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An Exploration of Resilience and Post-traumatic Growth Following Traumatic Death

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An Exploration of Resilience and Post-traumatic Growth Following

Traumatic Death

by

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MSW Clinical Research Paper

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

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

Abstract

It is really a paradox that the most violent, traumatic death can lead to transformative growth. Increased resilience, and a new understanding of the value of relationships, assists bereaved in blending the loss of their loved one into their own understanding of what they want life to mean. This systematic review attempted to answer the question of whether resilience and growth can come from a traumatic death. To answer this, the review used empirically based, peer-reviewed articles published after 1995. The search of academic journals and sites included, Social Work Abstracts, SocIndex, PsycInfo, and ATLA. Key words searched were, traumatic death, resilience, posttraumatic growth, complicated grief, and prolonged grief disorder, spirituality, and post-death meaning, meaning making, protective factors, death attitudes, and death and dying. Upon completion of the search, 18 articles met inclusion criteria and were used in this final review. Through the thematic analysis of the eighteen articles, five themes emerged that answered whether growth and resilience are possible following traumatic death; 1) violent and traumatic death increase risk of complicated or prolonged grief; 2) sense-making; 3) spirituality; 4) protective factors; 5) growth. The research seems to affirm that making meaning and resilience are intertwined. Traumatic loss, often triggers a reordering of life's priorities, renewed appreciation of relationships, and integrating the deceased into their new world view. Further research is indicated to understand post-loss meaning-reconstruction and how that can be facilitated in a therapeutic setting.

Keywords: traumatic death, resilience, posttraumatic growth, complicated grief, and prolonged grief disorder, spirituality, and post-death meaning, meaning making, protective factors, death attitudes, and death and dying.

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Introduction

Grief over the loss of a loved one will be experienced by all of humanity at some point in their lifetime. Many Individuals after the death of a loved one seem to exhibit protective factors like resilience or an ability to grow from the experience of loss, even in the case of traumatic death. Traumatic loss is defined as losses due to unexpected death, or death that is caused by accident, suicide or homicide. The World Health Organization (2016) states “injuries leading to a traumatic death are a growing problem: the three leading causes of death globally from injuries – road traffic crashes, homicide and suicide – are all predicted to rise in rank compared to other causes of death, placing them among the top 20 leading causes of death in the world by 2030”. While dying is most often a natural process and it is estimated that 151,600 people die each day (Quora, 2015), survivors are left to grieve those deaths. Most people will recover on their own while others may experience complicated or prolonged grief. Complicated or prolonged grief is indicated by a yearning and searching for the deceased, difficulty acknowledging the death, grief symptoms lasting longer than six months, intrusive thoughts of the deceased, and a shattered worldview (Hooyman & Kramer, 2006, p. 55). Other researchers also suggest factors that may increase the risk of complicated grief include a) those bereaved that experience a traumatic death, such as a suicide, or b) the closeness of the relationship, such as a spouse or child versus a cousin or sibling (Lobb, Kristjanson, Aoun, Monterosso, Halkett & Davies, 2010). Grief is thought of as a natural process and only becomes complicated and potentially prolonged due to circumstances surrounding the death, such as a person’s intrinsic ability to cope with life, previous losses, environmental circumstances, a person’s belief system and the way in which they see the world (Bananno, Papa & O’Neill, 2002). Only about 10 – 20 percent of the population experiences complicated or prolonged grief (Lobb et al., 2010).

Understanding resilience and its impact on complicated grief will help to inform therapists, caregivers, hospice workers and clergy of therapeutic interventions and strategies for building resilience skills. While resilience does not appear to eradicate complicated grief, studies indicate that it may be protective and reduce the amount of time that a person experiences complicated grief. There is a great need to understand more fully the impact that resilience has on complicated grief and the ability for individuals to make meaning and grow from a traumatic death.

Research on complicated and prolonged grief has struggled to find a clear definition and identify symptoms. It is also difficult to define when “normal” grief ends and CG begins. The advent of describing a type of grief as prolonged grief disorder attempted to give more clarity but investigators still struggle to agree on the whether complicated grief is just on the spectrum of normal grief, or a distinct condition. (Lobb, Kristjanson, Aoun, Monterosso, Halkett & Davies, 2010).

Researchers have only very recently begun to explore protective factors such as resilience and post-traumatic growth (PTG). When individuals experience PTG they experience positive change that can make a very profound difference in their perception of life that is better than it was at the time of their loved one’s death (Tedeschi & Calhoun, 2004).

The implications for social work practice involve considering and incorporating differential diagnoses and cultural perspectives into treatment protocols. Detailed research that delineates patterns of health and functioning can improve psycho-education around death and grief (Nam 2016). Research may also allow advocating for change around the therapeutic interventions for grief that enable a practitioner to work with individuals without pathologizing them and their experience (Nam, 2016).

This current research will attempt to provide more clarification on whether resilience is protective, impacts the longevity of grief, and provide more understanding about the ability to teach resilience skills. It will also look at the characteristics of post-traumatic growth and what leads certain individuals to find meaning as they experience and move through grief.

Background

Death is a universal part of being human. In fact, 55.3 million people die each year and 151,600 people die each day (Quora, 2015). Experiencing the death of a significant loved one frequently elicits an experience of grief and loss. Grief can be defined as a holistic reaction to the loss of something or someone important to us (Hooyman & Kramer, 2006, p. 16). In the event of a sudden, unexpected or traumatic death, grieving can become prolonged. Research suggests that between 10 to 20% of individuals struggle with complicated or prolonged grief (Bonanno et al., 2002). Ongoing studies have developed this concept further and have termed it Prolonged Grief Disorder (PGD) (Jordan and Litz, 2014). While the literature interchanges the concepts of complicated grief and PGD, it consistently characterizes both with factors such as the relationship with the deceased, the cause of death, negative or fatalistic worldview, lack of social support and underlying mental health issues (Bonanno et al., 2002).

PGD is often associated with other conditions such as depression and PTSD but it can occur in isolation and is identified as a distinct condition (Jordan and Litz, 2014). Individuals struggling with PGD may experience both psychological and physical symptoms such as, increased thoughts of suicide, physical health issues such as increased risk for cardiac disease, substance use, and sleep disturbance (Bonanno, Neria, Mancini, Coifman, Litz, & Insel, 2007).

Other symptoms of PGD or complicated grief may include: A) chronic separation distress, such as longing and searching for the deceased, loneliness, and preoccupation with thoughts of the

deceased; B) symptoms of traumatic distress, such as feelings of disbelief, mistrust, anger, shock, detachment from others, and the experiencing of somatic symptoms of the deceased (Lobb, Kristjanson, Aoun, Monterosso, Halkett & Davies, 2010).

While death is most often a natural process and the majority of people will recover on their own, others, who have experienced a traumatic death may have greater difficulty in making meaning and integrating their memories of the person who has died. Individuals may have an increased risk of struggling with complicated grief or prolonged grief and could develop symptoms of posttraumatic stress disorder (PTSD) (Dyregrov, Dyregrov & Kristensen, 2015).

