

**Meaning Reconstruction in the Wake of Loss:
Psychological and Spiritual Adaptation to Bereavement**

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Cancerous cell growth was the second leading cause of death in women (22%) in 2009, overshadowed only by heart disease (24%; Centers for Disease Control & Prevention; CDC, 2011). Cancer patients with a terminal diagnosis are subjected to repeated tests, pharmaceuticals, and assessments to aid in prognosis, treatment, and palliation of symptoms. However, for cancer patients who die, evaluations and interventions do not end with the life of the patient, but rather continue in the form of grief assessment and psychotherapy for bereaved family members (e.g., Kissane, Zaider, Li, & Del Guadio, 2012).

Whether by cancer or otherwise, over the course of a lifetime, few individuals are spared from experiencing the loss of a loved one to death. In fact, a single death touches an average of six or more survivors (McDaid, Trowman, Golder, Hawton, & Sowden, 2008) who often find the journey of bereavement to be fraught with physical, psychological, and spiritual stressors. Although the length of bereavement varies, most people find that they are able to adjust to a life without their loved one within a few years. And yet, for a subset of mourners, the journey is both long and arduous—a grief experience that is marked by a protracted, debilitating, sometimes life-threatening (Latham & Prigerson, 2004) response to loss known as *complicated grief* (CG; Prigerson et al., 1995; Shear et al., 2011) or prolonged grief disorder (PGD; Boelen & Prigerson, 2007), often requiring professional counseling (Currier, Neimeyer, & Berman, 2008). Many mourners turn to their religious or spiritual beliefs and activities as a means of coping (Wortmann & Park, 2008), finding them to be a solace when a loved one dies. However, studies show that sometimes the opposite occurs—that bereavement itself can have a detrimental effect on the griever's faith (Burke, Neimeyer, McDevitt-Murphy, Ippolito, & Roberts, 2011; Burke, Neimeyer, Young, Piazza Bonin, & Davis (in press); Neimeyer & Burke, 2011; Shear, Dennard et al., 2006). Whereas spiritual beliefs, practices, and meaning making can be protective against overall poor health, in some forms they can also be

predictive of overall greater distress (Burke & Neimeyer, 2012a). Whether in terms of the lost relationship with a deceased loved one, or a severed or severely compromised relationship with God or one's spiritual community, at the basis of these once-cherished relationships is the common bond of deep emotional attachment and love, and the need to make sense of the losses.

Our goal in this chapter is to review two faces of this work, in the form of a focus on psychological and spiritual struggles in the aftermath of loss, both of which fit within the broad scaffolding of a meaning reconstruction framework. Thus, this chapter outlines empirical findings and theoretical understandings of both spiritual meaning making and spiritual crisis in bereavement, highlighting their significance for the loss of a female loved one to cancer.

Women's Cancer Deaths

U.S. statistics for 2007 (the most recent year for which statistics are available) list the following cancers as the most likely to end a woman's life: breast, lung, colon/rectum, uterus, thyroid, non-Hodgkin lymphoma, skin, ovarian, kidney, and pancreas (CDC, 2011). Recent reports also show that although more women are diagnosed with breast cancer (202,964 in 2007) and about 40,598 will die each year from the disease, lung cancer is the leading cause of female cancer deaths, taking the lives of approximately 70,354 women annually. Colorectal cancer is third in the lineup of killers of women, with 26,215 women dying from the disease in 2007. Other gynecological cancers, such as cervical, ovarian, uterine, vaginal, and vulvar cancers together claim the lives of 27,739 U.S. women annually (CDC, 2011). Consequently, based on McDaid et al's (2008) findings, these figures also suggest that each year a significant number of individuals—hundreds of thousands—will grieve the death of a female loved one to cancer.

Loss of a Loved One

In that swift second that steals away the life of a cherished loved one, core constructs

about the laws of life and death, the order of the universe, and for the religiously inclined, even God's character, can be systemically deconstructed (Neimeyer, 2001). Grieving is the natural, normal, and perhaps even necessary response of humans to loss, but not all griever respond similarly. In fact, grief-specific distress can be thought of as occurring on a continuum. On one end, for a significant number of grievers who are resilient, the mourning period will produce only transient psychological distress (Bonanno & Kaltman, 2001). Many others experience a good deal of distress (e.g., shock, anguish, sadness) and adjust gradually to a life without their loved over the course of a year or two (Bonanno & Mancini, 2006). On the other end, some grievers suffer from CG—severe, debilitating grief, lasting for many months, years, or even decades. CG signifies a state of unrelenting grief, represented by profound separation distress, psychologically disturbing and intrusive thoughts of the deceased, a sense of emptiness and meaninglessness, trouble accepting the reality of the loss, and difficulty in making a life without the deceased loved one (Holland, Neimeyer, Boelen, & Prigerson, 2009; Prigerson & Jacobs, 2001). While bereavement itself poses an increased risk of early mortality for mourners, especially bereaved spouses (M. Stroebe, Schut, & Stroebe, 2007), CG in particular has been shown to predict cardiovascular illness (Prigerson et al., 1997), insomnia (Hardison, Neimeyer, & Lichstein, 2005), substance abuse, suicide, immune dysfunction, and impaired quality of life and social functioning (Latham & Prigerson, 2004; Prigerson et al., 2009). Past studies have found that rates of CG in the general bereaved population are approximately 10% (Prigerson et al., 2009).

