2019

Beneficial Mourning by Inmates Who have Lost a Significant Person

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BENEFICIAL MOURNING

BY INMATES

WHO HAVE LOST A SIGNIFICANT PERSON

By

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DISSERTATION

Submitted to Martin Luther University College

In partial fulfillment of the requirements for the degree

Doctor of Philosophy in Human Relationships

Wilfrid Laurier University

2019

Abstract

Incarceration is already replete with loss before someone of significance to an inmate dies. The prison environment challenges every aspect of grieving, and failing to effectively mourn pathologizes grief, reduces quality of living, and results in behaviours that cause recidivism. It is a poignant interaction between this researcher in his role as a chaplain and a particular inmate that provides the impetus for this study. This study begins with a qualitative meta-synthesis that examined 10 qualitative articles and dissertations published over the last 30 years to explore how some inmates manage to effectively grieve the loss of a significant person. For the purposes of this study, Worden's (2009) four tasks of mourning were the litmus test by which effectiveness was determined. The methodology for the meta-synthesis was drawn from Sandelowski and Barroso (2007), while Saldaña's (2012) work guided coding, theming, and theory formulation. Once the meta-synthesis was complete, three focus groups with 14 Ontario prison chaplains were conducted to discuss the findings. The focus group methodology was that of Kruger and Casey (2014), and again, Saldaña's (2012) work guided coding, theming, and theory formulation. Through this meta-synthesis and the focus groups, the author forged an understanding of how mourning could be better supported in the immoderate conditions of incarceration. In so doing, this study benefits prison grief support workers, prison staff, and correctional administration and may have implications for other institutions that house disenfranchised grievers.

Keywords: bereavement, grief, prison, prisoner, meta-synthesis, focus groups, disenfranchised, PCBD.

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Introduction

Why the research question? Why this research question, why now, and why in this fashion (Marshall & Rossman, 1999)? Challenges with effectively mourning while incarcerated is an area of passionate pursuit for me as researcher as I am both psychotherapist and prison chaplain. I remember my first week working in prison; a call came in describing a situation in which an inmate's toddler was killed in a car wreck initiated by an angered spouse. The inmate was known to be an intellectually delayed, violent gang member. I was advised to approach with caution and deliver this sad news through a closed hatch in a segregation unit. There was no opportunity to sit with him, or to place a hand on his shoulder, and crouching at the hatch was physically uncomfortable for both of us. After this brief encounter, he returned to his range[1] where he chose not to share his loss or express his grief for fear of losing his position of power on the range. It was a poignant but cold experience that I could imagine would only make this inmate harder, colder, and more violent.

I wanted to learn if my suspicions were correct, and if so, what could be done within the context of a prison to open space for an inmate to grieve in a way that would be healthy. Since that time, I have seen this pattern repeated regularly. My compulsion for studying this topic more deeply and thoroughly comes out of compassion for the inmates. There are methods already that support effective inmate mourning utilized by one prison or another, which together with this research, will benefit prison grief support workers across many correctional institutes.

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[1] A range is a pie-shaped living unit containing 16 cells and a day room. There are six ranges and a yard on most units, which are also called pods.

The literature surrounding prison bereavement emphasizes the tattered life of the bereaving inmate, the lack of family support, and the challenging prison environment. The evidence thus far identifies impossible impediments, but that makes one wonder, in those uncommon instances of healing, what were the contributing factors of successful healing.

Much of the literature reviewed surrounding grieving the death of someone significant while incarcerated has focused on the challenges that hinder mourning. In each study, limited discussion is dedicated to coping methods utilized by the bereaved, and little effort has been made to discern which of these practices are helpful. Yet it is clear that across many studies, it has been found that some inmates and support workers in a variety of institutions have found ways to aid incarcerated mourners in grief recovery. With an ample pool of qualitative research reports with a focus on prison grief available, qualitative meta-synthesis was utilized to create a new and more thorough understanding of effective coping methods available to inmates. Finding more effective ways for inmates to grieve is necessary because as Brosnahan (2013) wrote, "Canada's prison population is now at its highest level ever" (p. 1). Given limited staff resources for the support of bereaved inmates, establishing the most effective grief care practices available despite the limitations of incarceration will greatly strengthen the work of staff. Better grief support while incarcerated may reduce the development of complex grief (Ferszt, 2002; Harner, Hentz, & Evangelista, 2011; Olson & McEwan, 2004), and by extension, its inherent recidivism (Leach, Burgess, & Holmwood, 2008; Walker & Shaffer, 2007; Wilson, 2011). While the goal of reducing recidivism has a strong moral element, there is also strong economic benefit because recidivism is expensive: in Canada, the cost of housing inmates was a staggering $4.1 billion last year, and that is up 40.2% from 10 years ago (Dauvergne, 2012).

Using Sandelowski and Barroso's (2007) meta-synthesis methodology, this dissertation critically examined the range of coping methods available to inmates recovering from the loss of

a significant person. In accordance with the methodology recommendations, 10 studies were identified from English-speaking countries. The author synthesized the findings of the 10 qualitative studies spanning the last 30 years that examined the role of mourning the loss of a significant person while incarcerated. Then Kruger and Casey's (2014) methodology for focus groups was employed to engage 14 Ontario chaplains in three separate telephone focus groups in a discussion about the results (Appendix A) of the meta-synthesis. These conversations identified barriers to integrating supports, methods of overcoming some of the barriers, and other ways to support grief. By systematically analyzing these studies, and soliciting the feedback of these chaplains, this dissertation provides a more nuanced understanding of the coping methods available to inmates. Through this meta-synthesis approach and the focus groups, the author arrived at an understanding of coping techniques that reached beyond those of the individual studies.

Role of a chaplain at Maplehurst Correctional Complex. While grief support is essential in the chaplain's role in a correctional facility, it is only one of the many responsibilities. It can be a difficult responsibility to carry out and is often not a priority. While chaplains in Ontario are afforded a fair amount of autonomy and empowerment to carry out their role, they have a tremendous responsibility in caring for staff, volunteers, inmates, and their collective families. Schilder (1999) writes "It is the responsibility of the Chaplain to know who her people are. She needs to know the educational levels of achievement. She needs to know the emotional levels at which most of them are functioning. Finally, by all means, she needs to know the levels of their spiritual growth and the stages of their faith development" (p. 5).

The website of the American Correctional Chaplains Association identifies seven specific duties of chaplains: managing religious programming to ensure all prisoners are afforded opportunities to practice their faith of choice, pastoral counselling, death notification and grief

counselling, marriage counselling, liturgical duties for their own religious denomination, advisement on religious program policy, and volunteer recruitment and training (Rolfs, 1992).

Consider just one of these responsibilities, specifically volunteer recruitment and training. Chaplains recruit and vet potential volunteers, supervise approved volunteers, and work with them to deliver a wide variety of multifaith programming and faith-based correspondent studies and resources. The vetting process is a critical role for chaplains. It is the first step towards protecting inmates from volunteers who might illegally proselytize or spiritually abuse those under their care, protecting the institution from those who cannot follow the rules, protecting the volunteers themselves from harmful activities, and protecting all other faith groups from those who are intolerant. Not only does supervising volunteers require a lot of time, but it is also a priority because religious-based lawsuits are a persistent threat.

On the other hand, when a chaplain takes on excellent volunteers, those volunteers can provide grief support on an ongoing basis without causing time-consuming problems for the chaplain. Well trained, carefully vetted volunteers tend to stay a long time, saving chaplains the time required to recruit and train replacements. Due to the nature of a maximum-security remand centre, programs are limited in size to approximately 10 participants plus the volunteer leaders. A chaplain "makes a professional judgment and analysis of the needs of the inmates and provides those worship and religious education services the inmates need and can comprehend" (Schilder, 1999, p. 3) With Christianity making up the religious majority of the Maplehurst Correctional Complex inmate population, approximately 700 church services and Bible studies are led each year by volunteers. Maplehurst's second-largest faith-based group is Islam, which represents approximately 8% of the total population. For Muslim inmates, Maplehurst holds approximately 200 Jumma prayer services each year and facilitates Islamic fasting each year during Ramadan. For most other faith groups, professional leaders visit a prepared list of inmates on a regular

basis. Regardless of the faith background of the person under the chaplain's care, "The Chaplain leads the inmates and staff to a deeper understanding of the religious principles they profess in their hearts" (Schilder, 1999, p. 27). Since there is little or no budget for faith-based resources, chaplains reach out to local communities to secure these resources and maintain an inventory in most encountered languages. Each day, the chaplains collect mail and requests for these books, faith needs, religious diets, and spiritual counsel, and our excellent volunteers are critical to satisfying these inmate needs.

To be able to meet with inmates to provide grief support, chaplains rely on corrections officers to transfer the inmate to a secure location, so the chaplain can meet with them in relative privacy. This movement requires that there is sufficient staff on hand, that there is a safe place to go, and that the chaplain is trusted by the corrections officer to not be a security threat. In a maximum-security facility, many corrections officers consider new employees to be a security threat because they may bring in dangerous contraband, could put themselves in danger, or could threaten the job of the corrections officer. The concern of the first two threats dissipates with time because "the Chaplain respects the warden's [called the Superintendent in Canada] need for a secure and orderly operated institution" (Schilder, 1999, p. 5). However, the job threat is an ongoing concern because the chaplain will "always speak up for the rights of the individual person against injustices wrought against the individual person by private person's or governmental agencies" (Schilder, 1999, p. 2). If the chaplain sees injustice, then advocacy is required and expected, but sometimes chaplains and other staff are told of injustices by inmates who may or may not be telling the truth. Failure to correctly discern the correct course of action can place the chaplain in contravention with the law or at odds with corrections officers, making it difficult to meet with inmates to provide grief support. At Maplehurst, it seems to take new staff a year to be somewhat trusted and another year to become an accepted staff member. No

one is wholly trusted, and while this is true in many professions, it stands out in a prison environment. To be able to offer inmate grief care, chaplains must advocate for injustices against inmates while having the wisdom and discernment to know when the information provided is false.

While inmate grief care is important, by its nature it is unplanned and consequently will rarely be the highest priority for the chaplain. The need for health and safety and minimizing religious-based lawsuits are placed above efforts to provide grief support. The Charter of Rights and Freedoms (1982) guarantees each citizen the right to their religious expression, and Maplehurst upheld this right to the best degree possible in prison in consideration of health and safety. Ensuring health and safety and protection of religious rights is complicated and time-consuming and can potentially result in costly lawsuits when some inmates and their families attempt to manipulate the system for their benefit. For example, an inmate might claim to be Jewish to receive a different meal and then claim to be Indigenous with the sole intent of assaulting an inmate from a different range at a community smudge—an obvious safety concern. Offering the inmate a kosher religious meal without regard to determining their sincerely held Jewish faith may offend the broader Jewish community, but if the prison does not provide the meal, it may contravene the provincial policy on creed, and an expensive and time-consuming lawsuit will succeed. Even if the sincerely held belief is suspect, a talented conman can make a claim that the human rights tribunal will probably uphold to the financial detriment of the government.

Another onerous safety priority occurs when a chaplain receives a call that an inmate's child has died, and the child's mother would like the inmate to call. Failing to verify this claim with a funeral home and hospital may result in an inmate, who may struggle with mental health disorders, receiving suicide-inducing false information. It can take hours to confirm the claim

that someone has died. While the chaplains prioritize health and safety and religious rights, they also place needs of staff and volunteers in crisis ahead of the needs of inmates. For example, should a staff member die, a chaplain might be asked to perform a funeral and care for the staff and family throughout the grieving process. With over 600 staff members at Maplehurst, care for staff at this time requires tremendous time and emotional investment. If a volunteer is having difficulty processing the thoughts and emotions encountered in sessions with an inmate, the chaplain provides care for the volunteer. Care of staff and volunteers makes up a smaller portion of the overall role, but chaplains consider caring for them a priority because when these people are spiritually and emotionally healthy, they will have a positive impact on the lives of the inmates. When the staff has had a positive experience with chaplaincy, they are more likely to refer bereaved inmates, and sometimes they offer to provide immediate, direct care to the inmate. It is the staff who help the chaplain advocate for inmates; thus, if the relationship is strong, everything progresses smoothly. When volunteers are spiritually healthy, they become an extension of chaplaincy and greatly leverage this ministry. So, a chaplain's care for staff and volunteers takes priority over inmate grief because those two groups have a large influence on the inmate population. Priorities for a chaplain are, by necessity, the emotional and spiritual needs of staff and volunteers in crisis, health and safety concerns, and upholding religious rights.

Once a chaplain completes the necessary administrative tasks, they have time to speak with inmates, face to face. Schilder (1999) writes that "The Chaplain as counselor in a prison setting…serves in moments of crisis as a listener, a gentle guide, a pathfinder, and a connector and reassurer of things divine. Through the years of her training, the Chaplain should have taken many courses in psychology at the undergraduate and graduate level" (p. 64). The people the chaplain visits come from referrals from the multidisciplinary team, which is made up of officers, sergeants, psychiatrists, psychologists, social workers, and nursing staff. Moreover,

referrals are received from the inmates themselves, the outside community, and the inmate's families.

Most of the chaplain's counselling sessions are about grief and loss, with mental health issues making up the remainder. Finally, chaplains respond to crises that could take the form of attending to the observers and staff in a health crisis after a physical altercation or suicide attempt. Finding ways to care for oneself in this environment is critical to avoid emotional and spiritual fatigue, especially since chaplains are often alone in their field in large institutions.

