive styles, and social support.
The paper also discusses contributions of Adlerian Psychology to the study of bereavement. Limited research has been conducted, although many Adlerian concepts are useful in understanding grief and loss.

Parental bereavement is a complex issue and parents experience grief through a wide range of reactions. This paper provides a framework around which counseling and therapy can be structured to help individuals to satisfactorily resolve their grief.

**Future research**

It is interesting to consider why there is not much written in the Adlerian literature about death. Future research to identify an Adlerian model of grief could be beneficial to the area of bereavement. An Adlerian model would view grief as having a purpose, a part of which is to revise one’s world views to account for the loss. Knowing this purpose helps us understand how one is managing their grief. The model would show the importance of lifestyle in that the relationship people have with the deceased impacts the experience of grief. The model would also show the role of social interest and life tasks in the process of working through grief, and the extent to which the development of social interest and other life tasks may predict some of the complications experienced with grief. An Adlerian approach would demonstrate the importance of understanding the discouraged person’s mistaken beliefs and self-defeating perceptions by examining private views of self, others and the world. Woven throughout the model would be an emphasis on encouragement, validating feelings and providing hope.

Another consideration for future research involves exploring the intersection of parental bereavement and family systems. Such variables as communication, family rules/norms, expectations, and how the family resolves conflict and addresses crises are examples of factors that may interact with parental bereavement. Further, various kinds of family structures (e.g.,
divorced parents, single parents, adoptive parents, etc.) present the researcher with many unexplored issues in parental bereavement.

Another area that could be studied is in the prevention of complicated grief and whether bereavement interventions administered prior to a loss may help in an eventual grieving process by preventing complicated grief. This, of course, would not apply to losses due to sudden death such as accidents.

Finally, there is a lack of research concerning how individuals with pre-existing psychological conditions adjust to the grieving process. For example, one may assume that those with a dependent personality may have an increased need for help in building on their strengths and decreasing their dependence on others.
Appendix: Parental Bereavement – Author’s Personal Experience
Appendix: Parental Bereavement – Author’s Personal Experience

On May 17, 2008, I awoke to the sound of someone knocking at my door. I walked down stairs and saw an officer outside our door. I did not want to open the door…afraid what I might hear. I eventually let him in and heard the tragic question, “Are you the mother of Danielle Pound?” My heart sank. I then experienced a mom’s worst nightmare, as he proceeded to say, “I’m so sorry to tell you…Danielle was in a car accident, and is dead.” I dropped to the floor feeling the most intense pain and anguish I have ever felt. I eventually crawled upstairs to wake up Rob, my husband, and then collapsed in the dark bedroom, pleading to God to help me, feeling like I just wanted to die. The family we had known and cherished in one moment was obliterated. Her loss will be felt the rest of our lives.

It has been almost two years since that horrific night, and I now realize that it’s not the experience of the loss that becomes the defining moment of our lives; it is how we respond to the loss. That response will largely determine the quality, the direction, and the impact of our lives. I added this appendix to share how my personal experience aligns with the research on parental bereavement.

My experience aligned with the three phases of mourning outlined by Rando (1993). The Avoidance Phase began immediately starting with a feeling of shock and disbelief and moving into unspeakable agony. There was a sense of numbness that I experienced periodically which helped me get through those first few days of planning Danielle’s funeral. For the first few days I would wake up thinking I had experienced a horrible nightmare…until I would walk downstairs and see the flowers, realizing the nightmare was reality. The Confrontation Phase can be excruciating, as every day forced me to face some new and devastating dimensions of the loss. We have two other children who needed help in dealing with their grief, while struggling with
my own intense mourning. The Accommodation Phase is when I adjusted to life without Danielle and channeled my pain into healthy outlets. This phase is when the memories of Danielle became precious and brought joy. It took some time for the memories to comfort rather than create sadness.

I resonated with the factors that research found contributed to healing. My faith was a critical influencing factor in my journey through grief. Faith provided me hope, knowing someday I would be with Danielle again in heaven. It also helped in making sense of the loss of Danielle and finding meaning in the grief.

I agree with the research concerning the importance of the cognitive process involved in mourning, including struggling with my identity. My sense of personal identity depends somewhat on the roles I play and the relationships I have. The loss of Danielle impacted my identity. I still think of myself as a Danielle’s mom, but of course it’s different. I have had to form a new identity that integrates the loss of Danielle into it. Because I’m involved in a ministry as a result of the loss, I feel like I’m still involved in Danielle’s legacy.