Primary attachments. Bowlby (1969) described the human attachment system as a relational structure that governs the level of desire that an individual has to draw near to primary attachment figures, such as parents or others who provide love, care, and attention. Activation of the attachment system occurs frequently within the context of human relationships; however,

loss heightens the arousal of the attachment system when that person, and all that he or she represented in terms of being a place of safety and security, is gone. In their attempt to set criteria for CG as a recognizable disorder, Prigerson and her colleagues (2009; see also Latham & Prigerson, 2004) outlined a set of empirically supported risk factors predictive of CG (e.g., childhood separation anxiety, a close kinship to the deceased, marital supportiveness and dependency), all of which were attachment related. On the other hand, yearning and longing on behalf of the griever to be reunited with the lost one was found by Prigerson's team to be the core symptom of CG. Burke and Neimeyer's (2012b) comprehensive empirical review of CG predictors further confirmed six risk factors for elevated and prolonged grief: *low social support, anxious/avoidant/insecure attachment style, discovering or identifying the body* (in cases of violent death), *being the spouse or parent of the deceased, high pre-death marital dependence, and high neuroticism*. Thus, both before and after death occurs and grief ensues, the chief factors that govern how well an individual will do in relation to the loss of the loved one appear to be predicated on issues of attachment in the relationship to the deceased.

Although primary attachment figures can have of any of several relationships to the survivor (e.g., parent, child, sibling, friend), the love relationship between spouses appears to have distinctive characteristics that warrant deeper exploration. According to Thoits (1995), "the simplest and most powerful measure of social support appears to be whether a person has an intimate, confiding relationship or not (spouse or lover; others less powerfully)" (p. 64). Consistent with theories of attachment, W. Stroebe, Stroebe, Abakoumkin, and Schut (1996) found that the loss of a partner equated to the loss of a primary attachment figure, and that, rather than providing a buffer, relationships with family and friends could not provide adequate compensation for such a loss. Specifically, they found that the distress incurred through partner

loss was experienced as *emotional loneliness*, which was qualitatively different to the *social loneliness* that comes from lack of support from friends and family. In fact, their findings indicated that the only compensation for the loss of a spouse is for the surviving spouse to establish a new intimate relationship. Furthermore, other studies showed that bereaved spouses who suffer the most emotional loneliness tend to be those with high levels of anxious attachment to begin with (van der Houwen et al., 2010), that is, those whose sense of connection to others was tenuous before the loss.

O'Connor et al.'s (2008) study, using functional magnetic resonance imaging (fMRI) to measure grief-generated brain activity in women who lost a mother or sister to breast cancer, found evidence of an addictive quality to complicated grief. While undergoing neuroimaging, women viewed photos of their deceased mother or sister while simultaneously viewing grief-related words stemming from their own previously transcribed narrative report of the loss. Their results showed that whereas all griever showed neuronal firings in the pain pathways of their brains, only those individuals with CG had activity in the nucleus accumbens (NA), the part of the human brain that governs reward, especially the type of pleasure associated with addiction. And, although activity in the NA was related to self-reported yearning of the lost loved one, there was no association between NA activity levels and time since the loss, age of the griever, or levels of positive or negative affect.

In a similar study, Gündel, O'Connor, Littrell, Fort, and Lane (2003) reported neuroimaging results of women bereaved of a spouse or a parent less than one year earlier. Through the use of fMRI, the women viewed photos of their loved one or a stranger, crossed with a grief-related word or a non-emotive word. Gündel and colleagues found that when the photo of the loved one was coupled with the grief-related word that the following three areas of

the brain were activated: the posterior cingulate cortex (PCC), which is believed to respond to emotionally salient stimuli and memories for personal events; the anterior cingulate cortex (ACC), which is linked to attention; and the insula, which is associated with attention to one's bodily state. Discovering *increased* brain activity in the PCC in their study can be juxtaposed with other studies that have shown *decreased* activation in the PCC of depressed individuals, implying that anxiety related to separation distress rather than depression may be a plausible explanation for high activation in grievers. Moreover, finding an association between heightened levels of attention (as measured by increased ACC activity) and visual cues of the women's loved one may indicate a keen sensitivity to the presence of the lost loved one, beyond that of other individuals. Likewise, the activation of the insula indicated that the painful nature of loss seems to require attentional support in terms of one's body. For instance, a frequent report of bereaved individuals is the sensation of a "broken heart" or "pangs of grief," which Gündel and associates illuminated in relation to the insula using neuroimaging techniques. Thus, whether consciously or unconsciously, the love relationship appears to continue in spite of death—to a degree that its physical traces can be observed even in the physiology of the brain.

Spirituality Before and After Loss

Kernohan, Waldron, McAfee, Cochrane, and Hasson's (2007) study with terminally ill patients revealed that their top six spiritual needs were to: (a) have time to think, (b) have hope, (c) deal with unresolved issues, (d) prepare for death, (e) express true feelings without being judged, and (f) speak of important relationships. And yet, although spiritual care is generally considered an essential component of palliative care services that often provides benefits for family members as well as patients (Casarett et al., 2010), research indicates that addressing the spiritual needs of terminally ill patients and their families is fraught with complexity for many healthcare providers

(Ellis & Lloyd-Williams, 2012). Such challenges likely occur because, on one hand, loss uniquely enables believers to spiritually transpose tragedy into divine providence, God's mercy, or one's appointed destiny (Pargament & Park, 1997), while, on the other hand, it can elicit resentment and doubt toward God, dissatisfaction with the spiritual support received from others, and substantial changes in the bereaved person's spiritual beliefs and behaviors (Burke, Neimeyer, Young, et al., in press).