Before grief care of inmates can occur, the chaplain must make time between organizing religious programming, advising on religious program policy, crisis counselling, and volunteer recruitment and training and then accept that health, safety, and upholding religious rights all govern the time remaining to provide proper grief support.

Remand Centre walk-through. Prisons, also called jails, are places for the confinement of people accused and remanded to court or convicted of a crime and sentenced. The following section will give a sense of the massive scale of Maplehurst; its authoritarian environment; the lack of safe, quiet, private space; and the prison politics.

Two chaplains are all that provide spiritual support at Maplehurst, a provincial complex that has approximately 1,200 beds that house roughly 14,000 inmates per year. A further breakdown shows that this prison contains 1,100 beds for maximum-security inmates remanded to court and another 100 beds are for medium-security sentenced inmates who reside on the working units. The remand side is made up of the general population (GP) and protective custody (PC) units, with both units containing immigration holds. The Mental Health Unit, the Segregation Unit, and those who have signed themselves into PC make-up the residents of PC. Segregation holds inmates who are in for misconduct, in the early stages of detox, in dry cells to pass contraband, on suicide watch, or severely mentally ill and treatment effects are pending.

Each chaplain walks cumulatively, nearly two hours per day, first through the front doors where someone buzzes them in, then through an x-ray scanner and a sally port (steel and glass door controlled by someone in control), then through a second and a third sally port to reach the first main hallway. The floors are grey concrete worn smooth over time by the foot traffic of more than 14,000 inmates each year. The light-coloured walls are 10 feet high, and each hall is long, providing many opportunities to close off a potential escapee. The hallways echo with the sound of people passing through.

When entering a unit, one passes through yet more controlled doors, with cameras watching overhead each step of the way. Cameras record every moment at a central and secure location for later review should something go awry. Often announcements are made throughout the prison, or the fire department runs drills; there is a constant barrage of noise. Heading down the hallway before entering the core of the unit, one might pass the operational manager's office, a biological hazard room, the nursing station, and another x-ray. When you finally enter the program area, there is a bullpen for temporarily storing inmates on recent misconduct or for holding people awaiting medical treatments. Only two or three interview rooms exist in this corridor to serve the needs of around 192 inmates, and each is equipped with a table and chairs bolted to the ground, a blue button, and a door with no handle on the inside. It is in these rooms where lawyers, immigration and social workers, chaplains, and volunteers meet the inmates face to face, one to one. Should the unthinkable occur, the blue button will bring all but a skeleton crew of the officers from the each of the units in the institution raining down to secure the situation. This hallway also contains an office used by the medical staff, a nursing station, a video courtroom and video court waiting room, and a couple of washrooms: one for inmates and one for staff.

Moving into the core of a unit, one will see it is essentially pie shaped with a control module at the centre, a walkway around the control module, and ranges on the outer edge of the pie. Each range is like a slice of pie where the widest part is the back wall, which presents eight cell doors on each of two levels. Each cell is approximately 7 × 10 feet and contains a bunk bed that holds two or more inmates, depending on overcrowding. Each securely bolted cell includes a fluorescent light, a fire extinguisher nozzle, an open toilet/sink unit, a table with two stools, a shiny metal mirror, a shelf, and a sliver of a window overlooking the exterior of the prison.

The remainder of each range not composed of cells is called a day room, and it contains a TV, which blares the news and sports or the music channel depending on which group controls that range. Also in the day room is a bank of payphones, bench, toilet, showers, and tables with stools (again bolted securely). The narrowest part of the pie-shaped range is connected to the central walk area with a glass wall that has a heavy, locked door at its centre and two hatches on either side. It is through this door that inmates come and go for programs and officers come and go to facilitate lockouts, lock-ins, and lockdowns. Lock-ins and lockdowns both mean the inmates stay in their cells, but the term locked-in refers to meal times and overnight, and the term locked-down refers to security concerns that sometimes carry on for days and may preclude opportunities for shower, yard, and phone use. Since each range has 32 or more inmates watching TV, talking on the phone, working out, gambling, doing schoolwork, conducting Bible studies or devotionals, or just talking, the ranges are constantly noisy. To survive the politics involved when a diverse group of people, many who have anger issues, are combined in a confined space for what might amount to years, the inmates prepare a set of posted rules, which all new inmates are encouraged to follow. These rules include "Do your own time," which allows for no expression of grief. Failure to follow these rules often involves violence or being run off the range.

One of the pie shapes on the outside of the unit is not a range but a yard where inmates experience the outside weather for 20 minutes a day. The yard is not as blissful as one might expect because the floor is concrete, and the walls are two stories high, with half of the roof covered with steel and the other half chain-link to minimize contraband being air cannoned or droned into the prison. Each unit has six ranges, the yard, and a chapel that holds 10 inmates at a time. Each range has fire doors on both sides and a vertical hatch above for tear gas and other anti-riot measures. On both sides of the glass (or bars), there is a healthy distrust, but also an understanding that the guards and the inmates need each other to maintain a safe level of security. All of this description is to illustrate that prison is first and foremost an authoritative environment where there is no safe, private, quiet space to grieve, no place to let down your guard unless the staff proactively take time to make space available to those in need.

A poignant moment with a grieving inmate motivated this chaplain and researcher with limited time to search for a better way to support grief. This inquiry began with the following literature review, which revealed the need for further research.

Chapter Two: Literature review

Introduction

In the following pages, our general state of knowledge about grief, bereavement, and mourning as it has developed through the ages to achieve normal, healthy mourning and adaptation to the loss will be further explored in a prison context. This review of grief will begin with the early observations of Freud (1917/1957), who considered grief work necessary, Lindemann (1944), who observed acute grief, and finally Neimeyer (2001), who recognized the idiosyncratic nature of grief and its universal elements. It will then move on to complicated grief, how the American Psychiatric Association (2013) defines it and isolates it from other disorders, and how it recommends treating it.

How to define effective grieving for this study is surveyed throughout the literature review. Finally, this literature review moves from the general to the specific as inmate grief, bereavement, and mourning is explored and defined. Specific risk factors for complicated grief are also defined. This review will show that prisoners have high rates of mental health disorders (Beaudette & Stewart, 2016) and that they lack many of the bereavement resources utilized by the public (Potter, 1999). Consequently, inmates find themselves in a higher risk category for complicated grief.

Definition of grief, bereavement, significant other, and mourning. Grief, bereavement, and mourning are often used interchangeably, but for the purposes this paper, each will be uniquely defined. Grief is defined as "a primarily emotional (affective) reaction to the loss of a loved one through death. It also incorporates diverse psychological (cognitive, social-behavioural) and physical (psychological-somatic) manifestations" (Stroebe, Hansson, Stroebe, & Schut, 2001, p. 5). Bereavement, for Stroebe et al. (2001), is applied to "the objective situation of having lost someone significant" (p. 5). Archer (2010) then considered the term "significant other" as including a loved one or a close personal relationship involving "affectional systems," one where there are emotional bonds between the individuals concerned important for overall (or "inclusive") fitness and mutual benefit. Finally, Stroebe, Hanson, and Stroebe (2008) contended that mourning refers, "to the public display of grief, the social expressions or acts expressive of grief that are shaped by the (often religious) beliefs and practices of a given society or cultural group" (p. 5). Henceforth, in essence, grief will be considered as the reaction to loss, bereavement will be referred to as the state of loss, mourning will be thought of as the public or social expression of loss, and what is lost is someone dear to the person.

History of grief theories

When reviewing the history of the clinical study of grief, one sees a shift from a universal application put forth by Freud (1917/1957) that was maintained for decades to an ever-expanding inventory of exceptions where Niemeyer (2001) ultimately viewed grief as idiosyncratic with the acknowledgement that there are common characteristics. The following section will outline the birth of clinical studies, explore the influences of attachment theory, and review how stages and phases sought to organize symptomatology. It will also examine the rebellion against a separation model towards the conception of continuing bonds, the discussion around the effects

of meaning making, and the notion of many diverse trajectories that leave one with a sense that grief is unique to the individual, though commonalities have been identified.

Freud (1917/1957), in his paper "Mourning and Melancholia," set in motion the clinical study of grief and profoundly shaped professional bereavement counselling for nearly half a century. In contrasting these two states, he concluded that sometimes bereavement initiated the onset of depression; therefore, "grief work" was necessary to help a person break ties with the deceased and recover. Hall (2014) wrote,

> For Freud "grief work" involved a process of breaking the ties that bound the survivor to the deceased. This psychic rearrangement involved three elements: (1) freeing the bereaved from bondage to the deceased; (2) readjustment to new life circumstances without the deceased; and (3) building of new relationships. Freud believed that this separation required the energetic process of acknowledging and expressing painful emotions such as guilt and anger. The view was held that if the bereaved failed to engage with or complete their grief work, the grief process would become complicated and increase the risk of mental and physical illness and compromise recovery. The grief work model stresses the importance of 'moving on' as quickly as possible to return to a 'normal' level of functioning. (p. 8)

Lindemann (1944), in *Symptomatology and Management of Acute Grief*, added to the research and understanding of grief by including acute grief in contrast to normal grief. He argued that acute grief was characterized by somatic distress, preoccupation with the image of the deceased, guilt, hostile reactions, loss of patterns of conduct, and sometimes pathological reactions, such as taking on the traits of the deceased. Shapiro (2001) considered it ironic that Freud maintained that mourning ends within a relatively short time because his "enduring

attachments to his deceased daughter and grandson eloquently testify to the needs for alternative models" (p. 304).

Attachment theory was developed by Bowlby (1953) when he studied profound and long-term consequences induced by maternal loss of the very young. Bowlby (1969) defined attachment as a "lasting psychological connectedness between human beings" (p. 194). Taking Bowlby's work a step further, Ainsworth (1978) delineated four patterns of attachment: secure, insecure, avoidant, and disorganized/disoriented. Parkes (1991) applied these patterns of attachment to study bereavement and discovered that adult behaviour, in response to loss, is often a consequence of the types of attachments held in youth. Shaver and Tancredy (2001) noted that,

> People with an avoidant or dismissing orientation suppress or avoid attachment-related emotions; those with an anxious or preoccupied orientation are highly emotional and expressive but unable to cope constructively with attachment –related emotions; those with a disorganized or unresolved orientation have been traumatized in ways that damage their ability to think and talk coherently about attachment-related loss and abuse. The prototypically secure will react emotionally to the loss of an important relationship partner but will not feel overwhelmed by the grief. They should be able to assemble a coherent narrative about the loss and its aftermath and not suffer the intense self-blame or lowered self-esteem. (p. 75)

Bowlby (1980) held that grief is expressed in four phases. The first was referred to as "numbness," which could be interrupted by intense distress or anger, and the second was called "yearning and searching," which could last months or even years. He described the third phase, "disorganization and despair," as a pervasive sadness and withdrawal from a focus on daily life and the final phase, "reorganization," as when life continues in the absence of the deceased. He

acknowledged that "these phases are not clear cut, and any one individual may oscillate for a time back and forth between them. Yet an overall sequence can be discerned" (p. 85). Bowlby (1980) identified healthy mourning as transpiring when one accepts "both that a change has occurred in his external world and that he is required to make corresponding changes in his internal, representational world and to reorganize, and perhaps reorient, his attachment behavior accordingly" (p. 18).

A number of grief theorists once thought of grief as moving through a series of predictable stages or phases (Bowlby, 1980; Kübler-Ross, 1969; Parkes & Weiss, 1983). The most widely known of these stage models is that of Kübler-Ross (1969) as described in her text *On Death and Dying*. Based upon her clinical work of those responding to a terminal diagnosis, her model was built around anticipatory grief. The five stages of grief that she developed were (1) denial, (2) anger, (3) bargaining, (4) depression, and (5) acceptance. Other well-known stage theorists were Bowlby and Parkes (1970), who sought to classify grief into the following series of phases through which the bereaved passes: shock and numbness, yearning and searching, despair and disorganization, and finally reorganization and recovery. In this and subsequent studies of bereavement counselling, only the minority of bereaved people with high levels of emotional disturbance have proven to benefit from counselling because the rest will recover from grief on their own (Murphy, et al., 1998; Schut, Stroebe, van den Bout, & de Keijser, 1997; Schut, Stroebe, van den Bout, & Terheggen, 2001; Vachon, Lyall, Rogers, Freedman-Letofsky, & Freeman, 1980). Hall (2014) maintains that,

> Stage theories have a certain seductive appeal—they bring a sense of conceptual order to a complex process and offer the emotional promised land of 'recovery' and 'closure'. However, stage theories are incapable of capturing the complexity, diversity and idiosyncratic quality of the grieving experience. Stage models do not address the

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multiplicity of physical, psychological, social and spiritual needs experienced by the

bereaved, their families and intimate networks. (p. 8)

Downe-Wamboldt and Tamlyn (2007) observed that from their beginning, stage and

phase theories have become deeply entrenched in our understanding of loss, albeit with uncritical

adoption. They concluded that "if educators are to make a significant improvement in the area of

death education, systematic research is needed to determine which curriculum contents and

approaches are most effective" (p. 187).