PTSD can occur concurrently with PGD but they exist as two separate conditions. “PTSD is characterized typically by fear, horror, anger, guilt, or shame, combined with an anxious hyperarousal and exaggerated reactivity, the experience of PGD is marked primarily by yearning, loss, or emptiness” (Jordan and Litz, 2014, p. 182). People struggling with PGD may have intrusive thoughts about the person who has died and relationship aspects, but the avoidance of thinking or talking about the death relates to the permanence of the loss (Jordan & Litz, 2014). The circumstances surrounding death such as if the death is unexpected as in sudden onset of illness, or traumatic as in suicide, increases the likelihood of PGD (Bananno et al., 2007).

Resiliency can be described as one's ability to experience and overcome adversity. It can be characterized by an ability to “bounce back” or rebound after a traumatic experience (Nelson, 2011). It can be reflective of a person's intrinsic ability to cope with life, environmental circumstances, their belief system and the way in which they see the world. It can influence how individuals cope and find meaning with death (Bananno, Papa & O'Neill 2002).

Resiliency factors are also a potential catalyst for post traumatic growth (Moore, Cerel & Jobes, 2015). PTG is “positive psychological change that occurs as the result of one's struggle

with a traumatic event” (Moore, Cerel & Jobes, 2015). PTG may also be protective and prepare individuals for events that may happen in their future that might otherwise be traumatic (Moore, Cerel & Jobes, 2015). Individuals who experience posttraumatic growth, have new or renewed appreciation for life, see new possibilities for themselves, identify a personal strength within themselves, relate to others based on this altered worldview, and often experience a spiritual change (Tedeschi & Calhoun, 1996).

Research on PTG has been conducted primarily within the last couple of decades. Resilience alone has been heavily researched but few studies, and only a handful of longitudinal studies, have been done on resilience and grief. Most grief studies have been retrospective, relying on self-report or the memory of individuals. PTG has only been recently introduced to science with several studies that explore PTG within the context of mass traumas, such as wars and terrorism (Nelson, 2011).

It is important to study resilience and PTG to understand if both are a) protective and/or impact the longevity of grief, or b) alters the experience of grief and/or facilitates the ability to move through grief, and c) to determine if these coping mechanisms can be increased or taught.

A systematic review will allow this researcher to explore traumatic death, resilience and PTG on a global level and will attempt to examine the impact of resilience and post traumatic growth to determine if they are protective factors against prolonged grief disorder following traumatic death.

Methods

The purpose of this study was to explore whether resilience and posttraumatic growth can be protective factors following traumatic death. Cross-culturally grief is a part of the dying process. When that death is unexpected or is caused by a traumatic incident such as an accident,

suicide or homicide, the grieving can be instantaneous, or in some cases prolonged and incapacitating for the individual. Why does one individual experience traumatic death of a loved one and rebound (Nelson, 2011) while another is so mired in grief that acts of daily living may be compromised? Still others experience the grief process and experience positive change and significant growth (Nelson, 2011).

For the purpose of this study, normal grief, complicated grief and prolonged grief disorder were looked at individually and as a collective whole to help determine if there was a range of grief reactions and whether normal, complicated and PGD fall on the continuum.

The systematic review process included a pre-planned protocol for finding and selecting articles. Once initial articles were identified, they were run through a series of steps to hone in on the information and data that will be most relevant to answering this research question.

Inclusion Criteria

Most research on complicated grief and posttraumatic growth has been conducted in the last 20 – 30 years. This research includes articles written from 1995 – 2016. Only those articles that looked at grief through the lens of individuals who experienced traumatic death will be considered. Given that children and adults experience of grief presents differently, this research includes those individuals 18 and older. Data was systematically abstracted from each article in the final review of the identified articles and information was placed in the table Abstract A. Initially, I read the abstracts of the articles that I received from my literature search after using the keywords and databases identified. I identified from the abstracts those articles that appeared to meet my inclusion criteria.

Once I identified those articles, I reviewed the methods section of each article looking for studies that were done from the participant's perspective. Studies that were included had

participants 18 years and older, explored the impact of resilience and the potential for post traumatic growth and considered whether resilience skills could be taught. The article search, collection and categorizing was conducted between October and November of 2016.

Types of studies

To understand and determine whether resilience and posttraumatic growth are protective after traumatic death, this study considered, empirically based, peer reviewed, quantitative, and qualitative studies. Participant's perspective and experience were the focus of this study and the experiences of the practitioner were only being considered when looking at the ideas of teaching resiliency to their clients.

Search Strategy

The search of academic journals and sites included, Social Work Abstracts, SocIndex, PsycInfo, and ATLA. Key words searched were, traumatic death, resilience, posttraumatic growth, complicated grief, and prolonged grief disorder, spirituality, and post-death meaning, meaning making, protective factors, death attitudes, and death and dying.

Exclusion Criteria

Articles that were excluded from this review included: Articles that include the perspective of individuals younger than age 18; articles that are looking at grief and loss after a death that was anticipated;

Decisions on final articles to be included and excluded were made after reading the abstract, results section and discussion of the articles. The original search generated 40 articles that were identified by reviewing the title and abstract. Upon further review an additional 22 articles were eliminated because they were, theoretical articles or literature reviews, the perspective was

from the therapists viewpoint, in one instance the focus of the study was on an individual struggling with cancer and not death. The final review was based on 18 articles that were not excluded. See table 1 for an organizational grid that includes article-identifying information.

Data Abstraction

Next I assembled my final sample of 18 articles by looking at the findings and discussion section. This final sample was thematically organized by measures and key findings.

First I looked at the sample that was identified in each study. The only excluded articles were those using a sample under age 18. Next I looked at the topic and measures that were used to analyze the data. Finally, I pulled out key details or data points that were relevant to the question addressed in this research. I have organized the information from the samples identified in table 1 by sample and significant findings.