Spiritual meaning making. Links have been made between adaptation to bereavement and the common attempt by human beings to make sense of life via spirituality or religion. Stated aptly by Baumeister (1991), "Religion is...uniquely capable of offering high-level meaning to human life. [It] may not always be the best way to make life meaningful, but it is probably the most reliable way" (p. 205). Some researchers suggest that being religious might position one better when death occurs and mourning begins. For instance, Park (2005) argued that when an individual has a foundation of spirituality/religion it provides a ready-made infrastructure for understanding his or her experience. According to Park, approaching life from the premise of faith facilitates a cognitive reframing of the world, which can be especially useful in enduring difficult life trials. Thus, what at first might be seen as a random, cruel catastrophe, seemingly has purpose, meaning, and is divinely ordained when contemplated through the lens of faith (Pargament & Park, 1997).

However, although the importance of faith may increase during the mourning period, it may be accompanied by doubt as well as conviction. For example, in relation to the death, some religious individuals struggle with the question of why God allowed their loved one to die, some question their pre-loss beliefs about God, vacillating between doubt and belief throughout bereavement; and, still others wonder why they have been allowed to live when their loved one has not (Burke, Neimeyer, Young et al., in press; Golsworthy & Coyle, 1999). For some bereaved

people, faith was an important resource for making sense of their loss, facilitating an acceptance of the death and providing reassurance for the future (Smith, 2001). Some griever report that spirituality put into words for them the invisible, unknowable, and unexplainable parts of life and death, such as where their loved one went after they died. Parkes (2011) depicted why this is important by expressing some of the confusion experienced by the griever, “‘I know where I’m going, and I know who’s going with me,’ except that when we lose the one we love, we no longer know where we are going or who is going with us” (p. 4).

Participants in faith traditions who received regular, directive teachings on these and other existential matters reported that it not only aided them in the recognition of death as a permanent yet natural part of life, but also inspired hope for reunion with their loved one (Abrums, 2000). McIntosh, Silver, and Wortman (1993) found that individuals who endorsed faith were more likely to find meaning following loss. In fact, the grief-related meaning-making benefits experienced by the participants in Davis and Nolen-Hoeksema’s (2001) study were such that those individuals who had spiritual beliefs prior to the death were three times as likely to find meaning afterward as those who did not. Likewise, in response to the death of a child, parents studied by Lichtenthal, Currier, Neimeyer, and Keese (2010) reported a great deal of spiritual meaning making (e.g., that the death was God’s will, and that they would reunite with their children in the afterlife), which was in turn associated with lower levels of complicated grief.

Spiritual crisis. Without diminishing the protective power of spirituality as a practical tool in bereavement, it is clear that bereavement can, in turn, put one’s spiritual resources to the test, sometimes leaving the bereaved feeling spiritually crippled, drained, and purposeless while grieving. It was precisely this that Attig (2001) referred to when he spoke of the dispiriting “spiritual pain” that can follow loss—the kind of pain that leaves life sapped of meaning (p. 37).

Studies show that, just as with the physical loss of a human love relationship to death, breakdown or erosion of one's love relationship with God can elicit a disordered type of grief (Burke et al., 2011; Burke, Neimeyer, Young, et al., in press; Neimeyer & Burke, 2011; Shear, Dennard et al., 2006). Granted, when some people face existential crises, their faith can grow or be strengthened; but, for others, this clearly is not the case. Hill and Pargament's (2008) review of studies on spirituality and mental health supported this notion. As the authors explained, spiritual crisis in the lives of distressed individuals can be the catalyst that makes or breaks their faith. Likewise, the most common results from open-ended questions asked of bereaved parents in Lichtenthal et al.'s (2010) study were expressions of spiritual themes, revealing that it is the love of God and other core spiritual beliefs that are both relied upon and called into question when tragic loss occurs, such as the death of a child.

Shear, Dennard, and colleagues (2006) reported similar findings in their church-based study of the bereavement experiences of 31 African American parishioners. Following the loss of their loved one, the faith of the griever in their sample varied greatly from "faith stronger than ever" to "faith seriously shaken," with 19% of the participants endorsing some level of negative shift in their faith as a result of the loss. The authors referred to this type of experience as "spiritual grief" (p. 7)—an initial acute and painful spiritual response to unexplained yet important losses allowed by God, that seem unfair or untimely—akin to the psychological grief that survivors experience when their human relationships are severed as a result of death. However, according to Shear and her team, the more troublesome variant of this reaction to loss is *complicated spiritual grief* (CSG)—a spiritual crisis in the bereaved individual's relationship with God such that he or she struggles to reestablish spiritual equilibrium following loss, often accompanied by a sense of discord, conflict, and distance from God, and at times with members

of one's spiritual community. Although a number of studies have looked at spiritual crisis in distressed or bereaved samples, little is known about spiritual crisis as a *result* of bereavement. However, recent studies indicate that a perceived breakdown in the relationship between spiritually inclined people and God seems to be at its core.

