Graduating Through Grief

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By

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Abstract

The purpose of this project is to examine the grief process through the lens of those who have participated in it. Reading memoirs and accounts of those who have experienced grief opens up a world that is otherwise not reflected in the texts and research on grief. My own experience through grief was validated and the pain lessened by reading others’ stories of grief (bibliotherapy). I decided to write my own story, share it with others, and learn from and share feedback with those who were also grieving a loss. The culmination of this project was a presentation to participants who had read my story, and a discussion on grief and the use of bibliotherapy followed.
Acknowledgements

I would like to first thank my dad, for his love and guidance from above. All of this is possible because of the journey I went on following your death. Second, to my ever-present mom, whose practical advice and encouragement kept me going when I wanted to quit. Without you on the other end of the line, I may have given up. Third, my partner David, whose patience is worth more than one can imagine. And to my daughter Frances, who allowed me time away to complete this Master’s program and this project. I love you all.

To Marina, my chair, I owe you many thanks. Thank you for putting up with all my midcourse changes! And Herb, thank you for stepping in at the last minute to read my paper(s)! Finally, to all the folks who volunteered to read my paper, give feedback, and share stories with me, I thank you. This was a very rewarding project and I am honored you chose to participate.
Graduating Through Grief

Grief is a universal experience. We will all go through it, in various shades and degrees, in our lifetime. While the experience of grief is universal, the actual process of going through it is not. We will all have our own way with grief, with myriad nuances in each individual process. There are several theories to “explain” grief, varying types of grief, and of course the well-known concept of the stages of grief by Kübler-Ross (1997). There is even an ongoing controversy of whether grief counseling even works. Little of this is of any help to the griever, however. What can help the grieving person? Identifying others who are going or who have gone through a similar experience is one way to help. Through learning of other experiences, we receive validation, comfort, and the knowledge that we are not alone. Reading about the experiences of others is one way to do this. Using books to help heal in this way is called bibliotherapy, and it worked exceptionally well for me.

I began my own journey through grief by reading memoirs. It seemed to help to read about others who had been through what I had. I’ve read at least 10 thus far, and they have helped more than anything I’ve discovered in the limited research on grief. This research brought up the following questions: 1) is grief counseling effective? (Bonanno, 2008), 2) does grief counseling work? (Jordan, 2003), and 3) who needs grief counseling? (Gamino, 2009). From the outset I felt as though I was feeling something that others may be dismissing – I sure wasn’t finding it in the research. Of course grief counseling would (should) work – why wouldn’t it? But apparently there was a controversy playing out over the last decade that questioned the efficacy of grief counseling. As stated by Larson and Hoyt: “a pessimistic view of grief counseling has emerged over the last 7 years, exemplified by R.A. Niemeyer’s (2000) oft-cited claim that such interventions are typically ineffective, and perhaps even deleterious, at least for
the person experiencing normal bereavement.” (2007, p. 347). Niemeyer’s study was a meta-analysis that reported findings that - averaging over all studies that provided the necessary information- concluded that 38% of recipients of grief counseling theoretically would have fared better if assigned to the no-treatment condition (Jordan, 2003).

Larson and Hoyt countered, showing that a cursory reading of Niemeyer’s study (2000), revealed that this was not an empirical study but rather a summary of findings of past research, both published and unpublished. The lesson here is that one should always look further at a claim, and verify that it was peer-reviewed, as this was not. Larson and Hoyt showed Niemeyer’s claim was based on a meta-analysis that had never been published, using a statistic that itself has never been published or reviewed by the methodological community (Larson, 2007). One of the number one tenets of research is that it has to be peer-reviewed. This controversy didn’t do much for a grieving person, however. On to the next one.