Table 1: Article Organizational Grid

Author	Sample	Key Findings
Burke, Neimeyer,, Young, Bonin, & Davis (2014)	N=84 for Focus Group N=5 Post loss = 3.5 years	Spiritual death Lack of understanding
Williams, Burke, McDevitt-Murphy, &Neimeyer (2012)	N=47	Negative well being and physical health
Ghesquiere (2013- 2014)	N=8 Age 66 to 80 Post loss = 6.6 year	Sudden and dramatic seek support from family & friends then professional Prolonged grief = social network withdraws.
Murphy, Johnson, Chung, & Beaton (2003)	N= 173	Protective factors included: bereavement intervention, denial and disengagement. Loss accommodation and adjustment affected by: PTSD, grief, physical health, and marital role.
Davis, Wohl & Verberg (2007)	N=52 family members Post loss = 8 years	3 clusters of coping with loss
Lichtenthal, Neimeyer, Currier, Roberts, & Jordan (2013)	N=155 parents of children who died of violent deaths Post loss = 5.9	Loss of meaning recovery philosophic and spiritual resources.
Neimeyer (2006)	N = 506 Mean age 21 years Reported loss due to death in last 2 years	“Meaning making” better grief outcomes. “Sense-making” separation distress Narrative strategies
Baddeley, Williams, Rynearson, Correa, Saidon Rheingold (2015)	N=130 Violent death survivors who received therapeutic treatment. Post loss = 3.5	Death Imagery Scale positively associated with depressive symptoms, intrusive thoughts, hyper arousal, avoidance, and complicated grief symptoms.
Holland, Currier & Neimeyer (2006)	N = 1,022 undergrad Loss = up to 2 years	“Sense-making” complications in grieving,perceived personal growth protective against complicated grief.
Bar-Nadav & Rubin (2015)	N= 172 women Post loss = 4.2 years	Hardship functioning, maintaining meaning and self -esteem. Time since loss not significant
Currier, Holland & Neimeyer (2006)	N=1,056 Post loss = last 2 years	Sense-making is the critical pathway Sheer violence of the losses predicted CG.
Oginska-Bulik (2015)	N=74 Age 21 – 74 Post loss = 3m to 3y	Resiliency significant in positive changes after trauma. Increased self-perception and appreciation of life.
Taku, Tedeschi, & Cann (2015)	N=589 Subset N=144 Post loss = last 5 years	PTG is related more significantly with curvilinear
Dyregrov (2005- 2006)	N=100 Post loss = 3-4 years	Support in first few weeks protective
Caserta, Lund, Utz, & De Vries (2009)	N=292 Post loss = 2/6 months	Stress-related growth early after loss
Utz, Caserta, & Lund. (2011)	N=328 Post loss = 2-6	Physical symptoms sleep disturbance, fatigue, concentration problems, loss of appetite, rapid heartbeat and chest pain.
Burke & Neimeyer (2014)	N=150 Post loss of 3.5 years	Maladaptive religious coping = elevated grief. Spiritual distress.
Monk, Houck, & Shear (2006)	N=64 and 64 matched healthy control participants	Daily living & coping

FINDINGS

This systematic review attempted to determine whether, resilience and post traumatic growth are protective factors against prolonged grief disorder following traumatic death. Using the databases Social Work Abstracts, SocIndex, PsycInfo, and ATLA 18 peer reviewed, empirical articles that met inclusion and exclusion criteria were reviewed.

Through the thematic analysis of the eighteen articles, five themes emerged that supported the hypothesis that resilience and posttraumatic growth was protective. A sub-question explored whether there were skills that could be enhanced or taught that would increase the level of resiliency and the likelihood of posttraumatic growth. The five themes that were identified were: 1) violent and traumatic death increase risk of complicated or prolonged grief disorder; 2) sense-making; 3) spirituality; 4) protective factors; 5) growth as part of the grief process.

Violent and traumatic death increases the risk for complicated grief. Much of the research found that with violent death the incidence of complicated grief and also PTSD were more pronounced. Violent death leads individual's identity to be disrupted and it appears to be in direct correlation with the pain surrounding the death (Neimeyer, Baldwin & Gillies 2006). Many individuals who have experienced a violent death of a loved one continue to see their loved one, often replaying scenes of the death in their mind, or having intrusive thoughts about the death (Baddeley, Williams, Tynearson, Correa, Saidon, & Rheingold, 2015; Currier, Holland & Neimeyer, 2006). While not all people who struggle with complicated grief have experienced death by violent or traumatic means, the majority of people who have experienced violent and traumatic death struggle with CG.

Complicated grief. More than 50% of the articles in this study identified complicated grief as a separate condition from "normal" grief. Most identified a benefit from therapeutic

intervention, when complicated grief occurs to assist in sense making and returning to a life of meaning. Individuals seem to reduce their social interaction. Simple acts of daily living become tiresome leading the bereaved to reduce these activities such as, eating and exercise and instead do more distraction and escape activities like, watching television, and napping. This leads to “measurable life disruptions”, and an increase in isolation (Monk et al., 2006). Time is spent yearning for their loved one and they face an inability to accept the death.

PTSD. While complicated grief and depression seemed to improve overtime, grief related PTSD did not improve (Williams, Burke, McDevitt-Murphy & Neimeyer, 2012). PTSD presents after violent loss presents as the individual re-experiencing the death, avoiding situations or circumstances surrounding the death or a state of hyperarousal (Murphy, Johnson, Chung, Beaton, 2003). Often individuals ruminate on how their loved one died, seeing the death repeated in images and intrusive thoughts. They can reinvent the death even if they didn’t witness it with “information from third party sources.”(Baddeley, et al., 2015). Survivors may reenact the death in their mind, seeing themselves saving their loved one from dying. In some cases, this may lead to the bereaved struggling with feelings of guilt if they repeatedly see themselves being unable to prevent the death (Baddeley, et al., 2015).

PTSD appeared to be associated with an inability to perform daily roles or activities; whereas, CG seemed to correspond with an inability to function in the social world and increased isolation following the loss (Williams, et al., 2012).

Finding meaning in life and death through Sense-making. A traumatic loss can fracture an individual’s sense of who they are, their view of the world and can impede their ability to make sense of a loss that seems to have no meaning (Currier, et al., 2006; Neimeyer, et al., 2006). When

individuals are unable to make sense of the loss, they struggle over a year after the loss to adjust to life without the deceased (Currier, et al., 2006).

Sense-making allows the bereaved to rebuild a worldview. Niemeyer, et al., 2006, found that it was the most significant factor on whether the bereaved would struggle with CG. Bereaved believe the world to be “just and predictable”, and life within one’s control and full of meaning (Currier, et al., 2006; Holland, Currier & Neimeyer, 2006; Lichtenthal, Neimeyer, Currier, Roberts, & Jordan, 2013). Five articles looked at individual’s ability to make meaning of death and while they concurred that a violent or traumatic loss led to more CG (Currier, et al., 2006; Holland, et al., 2006; Lichtenthal, et al., 2013; Neimeyer, et al., 2006; Holland, et al., 2006; Bar-Nadav & Rubin, 2015), the research also discovered that when losses are violent, people turn to philosophic and spiritual resources for comfort & comprehension (Lichtenthal, et al., 2013).

Even after violent or traumatic loss individuals who were able to see it as God’s will, that the spirit lives on, that they would be reunited with their loved one, and believe that bad things happen, are able to see death as having, “meaning in the divine scheme” (Lichtenthal, et al., 2013). In some instances after violent death, individuals reflected on the fact that life is short and that there is a divine plan.

An Individual’s ability to make sense of the loss seems to be more predictive of whether the grief will become complicated or whether it will take a more “normative” course of adjusting and moving forward over time (Currier, et al., 2006; Holland, et al., 2006; Lichtenthal, et al., 2013).

Developing an enhanced appreciation of life was something that Lichtenthal et al., discovered in research of parents who had suffered the violent loss of their child. It seemed to increase their understanding and perception that life is precious and fleeting. Violent death often

leads to a greater appreciation of relationships and researchers found death by suicide led parents to reprioritize their lives and strive for purpose going forward (Lichtenthal, et al., 2013).

Finding benefit versus making sense. Violent loss by its nature is traumatic and senseless. Lichtenthal, et al., 2013, found that people who could help others going through a similar death experience or deepen their spirituality were able to see some benefit in the death. Ultimately, the ability to see some benefit leads to making some meaning from the death. The ability to see some benefit in death and then make sense of that death not related to time since death, offers some protection against CG (Holland, et al., 2006).