Burke and her associates (2011) conducted a study to examine CSG in a sample of 46 African American homicide survivors. They found that individuals who struggled the most with their grief during bereavement were also the ones who struggled the most in terms of their relationship with God following this horrific form of loss. Specifically, they found that griever with high levels of CG also wondered what he/she did to receive God's punishment, questioned God's love, felt abandoned by the church, and questioned the power of God. With the same sample of grievers, Neimeyer and Burke (2011) established that CG was the strongest predictor of the later development of spiritual crisis following loss, even above other forms of bereavement distress including posttraumatic stress disorder (PTSD) and depression. Similarly, Burke and Neimeyer's (in press) study with a large, diverse sample of spiritually inclined grievers found that in addition to replicating previous findings (Burke et al., 2011), grievers who struggled with the loss of their loved one also simultaneously struggled with feeling angry with or distant from God and from members of their church, felt punished by God for a lack of devotion, wondered whether God had abandoned them, questioned their religious beliefs and faith, and endorsed the notion that the devil made the death occur. Thus, stated differently, it appears that for the grievers in these studies, the anguish over the loss of their relationship to the deceased eventually generalized to a similar anguish in terms of their loss of relationship to God and/or their church community.

Bereaved Christians in Burke, Neimeyer, Young, et al.'s (in press) diverse sample responded to open-ended questions designed to encourage them to think about how they felt during the times

when they struggled most deeply with the loss of their loved one and, specifically, to describe how the loss challenged their relationship with God. The following examples illustrate their struggle:

My problem was that, I would go back to the scripture where it states, "All things work together for the good of me," and I couldn't understand how, how can this be good for me? You know, this is terrible! This is awful! How can this be good for me?

[I felt] challenged, because all my life I have heard of how good and loving God is. Why pray to God if the people I love will not be spared, but [instead] still die.

[I felt] confused. Why would the God that I love and honor allow this to happen to me!

My part was to try and comfort my [young] children. I often received the question, "If God loved us why did he take Grandma?"

Other bereaved individuals expressed mixed emotions:

I despised God for taking away the person I loved most in the world. Yet, when I finished screaming at Him, I felt more acceptance from Him than I would have ever anticipated. My sense of His goodness not being limited to my finite understanding became greatly strengthened.

At first, I was challenged and angry by the way she left the world. My heart aches every day since she has left. But, I still love God.

Naturally, the death of a primary attachment figure can give rise to a myriad of spiritually oriented questions. Questions that are seemingly left unanswered by God or insufficiently so, or ones perceived by the bereaved person to be pointless to even ask, can add further anguish to an already protracted and embittered bereavement, leaving them vulnerable to subsequent losses—of relationship with God or confidence in His ability or concern to protect and love them. God still exists, but remotely. Although God's existence might not be questioned, His power or love might be, particularly following abject loss of a cherished loved one. As opposed to one's pre-bereavement

way of thinking, this suggests a shift in one's view of God, which in attachment terms is modeled on the neglectful parent, as being powerless or uninterested in offering us security in the face of life's most difficult trials. This pattern likewise manifests itself in the survivor feeling alone even while surrounded by a community of fellow believers.

These studies underscore the value of recognizing the spiritual processes of people who have experienced a traumatizing loss. Research indicates that clergy, mental health- and other professionals assisting the survivor should not assume that high levels of pre-loss faith or one's usual spiritual activities (e.g. church attendance, prayer, Bible reading, worship) or engagement with fellow churchgoers will act as a panacea or buffer against a crisis of faith (Burke & Neimeyer, in press; Burke et al., 2011; Burke, Neimeyer, Young, et al., in press; Thompson & Vardaman, 1997), especially in bereaved individuals who are also struggling to accept and adjust to the loss of a loved one. In fact, those in the helping professions are called on to creatively facilitate psychological accommodation and spiritual progress in grievors who struggle spiritually as a result of loss. However, understanding the foundation of the distress—that spiritual distress in bereavement is directly related to the loss of the loved one, rather than to symptoms of depression or PTSD *per se*—can guide those who work with grievors as they search for meaning (Coleman & Neimeyer, 2010) and attempt to make spiritual sense of their loss (Lichtenthal et al., 2010; Pargament, Koenig, & Perez, 2000; Stein et al., 2009).

Perhaps the essence of CSG was summed up by C.S. Lewis (1961), lay theologian and Christian apologist, who not only expressed his despondency at the loss of his love relationship with his wife, Joy, who died following a short bout with cancer, but also openly expressed his despair in relation to the felt loss of his love relationship with God.

Meanwhile, where is God? [When things are going right, He is right there, with open arms]. But go to him when your need is desperate, when all other help is vain, and what do you find? A door slammed in your face, and a sound of bolting and double bolting on the inside. After that, silence. Why is He so present a commander in our time of prosperity and so very absent a help in time of trouble? (pp. 5-6).

One reason to highlight what happens when spiritual coping mechanisms go awry as a result of bereavement is because the psychological literature is nearly silent on the topic (Hays & Hendrix, 2008), both in terms of recognizing it and treating it. In fact, to our knowledge, there is nothing in the way of a specialized intervention available to specifically target bereavement-induced spiritual crisis. It is to this topic we now turn, offering some suggestions about the treatment of both bereavement distress and concomitant spiritual struggles.