Early stage or phase theories of grief were criticized for the mistaken impression that

people were to go through each stage in a specific order and thus were considered too inflexible

(Maciejewski, Zhang, Block, & Prigerson, 2007). However, they continued to be taught in

schools despite a lack of credible evidence because according to Weiss (2008), although

individuals show significant variation in the sequencing and the experience of certain affective

states, the concept of a progression through grief states makes it easier to think about the changes

in grieving that occur as time elapses. As a consequence, new models, to be described shortly,

have successfully identified patterns and the connections between them while recognizing the

complexity of idiosyncratic grief experience. The two most accepted grief theories today are the

Dual-Process Model of Stroebe and Schut (1999) and the Task-Based Model developed by

Worden (2009). These models, discussed in more detail later, each provide structure to guide and

support grief work.

It was not until the new millennium that Klass, Silverman, and Nickman (1996)

challenged the belief that effective grieving requires breaking ties with the deceased. They

argued that maintaining continuing bonds with the deceased can be a healthy part of ongoing life

and stressed the importance of struggling with the meaning of loss over time rather than

concentrating on letting go. Death ends a life, but it need not end a relationship. Furthermore, they frame it within paradox, noting that the deceased may be both present and not present and

> that a person may be both bereft and not bereft simultaneously, to have a sense of
>
> continuity and yet know that nothing will ever be the same. The reality is there is an inner
>
> system centered on a person that is no longer physically present. This inner reality may
>
> encourage the mourner to carry on. (Klass, Silverman, & Nickman, 1996, p. 351)

Stroebe, Gergen, Gergen, and Strobe (1996) considered the process of maintaining the continuing bond to be intentional, ongoing, and evolutionary. The deceased may be manifested in the form of a sage or mentor, relocated to a sacred place such as heaven or with ancestors, or they may become part of the survivor. The deceased's presence may be felt or visualized in sleeping and wakeful visions, through rituals, or through special connecting objects or visiting special places such as cemeteries. Often this continuing bond is co-created with others. Well over half of the bereaved population experience the sense of presence of the deceased and benefit from this relationship (p. 39).

It is important to consider when continuing bonds are beneficial and when they are not beneficial. Field (2006) acknowledged when continuing bonds were integral to the successful adaptation of loss but also when there was a failure to integrate the loss due "to an extreme avoidance in which the implications of the loss become defensively excluded from the experience" (p. 743). Field and Sundin (2001) found that individuals who experience insecure styles of attachment are more prone to chronic grief, contributing to maladaptive rather than adaptive forms of continuing bonds with the deceased. Furthermore, Field (2006) argued that failure to distinguish the past from the present and understand that the deceased exists exclusively at the representational level, or see a clear boundary between the living and the dead,

determines that the continuing bond is maladaptive (p. 742). Continuing bonds with the deceased are helpful, but there are situations as above when they can be maladaptive.

Neimeyer (2001) remarked that for much of the twentieth century, bereavement was recognized in characteristically "modern" terms as a stage process of letting go of attachments to the dead, moving on with life, and ultimately recovering from the loss to return to a normal state. Stroebe and Schut (2001a) observed at the turn of the century that it was healthy to maintain a continuing bond with the deceased and that oscillation between loss and restoration-oriented grief work was considered fundamental to grieving. Neimeyer (2001) recognized that these later models viewed grieving as a process whereby the individual idiosyncratically worked to reconstruct a world of meaning and to restore coherence to the narratives of their lives in the face of loss. Davis, Noelen-Hoeksema, and Larson (1998) observed that the circumstances surrounding the loss, such as unexpectedness or suddenness, can influence one's ability to make sense of the loss. World views such as optimism, pessimism, and religious perspectives influence if and how people make sense of the loss. When death is consistent with one's world views, finding meaning in the loss seems to happen more readily. Currier, Holland, and Neimeyer (2009) found that sense making strongly predicted positive adaptation to the loss, and inability to make sense of the loss put people at risk for complicated grief. Similarly, Holland, Currier, and Neimeyer (2006) observed that sense making proved to be the most reliable predictor of bereavement adjustment, and it elicited fewer symptoms of complicated grief among a large sample of college students within the first 2 years of bereavement. Coleman and Neimeyer (2010) also recognized that challenges in finding meaning predicted higher future levels of grief related distress, and the ability to make sense of the loss early on predicted positive effect 4 years later. Holland, Currier, Coleman, and Neimeyer (2010), in another longitudinal study, observed that with the gradual integration of the grief experience into sense making, fewer symptoms of

complicated grief were reported over time. Finally, Neimeyer et al. (2014) found that meaning integration following loss makes a unique contribution to the prediction of mental and physical health outcomes, even when demographics, level of complicated grief, and the circumstances of the death are taken into account.

There are different ways to conceptualize meaning making. A term used by Davis, Nolen-Hoeksema, & Larson (1998), "benefit finding" (p. 562), refers to how some mourners centre on the significance of the event for their life goals and purpose, ultimately finding a silver lining in loss, thereby mitigating their grief. Davis et al. (1998) noted that other scholars (Janoff-Bulman, 2010; McIntosh, Silver, & Wortman, 1993; Parkes & Weiss, 1983) have concentrated on the bereaved's interest in developing a relatively benign explanation for the death or gaining understanding of it within their predominant schemas or world views. This version Davis et al. (1998) referred to as "sense making" (p. 562). They found that each of these understandings of meaning making do predict adjustment following the loss of a loved one and that they are distinct from one another, having different timelines and antecedents possibly involving unique psychological processes. Nadeau (2008) said, "Meanings are products of interactions with others and are influenced by society, culture and historical time" (p. 514). Maintaining continuing bonds and meaning making through "sense making" and "benefit finding" are two methods that allow people to work through the loss of someone significant.

Effectively working through loss without professional support is quite common in society as a whole. Bonanno, Wortman, and Nesse (2004) published a study identifying the most common patterns of grief. They found them to be common grief, chronic grief, resilient, chronic-depressed, and depressed-improved. Resilient was the most frequent grief pattern making up nearly half (45.9%) of those studied. With consideration of potential counselling and support, the study included prebereavement variables such as coping resources, world view, and context

(support) with the expectation that positive variables would lead to similar outcomes. In Bonanno et al.'s, (2002) research, those who experienced the highest levels of distress when faced with the loss of a significant person tended to exhibit high levels of personal dependency before the death of their spouse. Bonanno et al.'s (2004) study also revealed the distinction between chronic grief, which is a consequence of bereavement, and chronic depression, which is an extension of prebereavement emotional disturbances. In opposition to the notion of a specific series of stages or tasks in recovering from loss, Bonanno et al. (2004) described five unique trajectories through bereavement. Despite a lack of confirming research, it would be expected that populations marked by relationship conflict, the suddenness of death, dependent relationships, or existing depression before loss will also be marked by a higher prevalence of increased distress, chronic grief, or chronic depression.

Several findings from a follow-up study (Bonanno, Wortman, & Nesse, 2004) revealed how resilient people were able to effectively cope with the loss of a significant person. First, they were better able than others to gain solace from talking about or thinking about the deceased and doing so made them feel happy and at peace. Bonanno, Boerner, and Wortman (2008) noted that "resilient bereaved people also reported the fewest regrets about their behavior with the spouse or about things they may have done or failed to do when the spouse was still alive" (p. 294).

Recent research on attachment styles and their relationship to coping has the potential to transform the way practitioners deal with bereaved people. Parkes (2001) observed,

> There is now a growing acceptance that there is a common core to grief that is rooted in the attachments that we make to the people and objects around us. How that grief is expressed and how we go about the process of relearning that inevitably follows a loss is determined by social and other factors that are identifiable and, often, predictable. (p. 41)

Rainer (2013) observed that while grief is predominantly idiosyncratic, there is some

predictability to it when he wrote,

> There is now a consensus that emotional states differ considerably among bereaved
>
> people and that the temporal course of grief may reflect diverse trajectories, rather than
>
> stages or phases, both before and after the death of a loved one. However, although
>
> bereaved individuals show great variation in sequencing and experiencing of effective
>
> states there is also validity to the idea of a general and predictable progression of grief
>
> states. Acknowledging this makes it easier to think about the changes as the expression of
>
> grieving as time passes. (p. 15)

Complicating factors: age, culture, type of death, disenfranchisement

A grief experience is as unique to each individual as the individual is unique themselves.

As the following will review, the grief experience is coloured by culture, age, gender, type of

death, socio-economics, relationship with the deceased, family support, and many other factors

unique to each person. When considering the cross-cultural variations of grief, Parkes (2001)

noted that the differences are vast and that it should not be thought that grief reactions considered

normal within certain subcultures are right, healthy, or harmless, nor are "abnormal" grief

reactions necessarily unhealthy or harmful.

Parkes (2001) observed that studies that focus on gender differences showed that women

expressed their emotions more often than men, and consequently, Schut, Stroebe, van den Bout,

and de Keijser (1997) found that men gain from counselling that helps them to express their

grief, more so than women. Parkes (2001) also observed that younger people were found to

mourn more than the elderly, suggesting age as another factor that affects the reaction to grief.

Stroebe and Schut (2001b) thought that the age difference might reflect the greater impact of

unexpected losses rather than the effect of long-term illness, which is an important point because

younger groups suffer more severe health consequences as a result of bereavement. Parkes (1996) noticed that unexpected and untimely deaths, particularly when associated with violence and the witnessing of horrific events, have emerged from many studies as predictors of poor outcome following bereavement. Kastenbaum (2008) found that even economic status has an impact as "the poor die younger and the poor die in more miserable circumstances" (p. 73). Finally, Shaver and Tancredy (2001) recognized that without knowing a great deal about the relationship itself, a person's emotional reactions to the loss are incomprehensible. The research cited in this paragraph serves to illustrate that there are many factors, internal and external to a person, that make each grief experience unique.

All of the above assumes that each person has the freedom to grieve in their own way, but this is not always true. Doka (2002) discovered that an ignored death, such as the death of someone significant to a prisoner, can disenfranchise the griever and complicate bereavement. Both Ferszt (2002) and Olson and McEwan (2004) have found that grief is often disenfranchised in the prison system when a loved one dies on the outside. Moreover, both Martin (2005) and Doka (2008) observed that even if the person who died is acknowledged as significant, the corrections staff may prevent participation in rituals out of security concerns or because the prisoner may not be seen as worthy of support. Disenfranchised grief was defined by Doka (2008) as "grief that results when a person experiences a significant loss and the resultant grief is not openly acknowledged, socially validated, or publicly mourned" (p. 224). For Doka (1999), "the concept of disenfranchised grief recognizes, that societies have sets of norms – in effect, 'grieving rules' – that attempt to specify who, when, where, how, how long and for whom people should grieve" (p. 37). In 2008, he wrote that disenfranchised grief may be a consequence of the griever being excluded, but that can also extend to the circumstances of the death, the way the individual expresses their grief, or the relationship not being socially recognized. "The very act

of counseling is valued because it offers support and validation that might not be provided elsewhere" (p. 236).

Furthermore, the literature uniformly reports how each of these disenfranchizing circumstances can intensify feelings of anger, guilt, and powerlessness (Doka, 1985, 1986, 1987, 1999, 2002, 2008; Geis, Fuller, & Rush, 1986; Kelly, 1977). If there is something that could be defined as a "normal" grief trajectory, it would be disrupted when grief is disenfranchised.

Despite the individuality of grief, Parkes (2001) had this to say, "There is something that all who suffer a major loss have in common and that the word 'grief' does have a universal meaning" (p. 35). Likewise, Archer (2010) found universal familiar reactions "described in works of literature from ancient times to present day and throughout the contemporary world in non-scientific and scientific accounts alike" (p. 264).

Grief work

The need for grief work and the nature of grief work is under debate (Bonanno & Kaltman, 1999; Wortman & Silver, 1989). Field (2008) noted that one of the problems is that the grief work model itself has been narrowly defined in the past and "these ways of operationalizing grief fail to appreciate the complex set of cognitive-affective processes that constitute working through grief" (pp. 115-116). For example, the grief work model has been compared to negative emotional expression when attending to the past relationship (Bonanno & Keltner, 1997), to rumination (Nolen-Hoeksema, 2001), or to the search for meaning (Davis, Wortman, Lehman, & Silver, 2000). Archer (2008) maintained that "Practitioners could instead offer a range of interventions tailored to individual characteristics and circumstances" (p. 61). The hope would be to find a method to encourage healthy grieving. Shaver and Tancredy (2001) suggest that a healthy model of grieving can be developed by looking at the typical behaviour of secure individuals, especially following loss. Stroebe and Schut (2001b) considered another healthy

model of grieving as those adaptive strategies "that actually lead to a reduction in the negative psychosocial and physical health consequences of bereavement or to a lowering of grief" (p. 376). Once a healthy model of grieving is ascertained, then grief work would encourage these adaptive grieving approaches. Stroebe, Hansson, Schut, and Stroebe (2008) noted that,

> Regarding the efficacy of psychological intervention, programs are least effective when offered to bereaved individuals in general, irrespective of indications that intervention is needed; they are more effective for those who, through screening or assessment, can be regarded as vulnerable, and they are most effective for those with complicated grief, grief related to depression, or posttraumatic disorders. The claim that treatment interventions could be deleterious has been contested successfully. (pp. 597-598)

Stroebe (1992) summarized a number of deficiencies of the grief work model. For example, the definition of working through grief needs to be precisely differentiated from rumination. Also, it is difficult to measure a number of the phenomena, such as despair, yearning, and pining. Grief work is not a universal concept that crosses cultures. Even today, Stroebe and Schut (2001b) have found that results have been mixed, demanding more empirical testing of the benefits of grief work.