Spirituality can be protective or complicated. An individual's spiritual orientation and ability to find solace in their spiritual community can either be protective after violent death if they lean in or lead to complicated spiritual grief (CSG) if they distance themselves from a higher being or their spiritual community (Burke, L. & Neimer, R., 2014). Two studies indicated a correlation between complicated or prolonged grief and spiritual distress.

All 18 studies touched on the concept of religiosity or spirituality indicating that adaptive spiritual coping was protective against CG. Embracing religion or spirituality as a form of coping seems to be protective by promoting positive change, empathy, a renewed reverence for life and the stimulation of personal growth (Caserta, Lund, Utz & Vries, 2009). Violent death often leads to the loss of everything an individual knows to be true about the world. Embracing a deeper level of spirituality offers a framework to begin rebuilding a new worldview (Caserta, et al., 2009).

Initially, most individuals may struggle and feel anger towards God, or their higher power. Few will continue to struggle and may experience a crisis of faith resulting in complicated spiritual grief (Burke, et al., 2014). Violent death, death by suicide, homicide or accident can shatter an individual's understanding of everything they have known to be true of the world and lead to a

spiritual crisis as they question a world where bad things happen (Burke, et al., 2014). If part of the bereaved's worldview is based on a belief in God or a higher power, the understanding that life is unpredictable and uncontrollable may lead to their questioning what they believe, their faith, and an inability to turn to their faith to cope. If prolonged can lead to complicated spiritual grief CSG (Burke, et al., 2014).

Individuals may feel resentment toward God or their higher power, a disrupted understanding of what happens after death, and difficulty making sense of the death. As support persons may struggle with how to offer support especially after violent death, it may leave the bereaved feeling dissatisfied with the spiritual community support, a reservation to share and caution about whom they share with, and a yearning for understanding their pain and not an expression of pity (Burke, et al., 2014).

Protective factors. Individuals who are in good physical and emotional health, have an established support system and a positive world view are less likely to struggle with complicated grief and suffer ill health following the death of a loved one.

Poor health prior to the loss indicates a trajectory of poor physical and mental health after the loss and may indicate the likelihood for complicated grief. Conversely, greater physical health seems to be somewhat protective in helping to sustain a more "normal" course of grief (Utz, Caserta, & Lund, 2011).

Strong social support has been identified as a protective factor against complicated and prolonged grief, especially following a violent or traumatic death (Dyregrov, 2006). Ghesquiere, (2014), in a study of eight older, widowed adults found that the availability of a social network, comprised of family and friends, and the consistent contact influenced not only the intensity and longevity of the grief process, but also the likelihood that the bereaved would seek treatment for

grief. In Social support in Western society can be complicated because understanding how to be supportive and a fear of saying the “wrong” thing can hinder the type and length of time that support is offered. Dyregrov (2006), in a study that looked at the experiences of the social support network, found that with traumatic loss, it is important for the bereaved to tell the supporters how to behave. The “grief community”, made up of family, friends, and often co-workers, “need verbal, non-verbal and emotional signals from the bereaved” (Dyregrov, 2006). In many cases those surviving the violent death of a loved one, develop a belief in the importance of relationships, making the support network even more vital for their ongoing recovery (Lichtenthal, et al., 2013).

Death of a spouse is considered one of the most distressing of life transitions (Utz, et al., 2011). It is well documented that depression may manifest in physical symptoms such as: sleep disturbance, headaches, and episodic disorientation. This appears to be true of recently bereaved particularly, widows or those who have suffered a traumatic death. Those symptoms mimic some found in depression such as: “sleep disturbances, fatigue, concentration problems, and loss of appetite but also chest pain and rapid heartbeat” (Utz, et al., 2011).

High levels of attachment to the deceased in the form of rumination, inability to accept the loss and an inability to make sense of the loss seem to experience CG (Neimeyer, et al., 2006). According to Neimeyer, et al., 2006, those bereaved who were able to make sense of the death and maintain an ongoing relationship to the deceased, were more able to move forward in their life, ability to find joy, love and meaning (Bar-Nadav, et al., 2015). Length of time since the death may factor into the bereave d’s ability to integrate and transform their relationship with the deceased into a relationship that brings solace (Neimeyer, et al., 2006).

Growth. The experience grief seems to fall on a continuum. In some instances individuals are able to experience growth as a result of the loss and their experience of moving through grief.

There are many components to this including: their resilience; their view of the world prior to the death; a spiritual context of the death and their ability to continue their bond with the deceased.

Davis, Wohl and Verberg identified “three clusters of coping with loss”. The first cluster is “Rebuilt Self”. This involves the bereaved increasing their self-awareness and personal strength in the face of the loss, which then helps them find some meaning. Next is the “No Growth cluster”, in which their view of life seems to be impacted in a negative way and they become stuck in their inability to find any meaning in the loss. Finally, the Minimal Threat/Minimal Growth cluster”, in which the bereaved individual has a worldview that understands the fragile nature of life and that bad things can happen.

Oginska-Bulik (2015) found in her study of 74 bereaved individuals found that 26% experienced a high level of posttraumatic growth and that there seems to be growth of some kind in all individuals.

Resiliency seems to play a role in making sense of death and the development of positive changes after trauma, but the impact is more pronounced in an individuals increased in self-perception and appreciation of life (Oginska-Bulik, 2015). Inversely, the ability to cope with a traumatic death and the posttraumatic growth may also positively impact a person’s resiliency (Oginska-Bulik, 2015).

Can resilience and posttraumatic growth be nurtured and increased through therapeutic intervention? Oginska-Bulik, (2015), found that individuals who had struggled with traumatic events during their lifetime, pre-death, seemed to have developed coping skills that built their resilience and increased that protective factor as they dealt with the traumatic loss.

Neimeyer, et al., 2006, found that helping the bereaved integrate their loss into new meaning in their own life through a new narrative that promoted meaning making could mitigate the risk of CG or PGD.

Discussion

Survivors of the violent and traumatic death of a loved one would never chose that path and yet many find a transformative experience in the healing. While more research is required, the majority of studies indicated that individuals who suffered a traumatic loss experienced the disruption of their worldview so dramatically that they were perfectly positioned to change and grow from the experience. It would seem the more significant the personal identity was affected or changed, correlated to the amount of PTG (Neimeyer, et al., 2006). The key is that the healing may come more slowly, overtime, because in such a loss, the circumstances surrounding the death may be dragged out in the legal system, be fraught with stigma and lack of social support and incredible difficulty on the part of the bereaved to make sense of the death. Traumatic loss and the grief that ensues, is often very different than an anticipated, natural loss (Currier, et al., 2006).

Assessing the intensity of the grief, the type of loss and then more about the individual's worldview, social network and personal coping style were assessed through a number of instruments, but the inventory of complicated grief was used in nine (50%) of the studies. This inventory is a scale questionnaire of 19 statements of thought and behaviors associated with bereavement, that are assessing grief that is complicated by anger, disbelief and hallucinations. This assessment allows a baseline and sets the stage for intervention and ultimately predicts the likelihood of an individual's ability to grow from the experience.