Assisting Sufferers of Complicated Grief

Family-focused grief therapy. A growing body of literature suggests that grief therapy, often a limited resource for many bereaved individuals, should be channeled toward those most in need, such as high-risk cancer caregivers, burdened by caring for their terminally ill loved one (Harding & Higginson, 2003), and individuals suffering from CG (Currier et al., 2008). Research also underscores the psychosocial challenges of being a family member of someone with cancer, and the special burden of cancer-related loss on families. To address this, Kissane, Lichtenthal, and Zaider (2008) conducted a randomized controlled trial of an effective grief intervention for family members bereaved by cancer-related deaths. Their treatment emphasized the benefits of intervening clinically with the family prior to the death, before the cancer patient dies, and then again afterward; because, although individual family members may grieve differently, they do so interactively as a unit, as well. Overall, they found that families receiving therapy were less distressed at 13 months

compared to controls. And families who were most distressed at baseline showed even greater improvement in terms of lower distress and depression levels, and tended toward better social functioning.

Continuing bonds. Researchers have established that individuals bereft of a loved one often derive much in the way of comfort and are better able to facilitate spiritual meaning making and reconnection with the loved one when they maintain a continuing bond (CB) with the deceased following death (Klass, Silverman, & Nickman, 1996). Field and Wogrin (2011) conceptualized the griever's use of CBs thusly: "...reorganizing or relocating the relationship [with the deceased loved one] such that it now exists at a purely mental representational level...[in order] to experience the deceased to some degree as continuing to serve a *safe haven* attachment function, to which the bereaved can turn as a comforting presence under times of stress" (p. 38). Some studies suggest that in order for the bereaved to hold a consistent and comprehensible narrative of the loss that fits within the broader context of his or her life story, the bond with the deceased must not be severed but rather reestablished and maintained (Fraley & Shaver, 1999). However, an appreciation that CBs might be beneficial also must be coupled with an awareness that *bonding* is not synonymous with *binding* (Currier, Holland, & Neimeyer, 2006). A defining characteristic of CG is the maladaptive use of CBs, often representative of an individual with a highly dependent attachment style that is exhibited in intense separation distress when the primary attachment figure dies. Thus, a "clinician's toolbox" to facilitate reconstruction of the relationship with the deceased rather than relinquishment of it might well include such techniques as *imaginal dialogues*, *correspondence with the deceased*, and the *life imprint*, each of which we will briefly describe and illustrate.

Imaginal dialogues. Imaginal dialogues commonly involve the therapist facilitating an enactment of a conversation between the mourner and the deceased, with the mourner playing both

roles—his/her own and that of the deceased loved one. In this technique, the clinician guides the bereaved individual in a conversation that opens up important themes, often those related to unfinished business between the two people, or that invites forgiveness and/or mutual appreciation. Although such dialogues can be simply invited with the client imagining the deceased and then addressing him or her, the clinician also can make use of *empty chair* or *two-chair* work (Greenberg, Rice, & Elliott, 1993) to facilitate a shift in the griever's perspective, in the former case allowing the unoccupied seat to symbolically hold the loved one, and in the latter instance rotating the griever to the empty chair to respond as if in the voice of the deceased. A by-product of the clinician's choreographing of this type of oral interchange is that it can amplify the intensity of the contact. Perhaps the positive results achieved through use of imaginal conversations can be explained by the way in which they are spoken in the present tense, with the therapist prompting for depth and honesty from the sidelines of the conversation, in this way reanimating the relationship between the client and the deceased (Neimeyer, 2012a).

Sarah had lost her mother to cancer in her early teenage years, but now, in her mid-20's, found that she was beginning to lose even a sense of what her mother looked like, though she missed her still. Indeed, in a curious way, she found that her mother was "growing younger" as the years went on, as she replenished her visual memory with family photographs, many of them taken when her mother was a young woman in high school and college. Accepting the invitation of the therapist to "reopen the conversation with mom about the loss," Sarah spoke quietly and intensely of this irony to her mother, underscoring her continuing bond of love and expressing her wish for closer contact. Changing chairs at the therapist's suggestions, she then straightened and leaned forward, responding as her mother that she had great pride in the woman her daughter was becoming, tears coming to her eyes as she found the words and

repeated them at the therapist's prompting. Returning to her seat, Sarah was moved by the encounter, and expressed how she was touched by the special symmetry of the evolving post-mortem relationship with her mother: just as mother was growing younger in her eyes, she was growing into maturity in her mom's. Something about this felt right, like a relationship coming full circle, and provided a different sort of comfort than she had previously known.

Use of imaginal dialogues shows that, typically, these verbal exchanges are vividly emotional, highly clarifying, and nearly always affirming to the bereaved individual (Neimeyer, Burke, Mackay, & Stringer, 2010). With both the therapist and the client placing premium on the experience, this intensely experiential exchange is followed by client and therapist commentary to consolidate learning and growth. Benefits of using this technique are that it: a) serves to reaffirm the CB, providing a sense of attachment security, b) facilitates resolution of concerns about the death or the relationship, such as survivor guilt or self-blame, c) frees the bereaved to pursue personal goals of autonomy, effectiveness, and relatedness, and d) represents a key component in empirically supported Complicated Grief Therapy (CGT; Shear, Frank, Houch, & Reynolds, 2005).