Despite the challenges of the grief work model that Stroebe (1992) pointed out, Stroebe and Schut (2001b) concluded,

> The grief work concept remains a powerful analytic tool for understanding the way people adapt to bereavement. It captures at least part of the essence of coming to terms with loss, at least in our own culture. It must be noted that although the major theorists did consider grief work to be fundamental to adaptive grieving, their writing reflects an awareness of greater complexity. (pp. 385-386)

Non-complicated bereavement support

Stroebe and Schut's (1999) Dual-Process Model and Worden's (2009) Task-Based Model are two of the most complete and dominant theories for non-complicated bereavement support in use today. These models provide grief support workers and their clients with a framework that guides interventions and enhances clients' self-awareness and self-efficacy (Hall, 2014).

The Dual-Process Model of Grief (Stroebe & Schut, 1999) views grief as a wave oscillating between two distinct orientations. During the "separation orientation," the griever experiences the pangs of grief, in which attention is focused on the lost person. Periodically, during the "restoration orientation," the griever involves coping with the loss by turning attention away from it and engaging in new tasks and relationships (Stroebe & Schut, 1999; 2001b). Shaver and Tancredy (2001) maintained that it may be helpful to consider both the prospect of a rough temporal course to mourning and the probability that almost any emotion can occur at any point along the way. Hall (2014) adds that the model suggests "the focus of coping may differ from one moment to another, from one individual to another, and from one cultural group to another" (p. 9).

Worden's Tasks

Worden (2009) believes that mourning should be considered a process of engagement with four tasks:

1. to accept the reality of the loss, or in other words, recognize that the person is dead and is not returning

2. to process the pain of grief: people experience pain at different intensities but to not experience some pain is unlikely when a deep attachment has been formed

3. to adjust to a world without the deceased, including internal (such as re-establishing a sense of security or playfulness), external (utilitarian adjustments

such as being alone in the house), and spiritual adjustments (such as meaning making)

4. to find an enduring connection with the deceased in the midst of embarking on a new life (this fourth task has the combined role of finding a place for the deceased without preventing the mourner from getting on with their life)

When a person is mourning, they will oscillate between tasks until one or more tasks are completed. Recovery from grief occurs when all four tasks are complete. When a task remains incomplete for an extended period, the individual becomes stuck in this task, which complicates the mourning process (pp. 39-53).

Worden (2009) added seven mediators of mourning necessary to understand the individual's experience:

1. who the person who died was

2. the nature of the attachment

3. how the person died

4. historical antecedents

5. personality variables

6. social mediators

7. concurrent stresses (pp. 57-76)

Hall (2014) pointed out that these mediators of mourning "provide an important context for appreciating the idiosyncratic nature of the grief experience" (p. 9). Both the Dual-Process Model and Worden's Tasks of Mourning are highly tailored to the individual and their grief needs.

Complicated grief, its risk factors, and treatment

Jordan and Neimeyer (2003) wrote that there is now ample evidence to determine that generic interventions bestowed upon the general population of the bereaved are likely to be unnecessary and fundamentaly unproductive. However, interventions tailored to the problems of the bereaved in high-risk categories are perhaps more beneficial. Bereavement support for those with uncomplicated grief is likely unnecessary because grief symptoms naturally decline with the advent of time. Essentially, most mourners can work through and integrate losses well with the help of family and friends (p. 772). Alternately, Parkes (2001) pointed out that high-risk mourners for complicated grief would include individuals dependent on the deceased person (or vice versa), individuals lacking in self-esteem and/or trust in others, persons with psychiatric histories (depression, substance abuse, post-traumatic stress disorder, and psychotic disorders), or psychological vulnerability and those whose families are absent, unsupportive, or in social isolation. It would also include those who have experienced unexpected losses for which they were unprepared, multiple losses, violent or horrific losses, losses where the individual feels responsible or where others are seen as responsible, and disenfranchised losses (Parkes, 2001). Currier, Neimeyer ,and Berman (2008) published a follow-up quantitative review where they found taking the extra step to assess for particular challenges in adapting to loss as a condition for treatment resulted in comparable success with other psychotherapy.

In the most recent edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (2013), persistent complex bereavement disorder (PCBD) was added to a special section dedicated to conditions for further study. This incapacitating disorder combines emotional, cognitive, and behavioural symptoms with reactive distress and social/identity disruption that continue to persist more days than not a year after the death of a close relationship. However, this diagnosis in its current state has been highly

contentious. Boelen and Prigerson (2012) noted that the naming and symptom criteria of PCBD are merely a compromise between prolonged grief disorder (PGD) as recommended by Prigerson et al. (1999) and complicated grief as proposed by Shear et al. (2011). This approach Boelen and Prigerson (2012) maintain is problematic because, among other concerns, these earlier criteria sets were highly researched, whereas the concession was not based on empirical evidence. Moreover, the number of mourners that fall within the criteria set is excessive, and new assessment tools for PCBD require development and validation to inform clinical work.

On the other hand, to date, the Inventory of Complicated Grief (Prigerson et al. 1995) is one of the most extensively used instruments to assess dysfunctional grief, such as those instruments described in the criteria sets of either complicated grief (Shear et al. 2011) or PGD (Prigerson et al. 2009), with 863 citations for the Prigerson et al. (1995) article as of November 17, 2016. It had been administered to 20,000 bereaved individuals internationally by 2012 (Boelen & Prigerson, 2012). Boelen and Prigerson (2012) asserted that while PCBD is still under further review, the established PGD is uniquely part of a growing body of evidence demonstrating that it is distinct from other Diagnostic and Statistical Manual (DSM) disorders. Moreover, PGD predicts health impairments and is responsive to specific dysfunctional grief interventions. For example, Shear et al. (2005) designed complicated grief therapy that applied the framework from interpersonal therapy and modified its techniques to include cognitive behavioural therapy. In a randomized controlled trial, they found that complicated grief therapy was effective across age, culture, and death related variables. Shear, Frank, Houck, and Reynolds (2005) noted that complicated grief is a significant source of impairment and distress and associated with a range of negative health consequences.

Inherent risk factors for complicated grief in inmates

Prisoners are high-risk mourners and therefore in danger of developing complicated grief. Consider the high-risk factors for complicated grief in the previous paragraphs applied to inmates. Social isolation is an aspect of incarceration (Kola, 2005; Woolfenden, 1997) and prisoners consequently have families who are largely absent and therefore less supportive (Kaplan, 1989; Kola, 2005; Potter, 1999). The context hammers self-esteem (Hendry, 2009; Olson & McEwan, 2004; Schetkey, 1998; Stevenson & McCutcheon, 2006; Young, 2003) and trust in others (Harner et al., 2011; Young, 2003). Moreover, Beaudette and Stewart (2016) found that currently, 13.2% of inmates meet the criteria for depression, 49.6% for substance abuse, 11% for post-traumatic stress disorder, and 3.3% for psychotic disorders. Furthermore, they identified that 73% met the criteria for at least one mental disorder, and 59.8% of these prisoners experienced serious to severe impairment. Given these factors, a significant portion of the prison population is at risk for complicated grief.

Why inmates cannot mourn in prison as they might in their normal environment

It is clear from contemporary research that much of the inmate population are grieving the death of a significant person (Vaswani , 2008; Viboch, 2005; Wilson, 2011). Yet incarceration itself sets into motion a whole series of losses such as the loss of freedom, material goods, employment, control, family and friends, roles, drug of choice, privacy, personal autonomy, personal security, self-esteem, individuality, sexual relations, identity, choice of medical care, childhood, spirituality, dreams, and goals (Hendry, 2009; Olson & McEwan, 2004; Schetkey, 1998; Stevenson & McCutcheon, 2006; Young, 2003). Furthermore, at a young age, most have already lost many friends and family (Ferszt, Hayes, DeFedele, & Horn, 2004; Walker & Shaffer, 2007). Despite their familiarity with loss, they may have little understanding of

normal grieving (Potter, 1999; Schetkey, 1998; Stevenson & McCutcheon, 2006), and the combined losses complicate the grieving process (Young, 2003).

Systematic barriers to mourning

From the outset, prison is an authoritarian environment (Kola, 2005) where security is the priority that overrides any issue or problem a person confronts (Ferszt, 2002; Toch, 1992). For example, rituals such as body washing or attending funerals are often unavailable to inmates for security reasons (Potter, 1999). If an inmate was permitted to go to a funeral (Hendry, 2009; Potter, 1999), they would undergo the demeaning and humiliating experience of wearing prison clothes, being shackled and handcuffed, and kept under guard and separated from family, all for the opportunity to have only 15 minutes to pay respects (Ferszt 2000, 2002; Ferszt et al., 2004; Harner et al., 2011; Schetkey, 1998; Young, 2003). Pine (1989) emphasized the essential role of funerals and other public mourning functions have in enfranchising grief. They are one way in which grief is recognized and validated and where support is provided. As such, Pine (1989) wrote "By its inverse, this means that some members of society have their personal didactic solidarity shaken but there may be no group to which they can turn for support, and in that sense they are disenfranchised" (p. 18). Also, in prison, grief symptoms, such as pain or insomnia, are habitually seen as manipulation to obtain drugs for abuse or currency to satisfy extortion; therefore, these requests are often denied (Finlay & Jones, 2000). Moreover, grieving must occur according to the prison schedule of counts, meal times, court times, shower times, visit times, program times, and so on (Ferrera-Pena, 2010; Ferszt et al., 2004). Finally, the lack of privacy (Ferrera-Pena, 2010; Ferszt, 2000; Harner et al., 2011; Kola, 2005; Woolfenden, 1997; Young, 2003) avails no freedom for an inmate to speak of their feelings of dislocation, numbness, unreality, and anger or sorrow after bereavement (Ferszt et al., 2004; Woolfenden, 1997). Consequently, the weight of this system is anxiety producing, humiliating (Keaveny &

Zauszniewski, 1999; Toch, 1992; Ferszt, 2000), and straining on the inmate's coping and

adapting skills (Owen, 1998), causing some to disengage or act in or out through assaults or self-

Prison politics: a barrier to mourning

If an inmate allows themselves to show sadness in the presence of other inmates, they

may be seen as weak and experience ridicule rather than support and empathy (Ferszt, 2000;

Ferszt, Hayes, DeFedele, & Horn, 2004; Harner, Hentz, & Evangelista, 2011; Kola, 2005;

Schetkey, 1998), or they may be exploited (Ferszt, 2002; Harner, Hentz, & Evangelista, 2011;

Hendry, 2009). So, the inmates frequently hide their feelings (Hendry, 2009; Sabo, Kupers, &

London, 2001; Schetkey, 1998; Toch, 1992). Merely talking to another inmate may be

misinterpreted in a variety of ways that may lead to assault (Schetkey, 1998). Any prison

relationships that could be supportive lack trust, resulting in limited depth potential (Harner,

Hentz, & Evangelista, 2011; Young, 2003). Essentially, the prison embodies an ideal of

toughness and hardness and makes grieving more difficult (Ferrera-Pena, 2010; Hendry, 2009;

Schetkey, 1998; Toch, 1992). Among other inmates, there is limited opportunity to have grief

validated, openly acknowledged, publicly mourned, or socially supported (Ferszt, 2000; Ferszt,

Hayes, DeFedele, & Horn, 2004).

Prison walls: a barrier to mourning

Isolated from the outside world, the inmates find themselves cut off from their previous

lives (Woolfenden, 1997) and unable to access helpful resources (Ferszt, 2000; Ferszt et al.,

2004). Any support that a family might provide is often unavailable because of embarrassment

(Kaplan, 1989; Kola, 2005; Potter, 1999), inability of the family to locate the inmate (Ferrera-

Pena, 2010; Schetkey, 1998), challenges getting through to an inmate (Potter, 1999), or inmate

refusal due to family conflict (Schetkey, 1998). Consequently, they cannot share in the grief and

loss with loved ones or provide comfort and support and are left instead feeling guilty and

ashamed (Kola, 2005; Potter, 1999; Schetkey, 1998; Young, 2003). Even a duty such as arranging the funeral, a form of therapy (Doka & Martin, 2011), can at best be achieved through a short telephone conversation (Potter, 1999), forcing them to surrender their family roles and responsibilities (Potter, 1999; Worden, 2009).