Robyn Howarth explores interesting concepts in grief in her 2011 article “Concepts and Controversies in Grief and Loss”. She states that there is still “disagreement about the definition of grieving, as is clear from the diagnostic criteria issued by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders ([DSM-IV-TR], APA, 2000). She continues, “The loss of as loved one is one of the most distressing emotional experiences people face, yet virtually everyone will deal with grief at some point. Despite the emotional difficulty associated with loss, most people experience a “normal” grieving process in which they endure a period of sorrow, numbness, and even guilt or anger, followed by a gradual fading of these feelings as the griever accepts the loss and moves forward.” (Howarth, 2011, p. 4).
Howarth mentions different terms used in the grieving process – bereavement, mourning, and complicated grief. Complicated grief may develop when people are unable to cope with and navigate the normative grieving process without complication. They are prevented from moving through tasks adequately, the normal bereavement process is interrupted, and grief reactions become more painful and debilitating. The defining characteristic in complicated grief is that the bereavement process is interrupted and there is no resolution. Complicated griever gets stuck in the course of their grief, concentrating on the traumatic aspects of the death and unable to proceed through the normal bereavement process. Complicated grief is not yet recognized as an actual disorder, though there is a growing consensus that it should be included in the DSM, and some researchers have proposed specific diagnostic criteria (Howarth, 2011). Because there is no specific definition for this type of grief, there have been few randomized trials. There need to be more studies and a deeper examination of complicated grief in order to fully understand it.

I reviewed a more current article on the best practices in counseling grief and loss by Elizabeth Altmeier and was encouraged to learn of her view that grief provides an opportunity for growth, in addition to mending a loss. I found a quote in her article particularly helpful to me; “loss is a fundamental human experience from which we can grow and learn to understand others, help others, and develop our own courage to live with pain.” (2011, p. 33). One would think this would be true – it is a universal experience, so if we can find a way to use it and foster growth in ourselves, we can pass that on to others. Coming from both my perspective as one who recently had a loss, as well as my being a student, this is very useful. I can help others in my own life as well as clients. This may have been the seed that sat with me for a while as I tried to negotiate my way through my Master’s Project. All the research in the world wasn’t helping me or answering my questions. I found that only others who had been through similar experiences
seemed to help me makes sense of my new world. As I read each one, I’d find a new nugget of truth, a tiny piece of hope to keep me going. I began to realize I was processing grief with people I’d never met. In the midst of reading memoirs and doing research, I realized I needed to tell my own story. I needed to get it out. I later learned there was a name for this healing through books – bibliotherapy.

Bibliotherapy is described as “the guided use of reading, always with a therapeutic outcome in mind” (Chamberlain, 2008, p. 24). In my quest for information and help with my grieving process, I was not aware that I was engaged in bibliotherapy, whether it was prescribed to me or not. Somehow, the books found me, and helped to heal me. I was looking for meaning, and was not finding it among the statistics, studies and controversies in grief research. I was having a spiritual crisis. As Sharon Leighton describes in her recent article, “grief includes spiritual pain, with life appearing to be drained of meaning and purpose, accompanied by a feeling of fear … bereavement can provide an opportunity for spiritual growth if there is time to reflect on a situation that has caused a psychological imbalance and changed the person’s life.” (2008, p. 24). Part of the grieving process is to grow. One doesn’t just get through it or over it. A new purpose for one’s life can be found, and new meanings ascribed to what would otherwise be a very traumatic experience.

The research is mixed on whether bibliotherapy can be effective in dealing with grief. One of the more positive and consistent study results is from Riordan & Wilson (1989) showing the benefit of self-help materials and/or bibliotherapy. But how exactly, does it work? In one study, scientists in Missouri using brain imagery have shown that regions of the brain that are activated when we are reading a story are the same as those used if the events were actually occurring in our own lives (Thomas, 2011). This would indicate that I am really dealing with my
own feelings when reading about others, because it is as if it is happening to me. There was one book I related to very well and found such solace in, *The Long Goodbye* by Meghan O’Rourke. Both of our parents died of cancer, we had the same first name, and we both experienced a drawn-out death. It was so closely related to my experience, I felt as if I knew the author at the end of the book. To date, nothing has helped me more. I am indebted to someone I do not know, but know so well. One study I came across revealed that “shared reminiscence” about parental death can be seen as a ritual – either a family ritual or a societal one. One would think that sharing stories through books is one such way of reminiscing. And since the most common bereavement of adulthood is the loss of a parent, it makes sense that we would turn to reading as one of the ways to seek comfort and solace (Rosenblatt, 1990).