Unsent letters. Correspondence with the deceased or “unsent letters” (Neimeyer, 2006; 2012b) are a straightforward attempt on the part of the survivor to reconnect with the deceased in narrative form, in an effort to say “hello again” (White, 1989), rather than a final goodbye. The most therapeutic letters appear to be those in which the griever speaks deeply from his/her heart about what is important as he or she attempts to reopen contact with the deceased, rather than seek “closure” of the relationship. Some people find it beneficial to consider what the other has given them, intentionally or unintentionally, of enduring value. Additionally, letter writing offers an opportunity to use words that heretofore have remained unspoken, and to ask the questions that

remain unasked. The following therapeutic prompts can help initiate this type of written dialogue, especially for those who may be stuck in their grief:

What I have always wanted to tell you is....

What you never understood was....

What I want you to know about me is....

What I now realize is....

The one question I have wanted to ask is....

I want to keep you in my life by....

Continuing bonds, by nature, are personal and individualized, and like imaginal dialogues of a spoken variety, can invite a response from the other. Thus, many grievors use letter writing to initiate an ongoing correspondence “with” the deceased, letting the conversation evolve as their life does. Others use such writing to begin a therapeutic journal, designed to branch out in a variety of literary directions. Still others take advantage of contemporary online media by opening an email account in the loved one’s name to which personal messages can be sent, or by continuing to share postings about the deceased loved one via Facebook or other social networking sites.

When Fred lost his “sweetheart” Shirley after a 55-year marriage, he understandably grieved deeply. But he also felt relieved from the care-giving burden he had lovingly assumed during her long years of cancer and its treatment. Pursuing therapy to sort out these mixed feelings, he accepted the therapist’s invitation to write about his conundrum to Shirley and seek her counsel, though the idea at first surprised him. In part, the first letters in the “exchange” read as follows:

Shirley, My Love,

Well, today was the day to seek the shrink.... Dr. Neimeyer's waiting room invites calm as does his therapy suite. He is thoroughly relaxing and non-threatening. Yet, as with any good therapist, you sense he's no push-over. He completely avoided the typical clinical protocol of intake forms, etc., and said simply, "How can we use this hour to help you?"

I jumped right in and told him about your death five months ago and my sojourn since. And that I was having some difficulty with doing as well as I was, with feelings of guilt [for feeling] release after the protracted and intense care-giving.... After asking a number of questions, he led me to the understanding that my recovery was not unusual [for someone in my position] following the release of the beloved from the great pain and suffering, [which] offers a new sense of freedom. He commented that my journaling was right on target with the most current grief therapies, and is what has put me in the relatively healthy place where I am. He read some of my writing and was obviously moved by it and said so. He said I dealt with you and your death in a moving and tender way. He did suggest that I stretch myself and conjure up what your thoughts and expressions would be to the things I am saying and writing now. So, that I will try. But it was so comforting to be really understood and affirmed. He said the next task I might consider would be to re-configure our relationship in light of your death. Not to say a final goodbye. But to find a way to continue the relationship on a different level and find your voice speaking to me and your presence still bearing upon me. Nothing spooky about that. Just simply to find your voice and your presence still with me. So, I shall try. Bear with me, my love.

Fred

He then continued with a new letter, only written with "Shirley's" words this time:
Freddie. It's about time you listened to me! How long have we known and loved each other. And me not to talk to you? That's unthinkable! Now, what Dr. Neimeyer says is exactly right.

You just sit still and listen. That meditation you do each morning will probably help if you focus on it.

First of all, let's deal with the more mundane stuff—what you are doing with your time and energy. Now, that is fine with me as long as you don't do anything foolish. You don't have me to worry about. But that doesn't mean you can be reckless. There are still our children who would be heartbroken if anything happened to you. But go ahead and try some new ministry in the inner city if that's what God is calling you to do. Just don't be disappointed if no one stands and cheers! You have much to give and contribute. You have a loving heart and a good mind. Don't waste them on trivial things.... Rekindle the dream you had for the "beloved community" back in seminary days and earlier. I am with you on this one. Just be sure to include the little children as you go along in some way.

Well, tomorrow we will get into other stuff. But, sit on that tonight. And we will chat some more tomorrow.

Love always, Shirley

Narrative therapy techniques, such as letter writing that occurs between the bereaved and deceased, are used in various approaches to grief therapy, even those that otherwise differ in terms of their conceptualization of grief distress and how it should be treated (e.g., Boelen, de Keijser, van den Hout, & van den Bout, 2007; Neimeyer et al., 2010).

Life imprints. Life Imprints represent unique tools available to the clinician, ones that can be used to enable the griever to seek strands of continuity in the relationship to the deceased, as well as denoting potential points of transition (Neimeyer, 2012c). The life imprint helps the griever see that his or her life is a reflection of bits and pieces of the many people whose characteristics and values he or she has unconsciously assimilated into a felt sense of identity.

This “inheritance” transcends genetics, as we can powerfully or subtly be shaped not only by parents, but also by mentors, friends, siblings, or even children whom we have loved and lost. If life imprints are made up of parts of all of those with whom we have deep attachments, then it stands to reason that life imprints are not always positive. At times we can trace our self-criticism, distrust, fears, and emotional distance to once-influential relationships that are now with us only internally.