Barriers and Worden's (2009) Four Tasks of Mourning

The above paragraphs reveal many challenges to accepting the reality of the loss, Worden's (2009) first task. For security reasons, inmates may not be permitted to attend the funeral or attend the viewing. Instead, they must rely on information from guards or chaplains in the absence of family intervention. If the inmate can briefly attend the viewing, they are not permitted to grieve with family, and they have the humiliation of being shackled and wearing prison garb. Thus, Hendy (2009) writes "prisoners often cope and grieve alone because of the lack of support, counselling or other resources needed to complete the process" (p. 273). With regards to Worden's (2009) second task of feeling the pain of the loss, the inmate political culture, described above, renders the open expression of grief a risky venture, and security of the institution takes precedence over inmate needs for a safe, private space to express grief. Doka (2002) and Schneider (1994) conclude that without the provision of safe, private space to express grief, the inmate, not supported and validated, suspends or delays grief. Furthermore, Worden's third task (2009), adjusting to an environment without the deceased, is challenging while in prison because it is not the inmate's ordinary context (Hendry, 2009; Young, 2003). Lastly, finding an enduring connection with the deceased in the midst of embarking on a new life (Worden, 2009) seems especially difficult for inmates who are separated from loved ones (Olson & McEwan, 2004; Hendry, 2009). For these reasons, the literature reviewed states that Worden's four tasks of mourning are unlikely to occur while one is incarcerated. Subsequently, the inmate may perpetuate a cycle of behaviour, such as substance abuse and criminal activity, until the core

of the problem is acknowledged and resolved (Leach et al., 2008; Walker & Shaffer, 2007). In essence, the prison, with its authoritarian environment and harsh population, spawns extraordinary conditions that make coping and grieving a complicated and challenging task, which when left unresolved, contributes to recidivism.

Grief priority

Despite the many challenges to grieving in prison, some institutions place a priority on programming to ensure inmates' grief is supported. A peer bereavement support group (Kaplan, 1989; Olson & McEwan, 2004; Wilson, 2011), an art therapy group (Ferszt et al., 2004), a guided imagery group (Fawkes, 1992), and a grief awareness group (Finlay & Jones, 2000) were some of the programs provided to inmates at different facilities. It was consistently evident that prisons pay staff such as nurses (Ferszt 2000, 2002; Ferszt et al., 2004; Harner et al., 2011; Lewin & Farkas, 2012), chaplains (Fawkes, 1992; Kola, 2005), social workers (Kaplan, 1989), and bereavement counselors (Olsen & McEwan, 2004; Wilson, 2011) to provide varying degrees of support for grieving inmates. Furthermore, there were examples of prisons relinquishing absolute security to ensure inmates were able to attend a viewing of the deceased (Ferszt 2000, 2002; Ferszt et al., 2004; Harner et al., 2011; Schetkey, 1998; Young, 2003). Programs, staff, and visitations were provided in these examples, and the prevalence or scarcity of available resources was dependent on the priority the individual facility placed on supporting inmate grief. Despite these examples of support, the literature review demonstrates the overwhelming challenges to grieving and the inmates' experience, suggesting the current priority placed on supporting inmate grief at most institutions is insufficient.

Philosophy of incarceration

Pigliucci (2013) says that there are many reasons to imprison people: retribution, crime deterrence, rehabilitation, victim restitution, and social denunciation. Retribution, or an eye-for-

an-eye, brings about the question of what is just, while deterrence attempts to negatively affect the criminal's cost-benefit so they are motivated not to engage in the crime. Rehabilitation requires expensive programming to help a person become a productive member of society, while restitution attempts to compensate the victims for their loss. Finally, social denunciation sends a message that certain kinds of behaviour are unacceptable. The author of *Canada's Crime and Punishment* adds incapacitation to this list because it serves the purpose of restricting a person's freedoms, so they are no longer a threat to society. Canada's philosophy of incarceration involves the smaller subset of retribution, rehabilitation, deterrence, and incapacitation. On the other hand, the United States has taken a retributive approach, which has led to the highest per-capita rate of incarceration worldwide, surpassing many European countries, Russia, and China. (Choi, n.d.). Perry (2006) writes, in 1974, there were about 200,000 inmates in America's prisons. Today there are more than 2.2 million and 94% of them are men. These people are mostly forgotten. The philosophy of incarceration and its implementation is vital to everyone because most inmates will eventually be released, and their treatment while in prison affects their behaviour on the outside. For millions in society, it gets very personal when ex-inmates become neighbours, colleagues, service workers, and more.

Conclusion

In summary, the clinical study of grief has been built on the work of giants such as Freud, Lindeman, Bowlby, Ainsworth, and Parkes. As the story grew, so did the complexity of the grief model as the number of complicating factors multiplied. In present day, grief is considered to be undeniably idiosyncratic because it comes out of the experience and makeup of the person, their setting, their relationship to the deceased, and the experiences surrounding the death. Helping people through this challenging time involves tailoring treatment to the specific needs of the individual rather than implementing simple generic solutions. Jordan and Neimeyer (2003)

observed that most people in general society would find a way on their own to effectively grieve with the help of family and friends, but Parkes (2001) noticed that some in a high-risk category will become stuck in grief, and grief will become complicated. Stroebe, Hansson, Stroebe, Hansson, Stroebe, and Schut (2001) assert that,

> There is no longer any doubt that the cost of treatment in terms of health can be extreme. Bereaved individuals suffer an elevated risk of depression, anxiety, and other psychiatric disorders, somatic complaints and infections, and a variety of other physical illnesses. They have higher consultation rates with doctors, use more medication, are hospitalized more often, and have more days of disability. The risk of mortality is associated with many different causes, including particularly, suicide. (p. 8)

With regard to grief, inmates struggle with two key problems: first, they are not in their ordinary context and consequently do not have the ability to grieve freely, and second, they have a host of issues such as poverty, addictions, and mental health concerns that place a large percentage of them in the high-risk category for developing complicated grief. Thankfully, there are specific treatments that have been shown to be effective for those whose grief has become complicated. There are also methods of support such as the Dual-Process Model and Worden's Four Tasks that form a framework for tailoring support to the individual whose grief is "normal." This dissertation identified methods of grief support that could be made available in prison, considered their efficacy, and then obtained feedback from chaplains.

3.   Methodology of meta-synthesis

Beneficial mourning by inmates who have lost a significant person was explored using a qualitative methodology known as meta-synthesis. Paterson et al. (2009) emphasize that meta-synthesis is a stimulating and quickly progressing research method that has the potential to inform research, policy, and practice through the corpus of qualitative research. Walsh and Downe (2005) wrote that if qualitative researchers "continue to produce non-reconcilable islands of knowledge around the same phenomena, they are doomed to irrelevant speculation and reinventing the wheel" and "risk further marginalization from policymakers and clinicians if their work remains isolationist and esoteric" (p. 205). Paterson et al. (2009) acknowledge that while it continues to be in early development, there is much to be learned from researchers who employ meta-synthesis. Noblitt & Hare (1988) pointed out that with the rising number of qualitative findings available, meta-synthesis provides the opportunity to integrate studies that are similar, refute one another, or build an argument and develop new and deeper interpretations of a particular phenomenon. In summary, Sandelowski, Docherty, and Emdem (1997) noted that synthesizing existing qualitative research is crucial to attaining advanced analytic goals and improving the generalizability of qualitative research.

For this meta-synthesis, Sandelowski and Barroso's (2007) approach to synthesizing qualitative studies was utilized. A library search for meta-synthesis methodology located the following four books: *Synthesizing Qualitative Research: Choosing the Right Approach* (Hannes & Lockwood, 2011)*, Handbook for Synthesizing Qualitative Research* (Sandelowski & Barroso, 2007)*, An Introduction to Qualitative Research Synthesis: Managing Information* (Major & Savin-Baden, 2010), and *Meta-Ethnography: Synthesizing Qualitative Studies* (Noblit & Hare, 1988)*. Of these books, *Meta-Ethnography: Synthesizing Qualitative Studies* (Noblit & Hare, 1988) and *Handbook for Synthesizing Qualitative Research* (Sandelowski & Barroso, 2007) were

appreciably cited and peer-reviewed. According to Estabrooks, Field, and Morse (1994), Noblitt
and Hare's (1988) book expressly discusses meta-ethnography, but what is needed is an approach
suitable to any of the qualitative methods. As though in answer to this comment, Haussler (2008)
sees the *Handbook for Synthesizing Qualitative Research* (Sandelowski & Barroso, 2007) as
providing a user-friendly methodological toolbox for expertly guiding the systemic review and
formal integration of findings across the spectrum of qualitative research. Killion (2008)
expressed how Sandelowski and Barroso (2007) provide comprehensive, detailed guidelines for
developing qualitative meta-synthesis while delivering "cautionary signs and directives, with
boundaries to be considered and landmarks to be observed" (p. 176). Peterson (2008) noted that
Sandelowski and Barroso (2007) "illustrate how meta-synthesis is rigorous and demanding of
creativity and ingenuity yet achievable" (p. 388). Further, Haussler (2008) sees this book as
written for graduate-level students and recommends it for its depth, style, and utility. Killion
(2008) concludes that the *Handbook for Synthesizing Qualitative Research* (Sandelowski &
Barroso, 2007) is a meticulous guide for conducting qualitative meta-synthesis that "promises to
increase the power and value of qualitative inquiry and will facilitate better and more expeditious
use of research findings, all of which support the creation of knowledge" (p. 176). It was for
these reasons that the methodology provided in the *Handbook for Synthesizing Qualitative
Research* (Sandelowski & Barroso, 2007) was utilized to conduct this meta-synthesis.

Sandelowski and Barroso (2007) define qualitative meta-synthesis as an "interpretive
integration of qualitative findings in primary research reports that are in the form of interpretive
synthesis of data; either conceptual/thematic descriptions or interpretive explanations" (p. 199).
Furthermore, they add "Qualitative meta-synthesis entails leaps of imagination that you try to
communicate as best you can" (p. 208). Pope, Mays, and Popay (2007) observed that within the
qualitative research community, there is considerable controversy surrounding the question of

whether or not such studies can be synthesized. The postmodern relativist position argues that each study represents a different truth, a unique, personalized account that cannot be repeated, integrated, or transferred. On the other hand, the evidence-based practice realist view sees these multiple descriptions as ways of knowing and relating to an underlying truth. From this latter perspective, meta-synthesis has become accepted as having the potential to promote a greater understanding than any one study could have achieved (pp. 17-18). Sandelowski and Barroso (2007) outlined an eight-step process of producing high-quality meta-synthesis: conceive of the study, search for qualitative research reports, appraise the reports, classify the findings, synthesize the findings into a meta-summary and then a meta-synthesis, optimize the validity of the studies, and present the findings. "Qualitative meta-synthesis is an interpretive integration of qualitative findings that are themselves interpretive synthesis of data, including phenomenologies, ethnographies, grounded theories, and other coherent descriptions or explanations of phenomena, events or cases that are the hallmark findings of qualitative research" (Sandelowski & Barroso, 2007, p. 18). Meta-synthesis is, therefore, a specific type of literature review, one that seeks to draw new revelatory conclusions from research aggregation (Cooper, 2016; Sandelowski & Barroso, 2007). Noblit and Hare (1988) see it as an attempt to reveal the underlying coherent sense of the domain of study by making the obvious obvious, the hidden obvious, or the obvious questionable (pp. 17,18). Sandelowski & Barroso (2007) conclude that a meta-synthesis has traits that overlap with other reviews, but it is specifically characterized by the following:

- a methodical and thorough gathering of all relevant qualitative studies
- analysis of these reports using qualitative and quantitative methods
- critical and interpretive emphasis on the conclusions of these reports
- rigorous use of qualitative methods to integrate these reports

- use of reflexive procedures to elevate the validity of the meta-synthesis

Conceive of the study

Pope, Mays, and Popay (2007) contend from the outset the thesis, the meta-synthesis needs to be relevant to potential users and ideally answerable. Defining each term of the question is necessary to ensure the question is achievable, and if not, it must be modified. Additionally, Sandelowski and Barroso (2007) caution that a common conception of a meta-synthesis is to encapsulate the breadth of knowledge in a specific field to draw conclusions and plot future directions. With this in mind, they argue it is essential to balance the ambition of considering all research reports in a specific area with an appreciation for the time required to conduct an in-depth analysis of each of these reports. Just as in-depth analysis takes time, consideration of a diverse array of resources from many databases to ensure comprehensiveness also requires time or fails to be sufficiently exhaustive.

Search for qualitative research reports

Valid meta-synthesis relies on the comprehensive retrieval of all research relevant to a particular area of study (Sandelowski & Barroso, 2007). Since considerable effort should be spent creating an exhaustive library of studies that might be included, Noblit and Hare (1988) recommend considering the audience for the synthesis and the quotations and other evidence that are useful and interesting to them and the researcher. Pope, Mays, and Popay (2007) and Sandelowski & Barroso (2007) agree that inclusion criteria should constitute the parameters of the domain of study; be composed of the initial topical (what), population (who), contextual (where), temporal (when), and methodological (how); and define what studies are excluded.

Before doing any search, Sandelowski & Barroso (2007) write that it is imperative to have solid, defensible definitions of each of the parameters of the research question. Once the parameters are clear, the following sources and methods of tracking down relevant studies should

be utilized to ensure thoroughness: searching by subject, author, footnote, citation, and journal as well as area scanning, investigating fugitive literature, and searching through websites of pertinent organizations. Principle sources of information are websites of professional organizations, government institutions, and collections of systematic reviews. Pope, Mays, and Popay (2007) add other sources such as conference proceedings and personal contact with researchers in the field.