In revisiting the stages and tasks of grief while working on this project, I realized that even if one were to try to “move through stages” or “work through tasks” of grief, bibliotherapy can be incorporated throughout. Elisabeth Kübler-Ross’ five-stage theory of the dying process, later used in describing the grief process, is a descriptive picture of the varied response to grief. The five stages, denial, anger, bargaining, depression and acceptance, can be found and felt in the many memoirs I read on grief (Servaty-Seib, 2004). While her stages are descriptive, I found those who actually wrote about their experience of anger, or depression, to be more relatable, and ultimately more healing for me. I’d finish one memoir, and look for another. I went on Amazon.com to look at others’ suggestions, reviews and “list for those who are grieving”. Reading each memoir was immensely cathartic. As Sharon Leighton writes in her article on bereavement therapy, “the life story disrupted by loss needs to be reorganized and rewritten in order to link the past with the future in a meaningful way” (2008, p. 26). I was slowly rewriting my own story by learning I would be okay - based on others’ experiences.
One of the books I read, *Transcending Loss*, was quite illustrative of the way your entire life can change in the blink of an eye. She recounts “brave souls” wondering “when will this be over?” and notes that it is “absolutely normal to be still grieving, to still feel the aftershocks of loss for the rest of your life. Grief changes through the years, but the simple truth, which no one wants to admit, is that you will never be your old self again. You are forever changed. That’s not to say that you won’t heal, because you will find ways to heal. And yes, the raw, jagged pain of acute grief will fade. But just as a very deep wound leaves a lasting scar, you will have an emotional scar that will, at times, still feel sore” (Bush, 1997, p. xv). To read these words, to actually feel the pain of another over something similar to what I was experiencing, lightened my load if even just a bit.

Several people had suggested I read Joan Didion’s *The Year of Magical Thinking*. I believe my mom had given it to me as a gift before my dad even died. I went to the bookshelf to find it. Yes, it was there. It was another grief memoir I couldn’t put down. It felt so good simply to identify with another, even if I did not know her, and never would. She wrote so convincingly of both the horror of loss, and of the gradual recovery that can be made, in time. She wrote, “Grief has no distance. Grief comes in waves, paroxysms, sudden apprehensions that weaken the knees and blind the eyes and obliterate the dailiness of life.” (2007, p. 27). Yes, this was it, exactly. Just reading this paragraph made me feel less crazy. And so I read, over and over, as much as I could get my hands on. These writers became my friends, my tribe. If I were to meet any of them, they would understand me, to be sure. I held on to these people and these books for dear life. I had to. These were my people. We had been through the darkness and had lived to tell about it. Write about it. We were still standing.
Another way these memoirs became helpful for me was in the use of ritual by various authors. I was looking for ways to remember my dad, and ways to keep him in my life. We all have different rituals in our culture and families, and learning about other ways to express myself was an enormous gift. According to Rando, “the purpose of rituals developed in therapy is to assist individuals to successfully complete their own passage through grief, as well as structure a way to recall the lost loved one and to make some statement about the mourner’s feelings” (Rando, 1985, p. 237).

Perhaps the gold standard of grief books is *Grief counseling and grief therapy: A handbook for the mental health practitioner* by Worden. In its 4th edition, it seems to be the go-to manual on grief. This is the book I referred to and used the most in addition to the memoirs that helped me so much. Worden distinguishes between grief counseling and grief therapy. Grief counseling is for those for are dealing with uncomplicated grief, and for those clients he suggests helping them move through the four tasks of mourning within a reasonable time frame (Worden, 2009). He uses the term grief therapy for the more complicated grief reactions, and has specialized techniques he offers to facilitate the process in these cases. The four tasks of mourning he refers to are:

1. To accept the reality of the loss
2. To process the pain of grief
3. To adjust to a world without the deceased
4. To find an enduring connection with the deceased in the midst of embarking on a new life (Worden, 2009).
Whether dealing with uncomplicated or complicated grief, there are certain procedures and principles that help make grief counseling effective. The following guidelines help to clarify and outline how to work through the grief process.

1. Help the survivor actualize the loss, by getting them to talk about it.
2. Help the survivor to identify and experience feelings such as anger, guilt, relief, anxiety, helplessness and sadness. These are all normal feelings associated with grief.
3. Assist living without the deceased. Help the client learn to make decisions independently.
4. Help find meaning in the loss. This involves helping the client see how they are different in the midst of this loss, and what it means.
5. Facilitate emotional relocation of the deceased. This means finding a new place for the deceased in the client’s life.
6. Provide time to grieve. Recognize that grieving takes time, and also that certain points in the process may be harder than others. Anniversaries, certain month and year markers. The 3-month marker seems particularly hard.
7. Interpret “normal” behavior. Give the bereaved reassurance that what he or she is going through is normal behavior for those who have lost a loved one.
8. Allow for individual differences. We do not all grieve the same way, or in the same timeframe. Make sure the bereaved knows it is ok to go at one’s own pace and style.
9. Examine defenses and coping styles. The bereaved’s style of coping will be heightened upon the trauma of the loss of a loved one, so it is important to be aware of those styles and watch out for withdrawal or inappropriate coping styles.
10. Identify pathology and refer. If you are able to identify that the bereaved is in serious trouble, refer if necessary. This is called the gatekeeper role. (Worden, 2009).