As a means of facilitating the process, grievors are asked to take a few moments privately to trace the imprint of an important figure in their life, and then to discuss their observations with the therapist or another person, using the following fill-in-the-blank sequence of questions:

The person whose imprint I want to trace is: _____

This person has had the following impact on:

My mannerisms or gestures:

My ways of speaking and communicating:

My work and pastime activities:

My feelings about myself and others:

My basic personality:

My values and beliefs:

The imprints I would most like to affirm and develop are:

The imprints I would most like to relinquish or change are:

As with other techniques in the clinician’s toolbox that are designed to foster CBs, variations and extensions of the life imprint can make the process more personalized. The clinician might suggest homework assignments that include:

Documentation—the client is asked to write a paragraph as between session homework about

each of the questions to reaffirm the lost connection.

Letters of gratitude—the survivor writes a “thank you” letter to the deceased for the “gifts” they have given.

Survey—the bereaved person interviews several other people about the imprint of the deceased on them to deepen appreciation of his or her life.

Directed telling—using an empty chair, the griever directly expresses the impact of the deceased loved one’s life on his or her own.

Cara was a devoted African American mother of 3 living children whose fourth child, who she named Spirit—“because that is how she came to me”—was stillborn at 7 months of gestation. Although she had never known Spirit as a living being outside her womb, she decided to trace her imprint on her, in part to recognize that her child had not lived for over half a year inside her in vain. Chief among the imprints that Cara traced were Spirit’s impact on her ways of communicating: after sharing the tragedy of her baby’s living and dying with others in and beyond the family, including the therapist, she found that she was more emotionally expressive than before, letting people know she loved them, and initiating contact and attempting to resolve festering bad feelings in a way she never had previously. She also felt that Spirit had left her mark on her spirituality, as she was more convinced than ever that there were “other beings” that operated in our lives, including the guardian figure she believed she saw in shadowy outline in Spirit’s earlier ultrasound, which she came to view as an ancestor figure who had come to usher her child into a different form of existence.¹

Assisting Sufferers of Complicated Spiritual Grief

¹ A systematic empirical analysis of meaning reconstruction in Cara’s 6-session grief therapy can be found in the work of Alves, Mendes, Goncalves, and Neimeyer (2012).

As the field of bereavement studies is only now beginning to research spiritual crisis following loss, and have just recently developed and validated a means of assessing this construct (Burke, Neimeyer, Holland et al., in press), ideas for treating such distress are clearly germinal. However, in targeting issues related to a compromised relationship between the bereaved individual and God and/or the spiritual community, we might begin by creatively extending components of interventions that have been used with traumatized griever. For instance, using modified procedures similar to those described above, the griever who struggles to make spiritual sense of the loss or who harbors negative emotions toward God, might benefit from *an imaginal exploration of the death event from God's perspective*. For example, using a two-chair-type approach, the clinician could help the griever to initiate a two-way conversation with God. With the therapist's guidance, the bereaved individual might gain greater understanding about God's perceived purposes or plan, or an increased acceptance on the part of the bereaved about both the death and his or her future existence. Likewise, in the same vein as maintaining a CB with the deceased loved one, *letters to heaven* could offer the survivor an opportunity to use another medium to express both negative and positive emotions, ask questions, or to expound on applicable Bible verses or other writings.

Devotional writing. Similar to the *letters to heaven*, Elacqua and Hetzel (2010) propose a devotional writing approach that allows the griever to process their post-traumatic symptoms and feelings through God's perspective. The griever is encouraged to identify a specific area that he or she desires to explore (e.g., sleep problems, intrusive thoughts, the sovereignty of God, unanswered questions such as *Why, Lord? What if?*) and then the griever writes his or her story to God. In this approach, God would respond, not the deceased, using Scripture to substantiate the responses. As the griever asks God a question or takes a concern to God, the griever finds Scripture to answer the

question or address the concern. An example of *devotional writing* is found in the following excerpt from Elacqua and Hetzel's book of devotionals (originally designed for survivors of homicide loss) and Elacqua's (2013) book (applicable to many types of losses, including those arising from illness):

Believe in God

Let not your heart be troubled: ye believe in God, believe also in me. John 14:1 (King James Version)

My parents were murdered on October 26, 2005. Even to this day, I still grieve their loss. Thoughts of returning to the hometown I grew up in bring a sense of loss, regret, and grief. I do feel that I have come far in the years of mourning. I have done many things to help me process my grief such as crying, joining support groups, participating in one-on-one counseling, attending homicide walks and retreats, speaking to many groups about my loss, writing, praying, and reading and meditating on God's Word. What I believe has helped me the most is my belief in God. Regardless of how much my heart is troubled, I choose to believe in God, and I pray Scripture to reinforce my faith.

I told God that Scripture says, "Do not let your hearts be troubled . . ." (John 14:1a), "but my heart is troubled, Lord!" I pled with God to give me the faith that will move mountains (Matthew 17:20). When I have struggled with painful feelings, I asked God to replace my anger, anxiety, and fear with the peace of God that surpasses all understanding (Philippians 4:7). I asked God to remove my sleepless nights and enable me to sleep in peace and safety (Psalm 4:8). I asked God to replace my weakness with His strength (Psalm 28:7). I asked God to take away the loneliness of life without Mom and Pop, and to give me the abundant life (John 10:10).

I desire justice, and God tells me in His Word that He is the Righteous Judge (Psalm 7:11; 9:8; 98:9). His Word reminds me that I do not need to worry about justice on earth because the final judgment happens in heaven (Revelation 20:11-15).