Sandelowski & Barroso (2007) included several other methods to cultivate a thorough search. Footnote chasing is the process of finding valuable sources by searching through references listed in the literature on a particular topic. Citation searching takes the reverse approach by beginning with the citation to locate other related works that contain the citation. Identifying journals central to the theme and searching each one for articles relevant to the meta-synthesis is another technique. Area scanning refers to the process of searching for materials collated with research retrieved in earlier searches. Author searching entails the searching of databases by the names of authors relevant in an effort to reveal other works on the same topic. Subject searches in electronic bibliographic databases is the most commonly used method, which is comprised of searching bibliographic databases. Fugitive literature refers to potentially relevant works that escape detection because they are either not published or published non-electronically, but they can still be located through databases such as ProQuest Dissertations & Theses Global, PsycINFO, or Sociological Abstracts. Developing search terms that will gather the relevant research in a particular study area is crucial to use electronic databases effectively. Some databases utilize tags and possess a legend of synonyms while other databases use natural language processing, and some combine both of these methods to locate relevant studies. Entering specific words in all fields yields the most comprehensive search. Understanding how a

database logs and cross-references contents will yield more relevant and thorough outcomes (pp. 41-50).

Appraise the reports

Sandelowski & Barroso (2007) suggest that a research report appraisal could be conducted on an individual and comparative basis. They are compared individually to determine if they meet the inclusion criteria; to ensure the inclusion criteria requires no further modification; and to become acquainted with informational content, methodology, style, and form. Conversely, comparative appraisals support report integration through cross-study summaries and identifying shared key elements. This form of appraisal also may reveal the information missing in the individual reports, which is necessary to develop a valid meta-synthesis and assist in identifying reports based on the same samples. It is important for efficiency and consistency to develop a system to track the choices made when including and excluding these citations. Pope, Mays, and Popay (2007) point out that while it is important for the reviewer to have a grasp of the rigour of the studies, the controversy surrounding the determinants of a methodologically sound study, and whether weak studies should be included or not, make it difficult to recommend a single approach to the assessment of quality.

Classify the findings

The classification system or typology will help discern from the research findings the techniques used to produce the findings, thereby help choose the most suitable approach to integrate them (Sandelowski & Barroso, 2007). The typology of findings developed by Sandelowski and Barroso (2003) sidesteps the incongruity between the actual methods employed and the ones claimed to have been utilized to establish the research's utility and reliability. The qualitative typologies Sandelowski and Barroso (2003) established range from thematic survey, to conceptual/thematic descriptions, to interpretative explanation. In (2007), Sandelowski and

Barroso explained that interpretive explanation formats, such as grounded theory, ethnographies, and other fully integrated explanations of phenomena are the "easiest to identify and extract precisely because they are the most integrated" (p. 147).

Synthesize the findings into a meta-summary

Sandelowski and Barroso (2007) argue that synthesizing the findings is a multistage process that involves extracting the findings, separating them from other elements in the research report, editing the findings to improve accessibility, grouping them into topics, abstracting findings, and calculating frequency and intensity. Extracting the findings involves extricating the specific elements (researcher's interpretations, observations, and other data collected) to differentiate them from all others. Separating the findings refers to the process of isolating the findings from nonfindings, or findings not about the area of concern, as well as linking the findings to variations, subgroups, varying conditions, quotations, and other supporting evidence. Grouping findings is the practice of drawing together findings topically similar, thereby providing a sense of the range of topics covered and revealing the relationship of findings in each group. Abstracting the findings involves reducing the many finding statements into more concise adaptations while preserving the ideas conveyed as well as the contradictions and ambiguities in them. Finally, incorporating frequency and intensity is an empirical basis to ensure that findings are neither over nor underweighted.

Synthesize the findings into a meta-synthesis

Sandelowski and Barroso (2007) state qualitative meta-synthesis is an interpretive assimilation of qualitative discoveries in primary research studies in the form of interpretive synthesis of data produced by means of a variety of methodological approaches. These methodological approaches would include taxonomic analysis, constant targeted comparison,

imported concepts, reciprocal translation and synthesis of in vivo and imported concepts, and event timeline.

Optimize the validity of the studies

To optimize the validity of the meta-synthesis, Sandelowski and Barroso (2007) assert that it requires descriptive, interpretive, theoretical, and pragmatic validity and is an essential component in reporting. Descriptive validity entails the accurate identification and characterization of information from each report, whereas interpretive validity encompasses fair and full representation of the researcher's ideas, and perspective and theoretical ability focuses on the credibility of those researchers' interpretations. Alternatively, pragmatic validity centres on the applicability, timeliness, and translatability of the integrations produced. Noblitt and Hare (1988) assert that the judgment calls in research synthesis are inclusion, summary measures used, and the reliability of variables across studies. Moreover, Noblitt and Hare (1988) include the attitude brought to the judgments; how to compare, interpret, and synthesize; and more. Sandelowski and Barroso (2007) believe that integral to validity is creating an audit trail of strategies used at each stage of the effort, showing the rationale behind the selection, use, development, or abandonment of those strategies.

Coding methodology

Dedoose (2016) is the qualitative analysis software utilized, and for the coding methodology, Saldaña's (2012) book titled *The Coding Manual for Qualitative Researchers* was used as the primary source. When searching for comprehensive methods for coding, two books emerged: Saldaña's (2012) and Auerbach & Silverstein's (2003) *Qualitative Data: An Introduction to Coding and Analysis*. Both were extensively cited, but only Saldaña's book was peer-reviewed. Simula (2018) wrote that Saldaña's (2012) third edition of *The Coding Manual for Qualitative Researchers* "provides an exhaustive compendium of qualitative coding

techniques" (p. 173). Rogers (2018) recommends Saldaña's (2012) book for doctoral students as it provides the coding knowledge and details that support a variety of qualitative and mixed method studies necessary to complete a quality dissertation. Rogers (2018) adds this book has been continually updated and is an excellent resource. Simula (2018) believes because it is "written to serve as a reference guide to coding methods, the book is well-suited for first-time researchers at the graduate level" (p. 174) as well as more experienced qualitative researchers. For these reasons, Saldaña's (2012) book was chosen as the primary reference to guide the coding methodology.

Saldaña (2012) saw that there is an unavoidable tension between having a solid plan and remaining flexible to give the data room to speak for itself. He understood that "Ideally, the method choices should not be random but purposeful to serve the needs of the study and its data analysis" (p.188). Being purposeful requires much forethought because "Good research is not about good methods as much as it is about good thinking" (Stake, 1995, p. 19). To that end, the following section will detail the coding methodology and consider such aspects as solo coding, journaling, pre-coding, first- and second-cycle coding as well as their inherent grammatical, elemental, affective, and exploratory coding approaches, which all come together to provide the elements necessary for theming the data and deriving a cohesive statement. Meta-synthesis can make use of a unique arrangement of coding and theming the data. This tactic appears to be essential since Thorne et al., (2004) agree that

> Meta-synthesis is not a method designed to produce oversimplification; rather, it is one in which differences are retained and complexity enlightened. The goal is to achieve more, not less. The outcome will be something like a common understanding of the nature of the phenomenon, not a consensual worldview (p. 1346).

Solo coding. As the title suggests, this refers to coding alone in lieu of coding in a group. Saldaña (2012) points out that while there are many benefits to group coding such as synergy and speed of completion, solo coding eliminates discrepancies between coders' choices. Furthermore, in an effort to replace the benefits of group synergy and probably making new insights about the data, Burant, Gray, Ndaw, McKinney-Keys, and Allen suggest (2007) solo coding can become more effective when coding and analysis is bounced off a colleague or mentor because others may find better associations between categories.

Journaling (analytic memos). The purpose of journaling, according to Saldaña (2012), is to document and reflect on the code choices and process emergent patterns, (sub)categories, concepts, and themes in the data that lead towards theory. Effectively, the goal is to reflect and give further details about the data and document struggles in choices while simultaneously developing an argument for them. In detail, a journal should include how the researchers personally relate to the phenomena, research question, and code choices and their operational definitions. The journal should consist of emerging patterns, categories, themes, concepts, assertion, possible links, connections, overlaps, and flows among codes, patterns, categories, themes, concepts, and assertions. Moreover, emergent or related existing theory should be discussed, and any problems with the study, as well as personal or ethical dilemmas, future directions, and ponderings of previous analytical memos and the final report for the study. A key benefit of copious journaling is the ability to assess the trustworthiness of the data.

Precoding. Saldaña (2012) asserts that the purpose of precoding is to note provocative statements, which may guide the types of coding chosen in latter stages. It occurs by prereading the material and "circling, highlighting, bolding, underlining, or coloring rich or significant participant quotes or passages that strike you" (p. 19) as worthy of attention. In this way, precoding stimulates deliberations.

First-cycle coding. In keeping with Saldaña (2012), first-cycle coding methods are those processes that happen during the initial coding of data and are divided into subcategories: Exploratory, Grammatical, Elemental, Affective, and a final profile entitled Theming the Data. Five of the seven subcategories are outlined in more detail below.

Exploratory coding. Exploratory coding includes hypothesis coding, which is the treatment of a researcher-generated, preordained list of codes to qualitative data chosen to assess a researcher-generated hypothesis. The codes stem from an expectation of what will be revealed in the data before they are collected or analyzed (Saldaña, 2012). "In hypothesis-testing research…you go out to observe armed with a coding scheme worked out in advance. The idea is to record any instances of behaviour that conform to the items of the scheme. This allows you to see if your hunches are correct about conditions under which certain behaviours occur" (Bernard, 2011, p. 311).

Grammatical coding. Grammatical coding methods, as outlined by Saldaña (2012), do not refer to the grammar of a language but instead to the basic grammatical principles of the technique. Subcoding and simultaneous coding are types of grammatical coding. A subcode is a second-order tag assigned after a primary code to detail or enrich the entry. Subcoding is ideal for studies with multiple participants, sites, and studies with a wide variety of data forms. Simultaneous coding, on the other hand, is the application of two or more different codes to a single qualitative datum or the overlapped occurrence of two or more codes applied to sequential units of qualitative data. Simultaneous coding is appropriate when the data's content suggests multiple meanings that necessitate and justify more than one code.

Elemental coding. Elemental coding methods (Strauss, 1987) are primary techniques of qualitative data analysis. They are composed of simple focused filters for studying the data and set the foundation for recoding and second-cycle coding; In Vivo, Process, and Initial (Open) are

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elemental methods of first-cycle coding. In vivo coding refers to a word or short phrase found in the underlying research, "the term used by [participants] themselves" (p. 33). Process coding signifies action in the data through the use of gerunds (Charmaz, 2001) and can be "strategic, routine, random, novel, automatic, and/or thoughtful" (Corbin & Strauss, 2008, p. 247). Process coding is appropriate for qualitative studies that search for "ongoing action/interaction/emotion taken in response to situations, or problems, often the purpose of reaching a goal or handling a problem" (Corbin & Strauss, 2008, pp. 96-97). Initial coding breaks down the data into distinct parts, so they can be closely examined, compared, and contrasted (Corbin & Strauss, 2008). The purpose of initial coding is "to remain open to all possible theoretical directions indicated by your readings of the data" (Charmaz, 2006, p. 46).

Affective coding. Affective coding methods include Emotion Coding and Values Coding. Saldaña emotion codes label the feelings that the participants in the research studies have experienced. Since emotions are a universal human experience, our acknowledgement of them in our research provides deep insight into the participants' perspectives, world views, and life conditions (Saldaña, 2012). Saldaña (1995) found that despite its narrow title, values coding singled out values, attitudes, and beliefs, representing his or her perspectives or world view. A value is the significance we place on ourselves, other people, things, or ideas. "The greater the personal meaning [of something to someone], the greater the personal payoff; the greater the personal payoff, the greater the personal value" (p. 28).

Theming the data. Theming the data happens after coding the data according to the previous paragraphs when themes begin to develop. A theme is a product of coding, categorization, and analytic reflection. A theme is a phrase that identifies the content or meaning of specific data (Saldaña, 2012). Boyatzis (1998) explained that a theme "at a minimum

describes and organizes possible observations or at the maximum interprets aspects of the

phenomenon."

After first-cycle coding. Saldaña (2012) points out that after first-cycle coding, selecting new coding methods for a reanalysis of the data as well as constructing categories from the classifications of the codes may be required when "drawing preliminary models of the primary actions at work in the data and reorganizing and reassembling the transformed data to better focus the direction of your study" (p. 187). Moreover, qualitative display strategies assist in reflection on the data and enhance the credibility, trustworthiness, and organization of the observational analysis (Saldaña, 2012).

Second-cycle coding. Second-cycle methods require such analytic skills as classifying, prioritizing, integrating, synthesizing, abstracting, conceptualizing, and theory building (Saldaña, 2012). The three second-cycle coding methods addressed in this meta-synthesis will be Focused, Axial, and Elaborative Coding. Focused coding searches for the most recurrent or noteworthy codes to develop "the most salient categories" in the body of data and "requires decisions about which initial codes make the most analytic sense" (Charmaz, 2006, pp. 46, 57). Axial coding extends the analytic work from the initial coding, and to some extent, focused coding (Saldaña, 2012, p. 218). The goal of axial coding is to strategically reassemble data that were "split" or "fractured" during the initial coding process (Corbin & Strauss, 2008, p. 124). Boeije (2009) succinctly explains that axial coding's purpose is "to determine which [codes] in the research are the dominant ones and which are the less important ones…[and to] reorganize the data set: synonyms are crossed out, redundant codes are removed, and the representative codes are selected" (p. 109). Elaborative coding "is the process of analyzing textual data to develop the theory further"(Auerbach & Silverstein, 2003, p.104). In second-cycle coding, the codes are studied and played with in an effort to advance theory.