Worden’s principles and procedures provide an excellent starting point for either a counselor or a lay person counselor to begin working through grief. The outline is thorough and well-balanced and can be used for both complicated and uncomplicated grief. Worden also has several techniques he advocated using in grief therapy. I think it is worth mentioning them here. He advises using evocative words such as “your husband died” rather than “you lost your husband”. He also suggests referring to the deceased in the past tense. Having the bereaved bring in photos or letters of the deceased can help get the client talking about the deceased, and helps the counselor get to know their relationship better. Letter writing can be a useful tool in helping the bereaved say what he or she needs to say (or didn’t get to say) to the deceased. In the same way, drawing can help the bereaved translate emotions onto paper. Memory books are an excellent way for the bereaved to remember and hold dear the memories of the deceased, and it can be a cathartic way to process emotion. Role-playing and cognitive restructuring are two more therapeutic ways of eliciting new behaviors in clients who are stuck and need to create new thought patterns (Worden, 2009).

Again, all of these tasks and procedures can be worked through at least partially via bibliotherapy. Two of the most enduring images I’ve been left with are the eloquence with which an author describes both the pain of loving without the loved one, and the harsh reality of it. From Meghan O’Rourke, in my number one book for the bereaved, The Long Goodbye, “One of the grubby truths about a loss is that you don’t just mourn the dead person, you mourn the person you got to be when the lost one was alive.” (2011, p. 22). And from Alexander Levy in The Orphaned Adult, “There is no experience quite as stunning as when there is nothing where
something has always been. To try and imagine the absence of something is to imagine the thing itself, not the hole left behind.” (1999, p. 7).

In summary, I wanted to share what’s helped me the most, and so I ended up writing for myself, and others, and opening up a dialogue about our shared experience. Those who have lost a father (or parent) have come up to me or contacted me and told me how they felt, and how they feel months or years later. That has been immensely helpful to me. I can see a time where I will feel better, and to know that others have gone through my experience makes me feel less alone. Reading memoirs of people sharing their grief has been illuminating for me. I am an avid reader, and being able to transport myself into someone else’s grief situation has made me realize what I did have with my father and how lucky I was. Others have experienced worse deathbed situations than I have, and others did not have a great relationship with their fathers like I did. I am grateful. C.S. Lewis, in his book A Grief Observed, described it best for me, “No one ever told me that grief felt so like fear. I am not afraid, but the sensation is like being afraid. The same fluttering in the stomach, the same restlessness, the yawning. I keep on swallowing.” (1994, p. 3). That describes the last many months for me. Fear. But I am gradually coming to a different place. Slowly, but it is happening. I will keep reading, and writing, and learning.