The reality is that most individuals will survive the loss of a loved one. The walk through grief is a solitary journey and ultimately it is up to the individual to embrace the possibility of real

growth. Grief therapy can help facilitate a relationship with the person who died it also helps to initially provide some way to stay connected. Whether natural death or traumatic death, most people will survive and manage to go on, whether they choose to exist or try to live. Making meaning, sense making and assisting the bereaved in establishing an internal, ongoing relationship with the deceased helps them grow and continue new life.

Implications for Social Work

Social workers could play an important role in working with individual's who are survivors of traumatic loss due to a violent death. Grief is a natural process following the death of a loved one. This research has implications for social work practice because it identified that further training of therapist would be helpful in understanding complicated grief and the grief process. They often rush the work on underlying mental health issues and move too quickly through supporting their client in their grief. Previous research seems to be somewhat conflicted about pathologizing grief and normalizing grief.

Understanding the time needed for someone to essentially recreate themselves is important and something that need to be protected. In essence social workers are tasked with holding a space for the person, helping them find their voice as they begin the process of integrating the death into who they are becoming. Social workers can help advocate for change around the therapeutic interventions for grief by working with payers and policy makers on the importance of building resiliency and fostering growth especially for those who might otherwise become stuck in their grief and use that anger and sadness against themselves or in revenge against someone else (Nam, 2016).

Traumatic death aside, over America as a nation was founded on religion and spiritual values and today a vast majority of Americans believe in some form of higher power and strive for

spiritual growth. Therefore, there is a need for clinicians to be spiritually curious and help clients explore their spiritual foundation or beliefs to develop their own curiosity around spirituality. Burke & Neiermeyer (2014), study suggested that working together with clergy or individual's personal spiritual support to develop interventions would be both culturally and spiritually more sensitive and effective.

Limitations

This review was designed to look at the most current empirical research on traumatic death and whether resilience and posttraumatic growth can be protective there were limitations to this study. First, there is not consensus on the process of grief, what is normal, what is prolonged or complicated and if at some point it becomes pathological. In the case of a violent loss, it is believed that the grieving is more intense, prolonged and that individuals at first struggle with sense-making, but there is not clear understanding of timing or the degree of intensity.

Another limitation is that most of the information was obtained through self-report questionnaires and tools. Due to the stigma and around violent death seeking information from the bereaved and not other people in their social network may impact the way the questionnaire is answered.

Additionally, there was very little diversity in terms of gender, ethnicity or by religion or spiritual context in any of the studies. They tended to be p homogenous, female, similar socio-economic status, middle class, college educated, and share a similar religious or spiritual background.

Implications for Future Research

Develop effective prevention methods to assist those who may struggle emotionally and physically for many years following violent loss. Formulate a better understanding on how

bereaved benefit from continuing bonds with the deceased and how to help them establish those bonds and integrate that into their life.

More research needs to be done on the idea of sense making, how it differs from benefit finding and understanding more fully the importance of this for the overall well being of the bereaved. It would also be beneficial to understanding post-loss meaning-reconstruction and how that can be facilitated in a therapeutic setting.

There is little research on the how different cultures grieve and how best to support that grieving process. Williams, et al., (2012), found a lack of understanding in how issues of ethnicity impact the grieving process, particularly in the African American community, that has a significantly higher incidence of homicide. Understanding how to incorporate spiritual support, so vital to that community, into supporting their grieving process, will impact their ability to incorporate and make meaning of the loss in their life.

In their study on PTSD following the violent death of a child, Murphy, Johnson, Chung and Beaton (2003), found that gender and role in the deceased life could be studied more fully. They found that being a female and a mother seemed to indicate significant risk. However more research needs to be done to determine how significant and if it could be moderated.

There seems to be inconsistency in the research on whether resiliency is separate from PTG or whether it is a component of PTG. Additional research to clearly identify this would be helpful for therapeutic skill building. It would be beneficial to look at the research that exists on resilience what can be done to build resiliency skills in the therapeutic setting.

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*The asterisk indicates a study that was used in the systematic review.

Abstract A

Study / Future Research	Topic & Themes	Sample	Key Findings	Measures
<p>18) The Daily Life of Complicated Grief Patients- What Gets Missed, what Gets Added?</p>	<ul style="list-style-type: none"> CG a unique syndrome Measurable lifestyle disruption <p>May lead to long-term mental and physical problems</p>	<p>N=64 and 64 matched healthy control participants</p>	<ul style="list-style-type: none"> Recurring Intrusive images CG patients were significantly miss personal contact, healthy eating, exercise and going outside <p>More afternoon napping and evening snack and drink</p>	<ul style="list-style-type: none"> Inventory of Complicated Grief (ICG) <p>Diary for 14 consecutive days based on a simplified Social Rhythm Metric</p>
<p>8) Death Thoughts and Images in Treatment-Seekers After Violent Loss</p> <p>Future Research</p>	<p>Frequent intrusive mental imagery with loved one’s death – dreams, thoughts, mental content without imagery, verbal content</p> <p>Revenge on the person responsible</p> <p>Fantasies of rescuing</p> <p>Reunion with deceased</p>	<p>N=130 violent death survivors who received therapeutic tx</p> <p>Primarily middle aged Caucasian women</p> <p>3.5 years since death</p>	<ul style="list-style-type: none"> Most survivors reported at least 1 DIS category- half reported at least 4 of 5 – half reported daily occurrence of at least 1 DIS – reenactment, remorse and reunion most common DIS positively associated with depressive symptoms, intrusive thoughts, hyper arousal, avoidance, and complicated grief symptoms Means of death did not matter 	<p>Completed an assessment battery – included: demographics, loss characteristics, relationship to the deceased, deceased’s demographics, time since loss, means of death, and whether survivor witnessed death</p> <p>Relationship quality – 7 dimensions of closeness and quality</p> <p>Death Imagery Scale – five-item scale assess frequency survivors experience – reenactment, rescue, revenge, reunion and remorse</p> <p>Beck Depression Inventory</p> <p>Impact of Events Scale- assess distress related to the trauma</p> <p>Complicated Grief Assessment – diagnosis and intensity</p>
<p>2) Responses to Loss and Health Functioning Among Homicidally Bereaved African Americans</p> <p>Future Research Develop effective prevention methods to</p>	<ul style="list-style-type: none"> Stigmas, intense levels of distress interfere with individuals ability to interact with others despite their need to do so Social withdrawal amplifies emotional distress 	<p>N=47 African American homicidally bereaved adults – 18 or older male and female with a mean age of 49.66</p>	<ul style="list-style-type: none"> Bereavement –related PTSD may be more persistent than depression or Complicated Grief Time effected some level of positive change Telling their story lowered distress levels Bereavement outcomes, especially 	<p>Posttraumatic Stress Disorder (PTSD) Checklist- Civilian Version</p> <p>Beck Depression Inventory – II</p> <p>Complicated Grief- Revised</p> <p>Short Form-36 Health Survey</p> <p>T1 first assessment open-</p>