After second-cycle coding. Having diligently applied first-cycle coding methods to the data corpus repeatedly and—if needed—transitioned those codes through second-cycle methods again and again while maintaining a large body of insightful journals, and employed one or more additional analytic approaches to the data, if all has gone well, there should be major categories, themes, or concepts. Then prewriting begins: the transitional analytic processes between coding cycles and the final write-up of the study. If things have not gone so well, there are some focusing strategies. To ensure the integrity, depth, and quality of data collected, seven principles would be applied throughout the entirety of data collection and analysis procedures: organization, perseverance, clarity, flexibility, creativity, ethical conduct, and accurate use of vocabulary (Saldaña, 2012).

Present the findings. Pope, Mays, and Popay (2007) assert that the primary reason for presenting the findings is to inform those who would benefit from the findings. It is also vital to ensure and demonstrate that the review is rigorous and of high quality. Sandelowski & Barroso (2007) point out that presenting the findings includes a write-up that could be empirical, analytical, critical, or discursive and would consist of visual displays such as charts, graphs, or other images that clarify volumes of data, quotations, or statistics of prevalence that support claims. Moreover, Pope, Mays, and Popay (2007) emphasize that the ultimate goal of the write-up is to provide transparency and deliver a clear and honest description of how the findings were brought into being.

<center>**4.**   **The work for this study**</center>

Conception

      This dissertation was the outcome of a prison chaplain's frustrated attempts to support inmate grief in the distinct units and ranges of Maplehurst Correctional Complex Centre. To provide some background, Maplehurst is divided up into a variety of units that serve special purposes. The infirmary is a unit with increased nursing and correctional officer support and contains all incarcerated people recovering from serious injuries and requiring extra care. The sentenced units of the prison hold those inmates provincially serving 2 years less a day, or less, and have been classified as low institutional risk for violence. Each unit, whether sentenced or not, contains a number of ranges, and each of these ranges contains a number of cells. The unsentenced units contain inmates remanded to court, and they are either part of the General Population (GP) or they are Protective Custody (PC). The PC unit is made up of people that have signed themselves into PC as they might have high-profile charges, be celebrities, be people seen as trusted members of society such as clergy or police, or be vulnerable due to intellectual delays or mental health disorders. People are classified to specific PC ranges in collaboration with the inmate to ensure their best opportunity for safety. Also included in PC are the segregation and suicide watch ranges.

      As Maplehurst has evolved over the years, some units and ranges are better equipped to support grief than others. For example, in the infirmary, a chaplain is able to sit down face to face in a cell with an inmate, may provide soft and hard cover books, and the inmate can have touch visits with family members. On the sentenced side of the prison, the inmates can have face-to-face visits with chaplains and volunteers, have better access to social workers, can make outgoing calls to family and supportive friends for long stretches of the day, and have a quiet cell and access to a chapel. In the PC section of the prison, access to chaplains and social workers is

quite difficult as there is only one room shared by many professions. Volunteers may only support these grieving inmates through the glass in the midst of other family visits. Sometimes the news of the loss of a person must be delivered in a hallway not far from prying eyes of curious inmates and staff. In comparison, the GP visit rooms are also in great demand, and interruptions from lawyers and immigration can disrupt sacred time and space. On this unit, chapel space is available, and volunteers can meet face to face. On all units, inmates may not attend the funeral, or see it streamed live, and it is unlikely that even watching a funeral DVD would be an available option given the demands on chaplain time. Instead, if there is sufficient staff, the inmate meets certain security criteria, and the family provides enough notice, the inmate will be allowed to privately attend the viewing in shackles with two officers present. All of this is to say that the study was conceived as the result of observing the unique environments available to inmates housed on different units and how the unique context contributed or detracted from the inmate's ability to grieve.

Search for qualitative research reports

   Subject searches in electronic bibliographic databases. Search terms for this subject search were developed using the online Merriam-Webster's (2015) thesaurus and dictionary and circling to include terms that appeared in prior subject result tags. Search terms chosen included the appropriate word families of prison, jail, incarcerated, offender, inmate, criminal, and detainee paired with mourn, grief, bereavement, lament, and disenfranchised. Some of the non-relevant results produced by the study included family members mourning loss surrounding incarceration, inmates grieving other forms of loss, non-inmates grieving loss surrounding incarceration, inmates grieving their terminal illness, or search terms having a different meaning such as grieved, as in entering a union grievance. This subject search conducted utilizing the Wilfrid Laurier library online database included conference proceedings, theses and dissertations, books, text resources, audio visual, reference entries, newspaper and journal articles, government and legal documents, websites, and journals. To be considered relevant, it was essential that the resource be non-fiction and have a focus on inmates grieving the loss of someone significant to them while incarcerated. When it was unclear from the title whether or not the resource should be included, it was included at this point in the meta-synthesis. The details of this search can be found in Appendix B.

   Footnote chasing. The subject search method found 24 studies that formed the foundation for footnote chasing.

1. "Grief counseling groups in a medium-security prison" (Olson & McEwan, 2004)

  a. This contained 13 references addressing disenfranchised grief, male marginalization, mental health, and complicated mourning. The only reference that spoke to incarceration and loss was a workbook for inmates.

2. "Grief interrupted: the experience of loss among incarcerated women" (Harner et al., 2011)

   a. This contained 35 references exploring mental health, grief, female victimization, complicated grief and two new references.

3. "A bereavement and loss group in a closed women's prison" (Woolfenden, 1997)

   a. This contained two references about loss and groups.

4. "Incorporating existential theory and creative counseling to develop a grief coping model for incarcerated women experiencing bereavement" (Anderson A. V., 2015)

   a. This contained 43 references about existential therapy, loss, disenfranchisement, marginalization, cultural issues and no new references.

5. "A peer support group for women in prison for the death of a child" (Kaplan, 1989)

   a. This held eight references that dealt with issues such as self-help, homicidal parents, and group therapy but no new references.

6. "Incarceration and the tasks of grief: a narrative review" (Hendry, 2009)

   a. There were 35 references considering such issues as meaning making, loss, palliative care, and disenfranchised grief and one new reference.

7. "Studies of grief: Narratives of incarcerated women who experienced the death of a significant person while in prison" (Ferszt, 2000)

   a. There were 111 references that addressed trauma support, grief, meaning making, incarcerated women, disenfranchised grief, complicated grief but no new references.

8. "Houses of healing a group intervention for grieving women in prison" (Ferszt, Salgado, DeFedele, & Leveillee, 2009)

    a. There were 57 references that considered women offenders, victimization, and mental health and one new reference.

9. "Older prisoners' experiences of death, dying and grief behind bars" (Aday & Wahidin, 2016)

    a. This contained 72 references that explored such topics as aging prisoners, disenfranchised grief, terminal illness, forgiveness, religion and death, and palliative care, with no new references.

10. "When meaning has lost its way: life and loss 'behind bars'" (Stevenson & McCutcheon, 2006)

    a. There were seven references that included teaching and counselling and no new references.

11. "Unresolved grief in young offenders in prison" (Finlay & Jones, 2000)

    a. Nine references explored suicide in prison, adolescence, and terminal illness, with no new references.

12. "A phenomenological study of the act of grief through acceptance while incarcerated" (Friel, 2013)

    a. There were 84 refences that considered such issues as group support, guilt, and shame and no new studies.

13. "Bereavement among young men in prison" (Vaswani, 2015)

    a. This contained nine references regarding childhood bereavement, attachment loss, and complicated mourning and offered no new references.

14. "A confined encounter: the lived experience of bereavement in prison" (Masterton, 2014a)

a. This contained 45 references exploring grief reactions, suicide impact, and disenfranchised grief and two new studies.

15. "Exploring the efficacy of a bereavement support group for male category C prisoners: a pilot study" (Wilson, 2011).

   a. Included were 31 references addressing grief, mental health, disenfranchised grief ,and suicide prevention but no new references.

16. "Trauma, stress, grief, loss, and separation among older adults in prison: The protective role of coping resources on physical and mental well-being" (Maschi, Viola, Morgen, & Koskinen, 2013)

   a. This contained 65 references considering aging, trauma, violence, mental health of prisoners, and no new references.

17. "Bereavement counselling in a prison setting: Reflections and implications for clinical practice" (Ferrera-Pena, 2010)

   a. This included eight references focused on therapy with no new references.

18. "Responding to bereavement, grief and loss: Charting the troubled relationship between research and practice in youth offending services" (Hester & Taylor, 2011)

   a. There were 40 items that referenced youth offending and bereavement and no new references.

19. "'I have to heal myself': Exploring the needs of incarcerated Aboriginal women in southern Alberta" (Lazzaretto-Green, 2015)

   a. There were 142 references that explored residential schools, reconciliation, addiction, grief therapy, but no new references.

20. "Loss Among Juvenile Detainees" (Harnisher, 2006)

a. There were 142 references that explored race, grief, and trauma, and no new references.

21. "Living with the loss of a child: Mothers in the criminal justice system" (Lewin & Farkas, 2012)

    a. This contained 24 references that included subjects of incarcerated women, grief, and mental health and no new references.

22. "Rage in the cage: Making sense of grief and violence among incarcerated juvenile delinquents" (Kola, 2005)

    a. This contained 61 references addressing issues such as children and grief and attachment and no new references.

23. "Bereavement intervention with incarcerated youth" (Rynearson, Favell, Belluomini, Gold, & Prigerson, 2002)

    a. Five references explored children and violence, grief, and trauma, with no new references.

24. "Helping female inmates cope with grief and loss" (Young, 2003)

    a. This contained 24 references that examined counselling women, complicated mourning treatment, parental grief, disenfranchised grief, and female offender and one new reference.

Consequently, eight new references were found that necessitated a further footnote chasing.

25. "Art therapy with incarcerated women who have experienced the death of a loved one" (Ferszt et al., 2004)

    b. This contained 22 references that encompassed thought on art therapy and grief and loss and no new studies.

26. "Grief experiences of women in prison following the death of a loved one" (Ferszt, 2002).

    c. This contained 37 references that yielded topics such as grief counselling, grief and loss, women in prison, mental health of women in prison, and disenfranchised grief and no new references.

27. "Mourning in prison: mission impossible?" (Schetkey, 1998)

    d. There were nine references that explored such topics as women in prison, children of imprisoned parents, social consequences of jail, and violence and one new reference.

28. "'Inside' grief. Bereavement in a prison environment" (Potter, 1999)

    e. There were seven references that addressed pathologic grief, perpetrator grief and no new references

29. "Could recidivism in prisoners be linked to traumatic grief?" (Leach et al., 2008)

    f. This contained 58 references that considered juvenile corrections, shaming, mental disorders, complicated grief, drug use, disenfranchised grief, suicidality, and effects of the lengths of prison sentences and no new references.

30. "Counselling the bereaved in prison" (Rodger, 2004)

    g. This contained 0 references and consequently 0 new studies.

31. "'This is not just about death–it's about how we deal with the rest of our lives': coping with bereavement in prison" (Wilson, 2010)

    h. This contained 43 references about prison death and no new references.

32. "When death enters your life: A grief pamphlet for people in prisons and jails" (Taylor & Ferszt, 2001)

      i.   This contained 0 references.

One new reference was found that required further footnote chasing.

   33. "Grief associated with a prison experience: counseling the client" (Sease, 1982)

      a.   This contained 13 references that explored prison healthcare and dying, with no new references.

Websites of professional organizations and government institutions. The Centre for Crime and Justice Studies is a United Kingdom based organization that focuses on awareness and yielded one new study. The International Centre for Prison Studies focuses on awareness, statistics, sponsoring research, and advocating for policy reform and added no new relevant studies. The focus of Correctional Chaplains is the certification, care, and advocacy for prison chaplains and provided no research. Howard League for Penal reform's focus is seeking justice and produced two new studies. Prison Fellowship, an organization both in the United States and Canada is a Christian organization that trains volunteers, and to a lesser extent advocates, for prison reform and produced no new relevant studies. The New Zealand Roman Catholic organization focuses on preparing volunteers for condolence ministry but contributed no research.

The National Prison Hospice association had general articles without citation on grieving the loss of loved ones while incarcerated. The Prison Policy Initiative advocates against mass incarceration and addresses family bereavement as a consequence and provided no research. Brazilian Prison Studies carries a wealth of information on international prison news, human rights, population statistics, and guidance for prison reform but had no new relevant studies. The American Correctional Association's mission is to support correctional excellence and carried reports on a variety of topics specific to prisons but supplied no new relevant studies. The Colorado Department of Corrections provided valuable information for visitors and families of

inmates and no research. The New Zealand Department of Corrections publishes a significant quantity of research but nothing relevant to this study. The United States Bureau of Justice Statistics produces data research on populations and consequently provided no new relevant studies. The International Conference on Grief and Bereavement in Contemporary Society is an Australian based organization that holds an annual conference and had no new relevant research to add to this paper.

From the research above, three new studies were added for later review.

34. "Loss intervention project for adult male prisoners: a project in progress" (Hammersley, 2006)

    a. This contained no references.

35. "Persistent offender profile: focus on bereavement" (Vaswani N., 2008)

    a. This contained 10 references considering adolescent grief, sibling death, and parental death and no new references.

36. "The ripples of death: Exploring the bereavement experiences and mental health of young men in custody" (Vaswani, 2014b)

    a. There were 36 refences that considered childhood bereavement, unresolved grief, sibling death, and parental death and no new references.