The cognitive process also includes finding meaning in the loss. Neimeyer (2002) advocates using narrative therapy because finding meaning is often accomplished through stories. My original story included the hopes and dreams I had for Danielle, what she might have experienced and accomplished, and I had to revise that story. The new story includes renewed purpose in my life, including a ministry that has resulted from the tragedy as I speak to high school and college students. A fundamental principle of Adlerian Psychology is social interest, and I can attest that channeling my pain into meaningful endeavors was important to my healing, and continues to help me find meaning in Danielle’s tragedy. Although I’ve seen the good that came out of the loss; it does not erase its sadness.
Wheeler (2001) determined that parents who found meaning also stressed positive changes, including personal growth. This has been my experience as Danielle’s accident changed my perspective on life. The loss of Danielle forced me to ask basic questions about myself. “What do I believe?” “What kind of person am I…and do I want to be?” “Where am I headed with my life?” I have experienced personal growth, including a higher level of compassion for others.

The importance of our thought patterns is critical because our feelings and actions are shaped by what we tell ourselves. I couldn’t change the reality of Danielle’s death, but I could change what I told myself. I had a choice to wallow in anger, unforgiveness, and despair or to intentionally think as positively as I could. The difference between despair and hope lies in the thoughts we have and the decisions we make about what to do as we face a painful past. I would have exacerbated my suffering if I would have allowed negative emotions to conquer me. Right from the beginning I had to choose to forgive and to extend grace to a number of individuals. Choosing to be resentful or bitter would have prevented me from moving through the grief in a healthy way.

Social support was critical and I was overwhelmed by the support of friends. They embraced me and my pain and made themselves available. This support also came from Danielle’s friends, and continues today. I’ll never forget getting mother’s day cards and flowers from Danielle’s friends. I did not feel a need to be involved in a grief group, because I was surrounded by so many who supported me during this time. However, I facilitate a grief group through our church and I’ve seen bereaved spouses and parents benefit greatly from being part of the group.
When you’ve lost a child, everywhere you turn there are relationships, places, and events that are a reminder of what you have lost. This pain becomes less intense over time, but the painful upsurges of grief still occur and will the rest of my life. There is an absence every day, especially at important events like holidays and birthdays. My first wedding was challenging as the groom and the groom’s brother were pall bearers at Danielle’s funeral. They got married in our church, so I watched the groom and best man walk down the same aisle that they had walked down months before…carrying Danielle’s casket.

My relationship with my husband, Rob, initially was very strong as we faced together the most difficult situation we could imagine. Over time, we experienced less energy to support each other and significant differences in how we expressed our grief. I was much more emotional and wanted to talk through my feelings and grief, while Rob withdrew. Our grief was taking us into two different paths, which put a strain on our marriage. Looking back at this challenging time in our relationship, I can clearly see how discouraged we were and how we both were living with mistaken beliefs and self-defeating perceptions of each other. It took significant communication, reflecting on our negative and faulty thinking, and replacing these thoughts and assumptions with healthy and more realistic ones.

In addition to rethinking our thought patterns and assumptions, another aspect of the grief that contributed to the healing of our relationship was the sense of shared mission that emerged – a passion to reach out to others who were hurting. This helped us to grow closer and added meaning to the suffering. Ultimately, the grief we experienced bonded us in a way that we both felt more connected than we had before the accident.

I will always want Danielle back, and I long for her with all my soul, but I can still celebrate life. I have lost, but I have also gained.
I’d like to close with a short reflection on Danielle’s life that I wrote shortly after the tragic accident.

Throughout Danielle’s life, she has embarked on several exciting journeys: When she took her first hesitant steps as a baby, her first day at school, her first day at college. And now Danielle has begun the most beautiful, magnificent, and rewarding journey of all – in her eternal, heavenly home. I always imagined helping her plan her wedding, watching her walk down the aisle to meet her groom. Well – Danielle is now with her “heavenly bridegroom.” Whenever I feel that intense pain of missing her...I remind myself that my separation with Danielle is temporary. When God is finished with me here, I’ll be welcomed by Jesus, Danielle, my dad, and others. What a celebration that will be!
References