It is a long road to transformation, but I choose to believe that because my Heavenly Father gave me Jesus, His only Son, who died for my sins (John 3:16), and who I confess as my Savior (Romans 10:9), I have full confidence of victory over death. I will see my parents again in heaven with eternal life. God is all-powerful, and as the book of Revelation details, the victory has already been won.

Oh, Lord, thank You for Jesus. Thank You that in You there is peace, safety, strength, abundance, faith, and justice according to Your will. Lord, take my troubled heart and give me continual faith to believe in You. Amen².

In addition to the client writing a spiritual devotional, Burke and Elacqua (2012) describe how this devotional set [Hope Beyond Homicide: Remembrance Devotionals] can be used as an in-session exercise, with the clinician (or the client) reading aloud the current week's devotional regarding an aspect of loss, followed by answering the prompts for discussion. The devotional readings could also be assigned for homework. Both methods help the client to give voice to the emotions that arise during the process of meditating on loss and grief and the comfort that comes through God's Word, bringing to bear profound sources of spiritual wisdom.

Elacqua (2013) developed a 10-session intervention for counseling the bereaved using a biblical worldview. The sessions provide a means to explore the type of loss, various sources of support (e.g., effective and in-effective), and feelings and symptoms experienced pre- and post-loss,

² The 52-devotional book, *Hope Beyond Homicide: Remembrance Devotionals*, is available from the third author at www.hopebeyondhomicide.com.

with practices to assist in coping. Spiritual interventions derived from Scripture are used to address topics that can often hinder the bereaved's relationship with the deceased, their family members, and the Lord (e.g., forgiveness, renewed mind, rebuilding a new life). The context is Biblically based, with a foundation for exploring the client's relationship with God, promoting authenticity and transparency with him/herself, the counselor, others, and the Lord to encourage the client to find or develop a deeper intimate relationship with the Lord. One client expressed that *Hope Beyond Loss* has encouraged her in her faith journey to “*see that even in great loss or tragedy, God really can use horrible things for good, bring good out of it. He uses bad even to draw us near and bring intimacy with Him.*”

An accumulation of these types of letters or stories, written over time, could form the basis of a journal that could foster reflexive and ongoing engagement with the deeper meaning of love, loss and faith for spiritually inclined mourners. Finally, because study results indicate that CSG involves complications not only in terms of the griever's relationship with God, but also with members of his/her spiritual community (Burke & Neimeyer, in press, Burke, Neimeyer, Young, et al., in press; Burke et al., 2011), methods to address those relational deficits should also be employed. One such technique is for the clinician to facilitate *imaginal role-play* interactions between the bereaved individual and his or her spiritually inclined friends and family. Doing so can offer the survivor a chance to express concerns, hurts, and disappointments, while also providing a means for improving social and spiritual interactions in the future. Another such method is *directed journaling* (Lichtenthal & Neimeyer, 2012), in which religiously inclined individuals are prompted to write about the spiritual sense and “silver lining” they have found in the dark cloud of their bereavement, in a way that clarifies and promotes healing in their relationship to the divine and their community of faith.

Summary

As the second leading cause of death in women, cancer loss necessarily commands considerable attention in bereavement research. Living life without grieving the loss of a woman to cancer is an experience few Americans will have. And, although most caregivers and other bereaved survivors will eventually find their own way through grief following the death, others will require professional assistance to cope with the serious and debilitating nature of CG (Currier et al., 2008). Fortunately for these individuals, effective grief therapies do exist (Boelen et al., 2007; Field & Wogrin, 2011; Neimeyer, 2006; 2012a; 2012b; Neimeyer et al., 2010). In fact, empirically validated interventions designed specifically to meet the pre- and post-bereavement needs of families of patients with a terminal illness, such as cancer, are already available (Kissane et al., 2008).

Although more research is needed, recent studies have expanded the examination of problematic grief reactions and their relation to subsequent spiritual struggle both in detail (Burke & Neimeyer, in press; Burke, Neimeyer, Young, et al., in press; Burke et al., 2011) and in comparison with other disorders (Neimeyer & Burke, 2011). Such research establishes a link between psychologically and spiritually oriented bereavement distress, suggesting that, on some level, they may share the common denominator of a stressed attachment. Thus, what begins as a loss of secure attachment to the loved one can eventuate in an insecure attachment to God (Kirkpatrick, 1995).

As an emergent construct, CSG has not been explored beyond the confines of the Christian faith tradition. However, an expanded program of research likely will reveal in greater depth the struggle experienced by some spiritually inclined grievers while also incorporating ever more accurate scales for measuring CSG, ones that go beyond Christianity to explore other belief systems.

An inability to make sense of the loss in either spiritual (Lichtenthal et al., 2010; Lichtenthal, Burke, & Neimeyer, 2011) or secular terms (Currier, Holland, & Neimeyer, 2006) can exacerbate

grief. Conversely, meaning made, in terms of both the life and death of the loved one and God's role and intentions surrounding the death (for spiritually inclined grievers), appears to facilitate positive bereavement outcome (Lichtenthal et al., 2010; Lichtenthal et al., 2011).

Suffering the loss of a love relationship is surely one of the most painful human experiences to endure. Couple that with a severely compromised relationship with God and/or with one's faith community, and the picture is all the more challenging. We know that a subset of mourners will suffer substantially more than others at the hand of such affliction. It is for these individuals that more compassion, greater understanding, better assessment tools, and specialized treatment are specifically needed.

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