<p>assist those who may struggle emotionally and physically for many years following violent loss</p>			<p>PTSD were not associated with other physical health functioning</p> <ul style="list-style-type: none"> • Bereavement distress negatively and strongly associated with low mental health functioning and emotional well-being • PTSD most associated with inability to perform daily roles – CG and depression seem to correspond with an inability to function in the social world following the loss 	<p>ended interview and paper and pencil measure 2nd assessment T2 6 months later structured clinical interviews</p>
<p>7) Continuing Bonds and Reconstructing Meaning: mitigating complications in bereavement</p> <p>Future Research</p> <ul style="list-style-type: none"> • Who among bereaved benefit from continuing bonds • Research on meaning-making process <p>More work on issues of ethnicity – African Americans</p>	<p>Separation distress</p> <p>Continuing Bonds Coping</p> <p>Meaning reconstruction and interactions</p> <p>Traumatic Distress</p>	<p>N = 506 –</p> <p>18 – 53 with mean age of 21 years</p> <p>reported loss due to death in last 2 years</p>	<ul style="list-style-type: none"> • African Americans reported more symptomatology than Caucasians • Family relationships, amount of contact with the deceased in months prior to death, level of intimacy with the deceased, counseling for an emotional problem since the loss had positive impact on separation distress • Greater identity disruption by bereaved the more painful the separation • Sense-making and the relationship to the deceased moderated the relationship between continuing bonds and separation distress • High levels of meaning making consistently predicted better grief outcomes • High level of post-loss attachment to the deceased were associated with more complicated grief • Beyond 2 years 	<p>Quantitative and Qualitative Inventory of Complicated Grief(ICG) – 30 declarative statements such as “I feel like I have become numb since the death of (deceased) Continuing Bonds Scale (CBS) – 11 Questions - extent the bereaved person feels the deceased loved one remains a part of individuals life Meaning Reconstruction – assessed by four items Basic demographic information & information concerning the loss</p>

			<p>survivors might draw upon a transformed bond to their loved one</p> <ul style="list-style-type: none"> • Narrative strategies that promote meaning making can mitigate bereavement complications for high-risk mourners 	
<p>6) Cause of Death and the Quest for Meaning After the Loss of a Child</p> <p>Future Research</p> <p>Greater qualitative attention to the meanings parents make of the death itself and their perception of meaning-making</p> <p>Replication with diverse groups</p> <p>Studying prolonged grief outcomes</p>	<p>Sense-making – more difficult in violent loss</p> <p>Sense-making happens when people believe it is God’s Will</p> <p>Benefit finding themes - ability to help others who experience loss, increased compassion and understanding of others pain</p> <p>Frequent posttraumatic growth</p> <p>Deepened spirituality</p> <p>Violent death = PGD</p> <p>Suicide survivors Lower PGD – more likely to find meaning</p>	<p>155 parents – children died of violent deaths</p> <p>Years since loss – 5.9</p>	<ul style="list-style-type: none"> • Sense-making more difficult in violent loss • Deaths sudden so unable to process • When losses are violent people turn to philosophic and spiritual resources for comfort & comprehension • People were more able to find benefits of their loss than making sense • Violent loss – led to enhanced - appreciation of life • Violent death – greater appreciation of relationships <p>Suicide – purpose driven life</p>	<ul style="list-style-type: none"> • Brief narrative for sense making • Qualitative question for benefit-finding <p>Inventory of Complicated Grief (ICG)</p>
<p>4) The Prevalence of PTSD Following the Violent Death of a Child and Predictors of Change 5 Years Later</p> <p>Future Research</p> <p>Gender is a significant risk factor and social support appears to be protective for long-term accommodation</p>	<ul style="list-style-type: none"> • Over 5 years only gender and perceived social support affected reduction of self-reported symptoms of PTSD • Gender is a significant risk factor and social support appears to be protective for long-term accommodation • Mental distress is risk in early bereavement <p>PTSD is significant public health concern</p>	<p>N= 173 death by accident, homicide or suicide other violent death</p>	<ul style="list-style-type: none"> • Gender impacts outcomes • Intervention 4 months post death for 12 weeks – reduce negative consequences of violent death – mental distress, PTSD, grief, physical health, and marital role • PTSD 5 years post death 27.7% women and 12.5% men • Mutual support exchanged among the bereaved has important to loss accommodation and adjustment • Denial and 	<ul style="list-style-type: none"> • The Traumatic Experiences Scale (TES) • Medical Examiner’s recorded – parents’ gender and children’s cause of death • Rosenberg Self-esteem Scale (RSE) • COPE – measures coping strategies • The Perceptions of Support Network Inventory (PSNI) • Brief Symptom Inventory (BSI) – and Global Severity Index (GSI)

			<p>disengagement can be initially somewhat protective</p> <ul style="list-style-type: none"> Grief, and mental distress may be diagnoses comorbid with PTSD <p>Bereavement intervention initially protective</p>	
<p>3) “I was Just Trying to Stick it Out Until I realized That I couldn’t: A Phenomenological Investigation of Support Seeking Among Older Adults with Complicated Grief</p>	<ul style="list-style-type: none"> Grief = distress & impairment Not grieving properly – not meeting grief expectations Social relationships for support Lack of effectiveness of grief support groups <p>Strong reaction to CG – therapy could be beneficial</p>	<p>N=8 Age 66 to 80</p> <p>6 white 1 African American</p> <p>6.6 year average since loss</p>	<ul style="list-style-type: none"> Onset of symptoms sudden and dramatic First seek support from family and friends and then professionals if necessary Prolonged grief is undesirable – social network withdraws <p>Many in denial or unable to recognize symptoms at first</p>	<p>Qualitative Study</p> <p>Husserl’s descriptive phenomenological approach – seeing to identify the essence of an experience - common, lived, internal experience</p> <p>In-depth cross-sectional semi-structured interviews of 16 session CG treatment</p> <p>Death of a loved on 6 months previously</p> <p>60 or older</p> <p>CG score of 30 or greater</p>

SENSE-MAKING

Study / Future Research	Topic & Themes	Sample	Key Findings	Measures
<p>6) Cause of Death and the Quest for Meaning After the Loss of a Child</p> <p>Future Research</p> <p>Greater qualitative attention to the meanings parents make of the death itself and their perception of meaning-making</p> <p>Replication with diverse groups</p> <p>Studying prolonged grief outcomes</p>	<p>Sense-making – more difficult in violent loss</p> <p>Sense-making happens when people believe it is God’s Will</p> <p>Benefit finding themes - ability to help others who experience loss, increased compassion and understanding of others pain</p> <p>Frequent posttraumatic growth</p> <p>Deepened spirituality</p> <p>Violent death = PGD</p> <p>Suicide survivors Lower PGD – more likely to find meaning</p>	<p>155 parents – children died of violent deaths</p> <p>Years since loss – 5.9</p>	<ul style="list-style-type: none"> Sense-making more difficult in violent loss Deaths sudden so unable to process When losses are violent people turn to philosophic and spiritual resources for comfort & comprehension People were more able to find benefits of their loss than making sense Violent loss – led to enhanced - appreciation of life Violent death – greater appreciation of relationships <p>Suicide – purpose driven life</p>	<ul style="list-style-type: none"> Brief narrative for sense making Qualitative question for benefit-finding <p>Inventory of Complicated Grief (ICG)</p>
<p>11) Sense-Making, Grief, and the Experience of Violent Loss: Toward a</p>	<ul style="list-style-type: none"> Violent death holds significant risks for negative grief outcomes 	<p>N=1,056 18 or older</p> <p>Time since loss = last 2 years</p>	<ul style="list-style-type: none"> CG following violent loss is an inability to make sense of the experience 	<p>Completed questionnaire that included Inventory of Complicated Grief</p> <p>Cause of death variable</p>