The Project

I had first intended on writing a 45 page research paper – option 1 as it is known to Adler students. Try as I might, it just didn’t come – I simply could not get excited about writing this way. I read so many articles about grief, grief counseling, and grief theories, but none of it inspired me. Midway through I changed my plan and decided to write for myself. As I began writing what I would call my mini memoir, it came to me that I should share this with others, especially those who may be grieving themselves. I wanted a large reach – and since I am on
Facebook regularly, I decided to reach out that way. I put it out there one day – “looking for readers to assist in my master’s project on grief.” I got many responses. What’s odd about Facebook is you can have very close members – family, old friends, colleagues - but also people you really don’t know that well – neighbors from down the block, people from my kettle bells class, high school acquaintances I have not seen in 25 years. I solicited their emails, and one by one sent off my mini memoir. I asked for feedback – mostly in the form of “how did this help you?”, or “how do you relate?” I wasn’t interested in grammar or spelling help, though I did get a few unwelcome comments from the grammar police. The response was immediate. The next morning I received my first official feedback. A high school acquaintance had read it overnight and found it to be very helpful. He had lost both his parents. As the days went by, I received emails, Word documents, and Facebook messages about my memoir. Some wrote pages, some wrote one sentence. Every single one made a difference to me, and there were several who thanked me for helping them with their own grief. All in all, 22 people read and commented on my paper. I invited all who lived in the area to attend a presentation on grief and bibliotherapy, and 8 people came. All of them had read my paper, and provided feedback. The discussion after the presentation was particularly poignant. One woman had “lost” her son to a debilitating brain disease. He had not died, but rather changed, because he had to have a lobotomy. She lost the son she had once had, even though he was not gone. I later learned this was called “ambiguous loss” (Boss, 1999). Everyone in the room shared their own stories of grief, and comforted her and offered support. She left with several of my books and resources for grief. Another gal, my cousin, left with my favorite book, *The Long Goodbye*, because she is struggling with the loss of her stepmother. I know those who read my paper were affected by it. I know I learned a lot about myself through the feedback from others. One comment in particular really struck me. It had me
thinking for days, even angered me. In the end, I decided it was probably true, and moreover, that it was okay. An acquaintance wrote, “After reading the entire piece, it occurs to me that your father gave you two great gifts: his life and his death. I couldn't help but think that while your relationship with him was truly intimate and admirable, you also needed him to die so that you could be more fully you”. Wow. That really hit me. And it gave me so much to think about. I have been so lost, without a compass, and here he sums it up in a sentence. It’s something I am going to explore in therapy. A former girlfriend of my dad’s commented, “From my perspective as a counseling professional, I found it noteworthy that in your own way, you shared how important a loving and affirming parent or parent figure can be to the development of children, teens and even adults. His caring comes through in your words as does the impact you experienced of his faithfulness. All of us need that in our lives. The fact that you acknowledge he was not perfect makes his impact even more profound as a role model and a container for experiencing people as they are”. And from another high school classmate, one who I do not honestly remember as she was in a grade above me, “Two things that I loved that you wrote, and could so relate to, was why losing a parent makes us feel, even as adults – like helpless children. I can honestly say there are days I just want my mommy!!! I also think it is interesting that in sickness and death, how humor still finds a way to sneak in. There is something to be said about how laughter can make even the darkest times just a little brighter. Megan, there is no way for you to ever know how many people you have touched by sharing your story, but truly know - you have made a difference for me through my journey, and I cannot thank you enough. I think your paper really lets everyone know that we are not alone. I think people are afraid to talk about death and our feelings because we are afraid that we are not doing it correctly - or we are taking too long to get over it. I think what you have discovered is there are a lot of us out here feeling
the same way, and that we have similar behaviors when it comes to death of a loved one”. Feedback like this has helped me greatly. If I can make some sense of my experience, and then share it with someone else so they can do the same, then that is enough for me. It gives meaning to my dad’s death. It gives me a purpose. It brings connection where there wasn’t any before. To share death and grief is very powerful, because it is shrouded in mystery. We know and we don’t know. We believe and we don’t believe. It’s a little less frightening to know there are others faced with the same fears. I am so grateful to have gone through the beginning of my grief process while I was at Adler. I was surrounded by people who were willing to help, to listen, and to allow me to grieve.

I hope to be able to do the same for others someday, as I share in the words of Alexander Levy, “I think there is value in the experience. I think that by illuminating life’s impermanence, grief alerts us to pursue those important goals that we otherwise tend to postpone in the naïve belief that our time is enduring. I think that by reminding us of the preciousness of our connections to those we love, grief encourages us to reexamine the priorities by which we have been living. I think that by confronting us with the reality of our worst fears made manifest, grief forces us to find, or develop, courage.” (1999, p. 39). Perhaps the courage to be imperfect?
References


of mental illness in Ireland. *International Review of Modern Sociology, 36*(2), 221-244.


Thorpe Megan Bartell was born on month day 1966. Thorpe lived at address. He lived at address. Find family history information in a whole new way. Create a free family tree for yourself or for Megan Bartell and we’ll search for valuable new information for you. Get started. Minnesota, Marriages, 1976 - 2003. Frank K Thorpe 1964. Megan D Bartell (Thorpe), born 1964. Megan Barton Hanson is a British model who rose to popularity after joining ITV’s hit dating reality TV show Love Island in 2018. The show turned out to be the remake of the British dating reality TV show of the same name from 10 years ago during which the show only featured celebrity contestants. Shortly after she made her entrance to Love Island, she was exposed in a controversy due to her major plastic surgery work that blew out tons of questions from the viewers, asking about the real reason behind her sudden transformation. Despite getting herself a plastic surgery, she later admitted tha