<p>Meditational Model</p> <p>Future Research</p> <ul style="list-style-type: none"> • Criteria for traumatic loss-traumatic is the subjective aspect of the loss experience • Longitudinal studies that investigate sense-making and grief complications at multiple points in time 	<ul style="list-style-type: none"> • Central emphasis on sense making and struggle to reconstruct a personal world of meaning challenged by the loss • Unnaturalness of loss may shake one’s assumptive world • Survivors subjective interpretation of the loss is mor influential in explaining the ensuing grief response <p>Clinicians structure interventions toward meaning-making</p>		<ul style="list-style-type: none"> • Sense-making as the critical pathway to CG rather than the objective cause of death (violent or natural) <p>Element of suddenness was not crucial in accounting for CG rather sheer violence of the losses that predicted CG</p>	<p>dichotomized into two categories: (a) violent losses (homicide, suicide, and accident) and (b) natural losses (anticipated or sudden)</p> <p>Bereaved who had violent losses and natural sudden losses -</p>
<p>9) Meaning Construction in the First two Years of Bereavement: The Role of Sense-Making and Benefit-Finding</p> <p>Future Research</p> <ul style="list-style-type: none"> • “Multiple meanings of around the way in which these interact in adaptation to loss <p>Empirical research on post-loss meaning-reconstruction</p>	<p>Meaning making</p> <p>Integrate experiences into a purposeful and coherent life narrative- evocative retelling, recording of the story of the loss and projection of new life goals</p>	<p>N = 1,022 undergrad male and female intro psychology courses 18 years of age,</p> <p>Loss = death of friend or loved one in last two years</p>	<ul style="list-style-type: none"> • Making sense and finding benefit from one’s experience of loss are both associated with decreased complications in grieving • Amount of time after a loss is weak predictor of one’s level of grief and symptoms such as guilt, anger, depression and anxiety • Low levels of meaning-making, as reflected in the inability to make sense of the loss or find personal benefits, are associated with the greatest level of complication in grieving • Ability to perceive some personal growth, provides partial compensation for the death <p>Time since loss not significant with sense-making, benefit finding, or complicated grief</p>	<p>Completed questionnaire that included Inventory of Complicated Grief (ICG)</p> <p>Single item question pertaining to sense-making, a single-item questions pertaining to benefit-finding, demographic information, and Circumstances surrounding the loss</p> <p>ICG</p> <p>Sense-making and benefit-finding</p>

<p>10) Love and Bereavement: Life Functioning and Relationship to Partner and Spouse in Bereaved and Non-bereaved Young Women</p>	<ul style="list-style-type: none"> Bereavement affects functioning and ongoing quality of life Clear and marked effect of time with more recent bereavement, the greater the impact <p>Ongoing relationship with the deceased – how is it used to assist or complicate how the bereaved navigates through their current experience of life</p>	<p>N= 172 women 85 bereaved and 87 non-bereaved peers Among bereaved 42 widowed women, 43 bereaved women who lost life partner In comparison group, 32 married women and 55 unmarried women</p> <p>Time since loss = average 4.2 years</p>	<ul style="list-style-type: none"> Bereaved group scored higher on scales, indicating they were having more hardship functioning, maintaining meaning and self esteem, and were more preoccupied with the memory of their partner Time since loss did not significantly correlate <p>Bereaved women had more difficulties regarding involvement with task of life, interpersonal relationships, fulfillment of social roles, health, moods and emotions. Greater struggle with life’s meaning, view of self and worldview</p>	<p>Demographic questionnaire,</p> <p>Two –Track Bereavement Questionnaire/Two-Track Coping with Life Questionnaire (TTBQ/TTCQ – designed to assess response to loss over time.</p> <p>Continuing Bonds Scale (CBS)</p> <p>Experience in Close Relationships (ECR)</p> <p>Changes in Self-Perception Questionnaire (CSp)</p> <p>Meaning in Life Scale (MLS)</p> <p>Open-ended questions in the various questionnaires – Object Relations Inventory (ORI) participants asked to describe partner</p>
<p>7) Continuing Bonds and Reconstructing Meaning: mitigating complications in bereavement</p> <p>Future Research</p> <ul style="list-style-type: none"> Who among bereaved benefit from continuing bonds Research on meaning-making process <p>More work on issues of ethnicity – African Americans</p>	<p>Separation distress</p> <p>Continuing Bonds Coping</p> <p>Meaning reconstruction and interactions</p> <p>Traumatic Distress</p>	<p>N = 506 –</p> <p>18 – 53 with mean age of 21 years</p> <p>Reported loss due to death in last 2 years</p>	<ul style="list-style-type: none"> African Americans reported more symptomatology than Caucasians Family relationships, amount of contact with the deceased in months prior to death, level of intimacy with the deceased, counseling for an emotional problem since the loss had positive impact on separation distress Greater identity disruption by bereaved the more painful the separation Sense-making and the relationship to the deceased moderated the relationship between continuing bonds and separation distress High levels of meaning making consistently predicted better grief outcomes 	<p>Quantitative and Qualitative Inventory of Complicated Grief (ICG) – 30 declarative statements such as “I feel like I have become numb since the death of (deceased)</p> <p>Continuing Bonds Scale (CBS) – 11 Questions - extent the bereaved person feels the deceased loved one remains a part of individuals life</p> <p>Meaning Reconstruction – assessed by four items</p> <p>Basic demographic information & information concerning the loss</p>

			<ul style="list-style-type: none"> • High level of post-loss attachment to the deceased were associated with more complicated grief • Beyond 2 years survivors might draw upon a transformed bond to their loved one • Narrative strategies that promote meaning making can mitigate bereavement complications for high-risk mourners 	
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SPIRITUALITY

Study / Future Research	Topic & Themes	Sample	Key Findings	Measures
17) Complicated Spiritual Grief I: Relation to Complicated Grief Symptomatology Following Violent Death Bereavement	Violent death = difficulty accommodating loss emotionally and spiritually	N=150 Mean post loss of 3.5 years	<ul style="list-style-type: none"> • Maladaptive religious coping was consistently related to elevated grief Those who experience CG are at risk for Spiritual distress	<ul style="list-style-type: none"> • The Inventory of Complicated Grief-Revised • The Brief RCOPE – religious coping Demographics
1) Complicated Spiritual Grief II: A Deductive Inquiry Following the Loss of a Loved One	Themes: Loss related spiritual distress and abandonment	N =84 for questionnaire Male & Female Focus Group N=5 Postloss 3.5 years	<ul style="list-style-type: none"> • Resentment toward God • Dissatisfaction with Spiritual support received • Lack of Spiritual sense making • A need to be selective of who to share with • Afterlife concerns • Want understanding not pity 	Qualitative Inquiry 4 item, open-ended questionnaire Focus Group

PROTECTIVE FACTORS – PHYSICAL HEALTH, WORLD VIEW PRIOR TO LOSS, SOCIAL SUPPORT, Resiliency

Study / Future Research	Topic & Themes	Sample	Key Findings	Measures
14) Experiences of Social Networks Supporting Traumatically Bereaved	Importance of extended support – support	<ul style="list-style-type: none"> • N= 100 network members • Sub-sample N=69 • Male and female • Time since loss 3 – 4 years • Suffering child deaths from 	<ul style="list-style-type: none"> • Family and friends around for support in first few weeks • It is helpful for bereaved need to give verbal and nonverbal indication of what kind of 	<ul style="list-style-type: none"> • The Social Network Support Questionnaire for Traumatized Populations Interviews

		suicide or SIDS	support they need	
<p>2) Responses to Loss and Health Functioning Among Homicidally Bereaved African Americans</p> <p>Future Research Develop effective prevention methods to assist those who may struggle emotionally and physically for many years following violent loss</p>	<ul style="list-style-type: none"> Stigmas, intense levels of distress interfere with individuals ability to interact with others despite their need to do so Social withdrawal amplifies emotional distress 	<p>N=47 African American homicidally bereaved adults – 18 or older male and female with a mean age of 49.66</p>	<ul style="list-style-type: none"> Bereavement –related PTSD may be more persistent than depression or Complicated Grief Time effected some level of positive change Telling their story lowered distress levels Bereavement outcomes, especially PTSD were not associated with other physical health functioning Bereavement distress negatively and strongly associated with low mental health functioning and emotional well-being <p>PTSD most associated with inability to perform daily roles – CG and depression seem to correspond with an inability to function in the social world following the loss</p>	<p>Posttraumatic Stress Disorder (PTSD) Checklist- Civilian Version</p> <p>Beck Depression Inventory – II</p> <p>Complicated Grief-Revised</p> <p>Short Form-36 Health Survey</p> <p>T1 first assessment open-ended interview and paper and pencil measure</p> <p>2nd assessment T2 6 months later structured clinical interviews</p>
<p>16) Grief, Depressive Symptoms, and Physical Health Among Recently Bereaved Spouses</p>	<ul style="list-style-type: none"> Physical health at the time of loss is protective Greater physical symptoms following widowhood could lead to increased health care utilization 	<p>328 persons older than age 50</p> <p>2-6 months post loss</p>	<ul style="list-style-type: none"> Widowhood causes physical symptoms <p>Physical symptoms – sleep disturbance – fatigue, concentration problems, loss of appetite, rapid heartbeat and chest pain</p>	<ul style="list-style-type: none"> Physical health assessed during each of four surveys Symptom checklist – 19 separate symptoms <p>Psychological Well – Being – by grief – Subscale of Texas Revised Inventory or Grief and depressive symptoms – short form of the Geriatric Depression Scale (GDS)</p>

GROWTH AS PART OF THE GRIEF PROCESS – POSTTRUAMATIC GROWTH

Study / Future Research	Topic & Themes	Sample	Key Findings	Measures
<p>15) Stress-related Growth Among the Recently Bereaved</p>		<p>N=292</p> <p>Age 50 – 93</p> <p>2 – 6 months since loss</p>	<ul style="list-style-type: none"> Stress-related growth did occur early after loss of partner in many cases Religiosity impacted SRG – finding meaning and 	<ul style="list-style-type: none"> Stress Related Growth Scale (SRGS-SF) The Texas Revised Inventory of Grief (TRIG) <p>Inventory of Daily Widowed Life (IDWL)</p>

			restructuring the assumptive world <ul style="list-style-type: none"> Religious form of coping – protective Positive change can stimulate personal growth Rumination = SRG	
13) Relationships of Posttraumatic Growth and Stress Responses in Bereaved Young Adults Future Research High growth along with high distress Application in diverse cultures	Spiritual change and appreciation of life in bereaved How much event impacts worldview or core beliefs – correlates to the amount of PTG	N=589 327 women and 262 men Subset 144 experienced a traumatic loss of a loved one in last 5 years	PTG is related more significantly with curvilinear	<ul style="list-style-type: none"> Demographic information The Posttraumatic Growth Index (TPGI) Impact of Event Scale Revised(IESR)
12) The Relationship Between Resiliency and Posttraumatic Growth Following the Death of Someone Close	Resiliency impacts PG There area couple of dimensions of resiliency that lead to PG – competencies to cope and tolerance of negative affect	N=74 Experienced death of person close, death unexpected and no sooner than 3 months and no longer than 3 years Age 21 – 74 male and female	<ul style="list-style-type: none"> Resiliency seems to play a significant role in the development of positive changes after trauma, but the relationship between resiliency and PG are complex Highest resiliency increased in self-perception and appreciation of life The type of death and relationship to PG is a parents or siblings death produced more growth than child or close friend – related to lowest levels of PG Relation between resiliency and spiritual change was weak No association between resiliency and relating to others	<ul style="list-style-type: none"> Posttraumatic Growth Inventory (PTGI) Polish adaptation – 4 factors – changes in self-perception, changes in relating to others, greater appreciation of life, spiritual changes Resiliency Assessment Scale
5) Profiles of Posttraumatic Growth Following an Unjust Loss	<ul style="list-style-type: none"> Sense making 3 clusters – rebuilt- PTG, No meaning – stuck, resilient group	52 family members – 64.5% female post loss = 8 years	<ul style="list-style-type: none"> 3 clusters of coping with loss Rebuilt self cluster – loss struck core – making sense of loss and personal growth-increased self knowledge and increased personal 	Numerically Aided Phenomenology (NAP) – groups following different paths toward adjustment Structured interviews – audio recorded and transcribed Standard measures of emotional adjustment

			<p>strength</p> <ul style="list-style-type: none"> • No meaning/no Growth cluster – struggled with meaning making – loss senseless”, negative life changes – view of life changed drastically • Minimal threat/minimal growth – no shattered assumptions, los of self or loss of something symbolic – worldview which acknowledges bad things can happen – no long term processing of loss but do report growth <p>No more depression by any of the groups</p>	<p>Beck Depression Inventory-II Center for Epidemiological Studies Depression Scale</p>
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1. Violent death is harder to deal with than expected death. Risk of PTSD and depression is a concern and happens more to women than men.
2. Loss of spiritual meaning is more closely linked with violent death while increased sense of meaning is associated with “understandable” IE parental Grief.
3. Grief presents an opportunity for growth or deterioration depending on the type of grief.
4. People can experience growth as a result of the grief process. Internal factors are more of a predictor than external factors. Time is not a predictor of growth and grief.
5. Grief creates physical symptoms Physical health may be protective during grief process.
6. Spirituality or religiosity may be protective in bereavement. During traumatic death religiosity or spirituality may be harder for people to connect to. doesn’t make sense.
7. Complex grief = how expected or understood the grief is. = Type of grief + expectations or how death is incorporated into a persons core. Death that is senseless is more difficult for person incorporate new learning than death that makes sense to the person.