Journal runs and hand searching. A journal search was completed using the same search terms. Below are the potentially relevant journals and the results of a hand search:

- *The Prison Service Journal*

- *Prison Journal*

- *American Jails*

- *Journal for Addictions and Offender Counselling* and its predecessor *Journal of Offender Counseling*

- *Journal of Offender Counseling, Services & Rehabilitation* and its continuation, *Journal for Offender Rehabilitation*

- *Journal of Loss, Grief & Care*

All of the above provided no new relevant studies to consider.

Nonetheless, the journal, *Bereavement Care*, provided several relevant studies, and one of them was new.

37. "Young people and bereavement counselling: what influences young people in their decision to access bereavement counselling after the death of …" (Brown, 2006)

    a. This contained 25 references directed at adolescence, mental health, and standards and no new references.

Government website search. Governments around the world maintain prisons, and the governments of Malaysia, California, New Zealand, Australia, Canada, The Bailiwick of Jersey, and Virginia had some focus on prison bereavement. The government of Malaysia only mentioned a death claim. Australia, Canada, New Zealand, The Bailiwick of Jersey, and Virginia State addressed policy surrounding bereavement and provided no new relevant studies. California had a number of articles but only a few tangentially addressing bereavement and contributed no new relevant studies. This is not to suggest governments do not support research into inmate bereavement, rather they typically do not post links to the articles.

Personal contact with researchers in the field. Ginette G. Ferszt, who has done some significant work with female inmates and grief and health between the years of 1990 and 2015, and Kenneth J. Doka, who has been responsible for substantial research and awareness surrounding grief between the years of 1979 and 2018, were contacted but did not point to any new studies.

Fugitive literature. Fugitive literature was sought through Dissertations & Theses @ Wilfrid Laurier University, ProQuest Dissertations & Theses Global, PsycINFO. or Sociological Abstracts.

- PsycINFO: using the successful search term combinations chosen earlier
    - 0 additions
- Sociological Abstracts: using the successful search term combinations chosen earlier
    - 0 additions
- ProQuest Dissertations & Theses Global: using the successful search term combinations chosen earlier
- Dissertations & Theses @ Wilfrid Laurier University
    - 0 additions

Since 2007, when the noted methodological guides were published, Google Scholar revolutionized academic searching by providing clear access to the location of research across the academic world. It

> provides a simple way to broadly search for scholarly literature. From one place, you can search across many disciplines and sources: articles, theses, books, abstracts and court opinions, from academic publishers, professional societies, online repositories, universities and other web sites. Google Scholar helps you find relevant work across the world of scholarly research (About Google Scholar, 2016).

It was therefore fitting to consider Google Scholar as a follow-up to more academic means to ensure all relevant studies were given consideration. Google Scholar organizes the results by relevance and offers citation searches and relevant article searches along with each result. Google Scholar's algorithm for determining relevance is a trade secret, but they claim that

> Google Scholar aims to rank documents the way researchers do, weighing the full text of each document, where it was published, who it was written by, as well as how often and how recently it has been cited in other scholarly literature (About Google Scholar, 2016).

From the results, it as evident that Google Scholar included professional organizations, government institutions, collections of systematic reviews, conference proceedings, and abstracts of theses and dissertations. Khabsa and Giles (2014) of PLOS ONE estimated that Google Scholar covers approximately 80% to 90% of all articles published in English (2014). In an effort to be comprehensive, Google Scholar was employed using the same search combinations, and the following additional eight studies were located.

38. "Art therapy for complicated grief: a focus on meaning-making approaches" (Beaumont, 2013)

a. This article had 40 references that referred to complicated grief and therapy and no new references.

39. "Group counseling in a correctional setting" (Kahnweiler, 1978)

   a. This contained 14 references focused on counsellors in corrections and no new references.

40. "Guided Imagery On Scripture In Grief Counselling With Selected Offenders" (Fawkes, 1992)

   a. This contained 30 references about criminology, grief, and imagery and no new references.

41. "Exploring grief experiences of Rangatahi offenders through the Kōrero of Māori community leaders: a thesis presented in partial fulfilment of the requirements for a …" (Peapell, 2012)

   a. This contained 161 references that reviewed oppression, grief, and culture and no new references.

42. "Grief and Bereavement in the Counseling World" (Beasley, 2010)

   a. This contained 10 references that explored youth, grief, and group therapy and no new references.

43. "Imprisoned Grief: A Theological, Spiritual and Practical Response" (Lane, 2015)

   a. This contained 109 references that considered prison, therapy, and grief and no new references.

44. "Disenfranchised grievers-the GP's role in management" (Selby, et al., 2007)

   a. This contained 24 references that addressed grief, disenfranchised grief, and humanitarian aid and no new references.

45. "Bereavement counselling" (Masterton, 2014b)

a. This contained eight references focused on disenfranchised grief and no new references.

Area scanning. The Wilfrid Laurier library carried many books with a focus on grief, bereavement, death, and dying but none addressed the loss of a significant person while incarcerated, specifically. The sections that carried information specific to prison concerns addressed possible causes of offending such as orphanages, residential schools, and racism or focused on particular groups such as adolescents or females. Some areas explored therapies for rehabilitation and treatment for specific offences or considered alternatives to prison or early release programs such as probation and parole and then aftercare. There were also many books that focused on the history of corrections and statistics in various parts of the world, prison administration, the problems of corrections, controlling offenders, crime and its prevention, penal reform, capital punishment, and achieving justice. A review of the bibliographies did not produce any new relevant studies or authors to explore.

Citation search. These methods in aggregate traced 45 studies that were entered into the library citation search. The titles of the studies found by this method are as follows:

1. "Grief counseling groups in a medium-security prison" (Olson & McEwan, 2004)

   a. cited by 2 and 0 new relevant studies

2. "Grief interrupted: the experience of loss among incarcerated women" (Harner et al., 2011)

   a. cited by 6 and 0 new relevant studies

3. "A bereavement and loss group in a closed women's prison" (Woolfenden, 1997)

   a. cited by 1 and 0 new relevant studies

4. "Incorporating existential theory and creative counseling to develop a grief coping model for incarcerated women experiencing bereavement" (Anderson A. V., 2015)

     a. cited by no other studies

5. "A peer support group for women in prison for the death of a child" (Kaplan, 1989)

     a. cited by 4 and 0 new relevant studies

6. "Incarceration and the tasks of grief: a narrative review" (Hendry, 2009)

     a. cited by 9 and 0 new relevant studies

7. "Studies of grief: Narratives of incarcerated women who experienced the death of a significant person while in prison" (Ferszt, 2000)

     a. cited by no other studies

8. "Houses of healing; a group intervention for grieving women in prison" (Ferszt et al., 2009)

     a. cited by 5 and 0 new relevant studies

9. "Older prisoners' experiences of death, dying and grief behind bars" (Aday & Wahidin, 2016)

     a. cited by no other studies

10. "When meaning has lost its way: life and loss "'behind bars'" (Stevenson & McCutcheon, 2006)

     a. cited by 2 and 0 new relevant studies

11. "Unresolved grief in young offenders in prison" (Finlay & Jones, 2000)

     a. cited by 3 and 0 new relevant studies

12. "A phenomenological study of the act of grief through acceptance while incarcerated" (Friel, 2013)

     a. cited by no other studies

13. "Bereavement among young men in prison" (Vaswani N. , 2015)

     a. cited by no other studies

14. "A confined encounter: the lived experience of bereavement in prison" (Masterton, 2014a)

    a. cited by 25 and 0 new relevant studies

15. "Exploring the efficacy of a bereavement support group for male category C prisoners: a pilot study" (Wilson, 2011).

    a. cited by 2 and 0 new relevant studies

16. "Trauma, stress, grief, loss, and separation among older adults in prison: The protective role of coping resources on physical and mental well-being" (Maschi et al., 2013)

    a. cited by 10 and 0 new relevant studies

17. "Bereavement counselling in a prison setting: Reflections and implications for clinical practice" (Ferrera-Pena, 2010)

    a. cited by 2 and 0 new relevant studies

18. "Responding to bereavement, grief and loss: Charting the troubled relationship between research and practice in youth offending services" (Hester & Taylor, 2011)

    a. cited by 15 and 0 new relevant studies

19. "'I have to heal myself': Exploring the needs of incarcerated Aboriginal women in southern Alberta" (Lazzaretto-Green, 2015)

    a. cited by no other studies

20. "Loss Among Juvenile Detainees" (Harnisher, 2006)

    a. cited by no other studies

21. "Living with the loss of a child: Mothers in the criminal justice system" (Lewin & Farkas, 2012)

    a. cited by 13 and 0 new relevant studies

22. "Rage in the cage: Making sense of grief and violence among incarcerated juvenile delinquents" (Kola, 2005)

    a. cited by no other studies

23. "Bereavement intervention with incarcerated youth" (Rynearson et al., 2002)

    a. cited by 4 and 0 new relevant studies

24. "Helping female inmates cope with grief and loss" (Young, 2003)

    a. cited by 4 and 0 new relevant studies

25. "Art therapy with incarcerated women who have experienced the death of a loved one" (Ferszt et al., 2004)

    a. cited by 8 and 0 new relevant studies

26. "Grief experiences of women in prison following the death of a loved one" (Ferszt, 2002).

    a. cited by 9 and 0 new relevant studies

27. "Mourning in prison: mission impossible?" (Schetkey, 1998)

    a. cited by 6 and 0 new relevant studies

28. "'Inside' grief. Bereavement in a prison environment" (Potter, 1999)

    a. cited by 3 and 0 new relevant studies

29. "Could recidivism in prisoners be linked to traumatic grief?" (Leach et al., 2008)

    a. Google Scholar cited by 37 and 0 new relevant studies

30. "Counselling the bereaved in prison" (Rodger, 2004)

    a. cited by 2 and 0 new relevant studies

31. "'This is not just about death–it's about how we deal with the rest of our lives': coping with bereavement in prison" (Wilson, 2010)

    a. Google Scholar cited by 2 and 0 new relevant studies

32. "When death enters your life: A grief pamphlet for people in prisons and jails" (Taylor & Ferszt, 2001)

    a. Google Scholar cited by 0 and 0 new relevant studies

33. "Grief associated with a prison experience: counseling the client" (Sease, 1982)

    a. Google Scholar cited by 6 and 0 new relevant studies

34. "Loss intervention project for adult male prisoners: a project in progress" (Hammersley, 2006)

    a. Google Scholar cited by 3 and 0 new relevant studies

35. "Persistent offender profile: focus on bereavement" (Vaswani N. , 2008)

    a. Google Scholar cited by 9 and 0 new relevant studies

36. "The ripples of death: Exploring the bereavement experiences and mental health of young men in custody" (Vaswani N. , 2014b)

    a. cited by 3 and 0 new relevant studies

37. "Young people and bereavement counselling: what influences young people in their decision to access bereavement counselling after the death of …" (Brown, 2006)

    a. cited by 1 and 0 new relevant studies

38. "Art therapy for complicated grief: a focus on meaning-making approaches" (Beaumont, 2013)

    a. cited by 1 and 0 new relevant studies

39. "Group counseling in a correctional setting" (Kahnweiler, 1978)

    a. cited by 9 and 0 new relevant studies

40. "Guided Imagery On Scripture In Grief Counselling With Selected Offenders" (Fawkes, 1992)

    a. Google Scholar cited by 0 and 0 new relevant studies

41. "Exploring grief experiences of Rangatahi offenders through the Kōrero of Māori community leaders: a thesis presented in partial fulfilment of the requirements for a …" (Peapell, 2012)

    a. Google Scholar cited by 0 and 0 new relevant studies

42. "Grief and Bereavement in the Counseling World" (Beasley, 2010)

    a. Google Scholar cited by 0 and 0 new relevant studies

43. "Imprisoned Grief: A Theological, Spiritual and Practical Response" (Lane, 2015)

    a. Google Scholar cited by 0 and 0 new relevant studies

44. "Disenfranchised grievers-the GP's role in management" (Selby, et al., 2007)

    a. Google Scholar cited by 14 and 0 new relevant studies

45. "Bereavement Counselling" (Masterton, 2014b)

    a. Google Scholar cited by 1 and 0 new relevant studies

Author searching. This investigation began with a library citation search, continued with Google Scholar, and when specific authors had names common to other researchers, deeper searching often provided university or other lists of their publications.

- Aday, R.H. (Ronald H.)
  - 132 publications – 0 additions
    - focus on aging
- Anderson, A. V. (Ashley Vlach)
    - 1 publication – 0 additions

- Beasley, J (Jeremey)

    o 20 publications – 0 additions

        ▪ focus on grief counselling

- Beilby, J.

    o 167 publications – 0 additions

        ▪ variety general practice medicine

- Beaumont, S. L. (Sherry)

    o 72 results – 0 additions

        ▪ variety psychology

- Brown, J. (Janet)

    o 1 publication – 0 additions

- Burgess, T (Teresa)

    o 89 publications – 0 additions

        ▪ variety – medical focus

- Clark, S. (Sheila)

    o 68 publications – 0 additions

        ▪ variety – psychiatric focus

- DeFedele, S. (Suzanne)

    o 43 publications – 1 addition

        ▪ variety – art therapy with incarcerated females

- Evangelista, M. C. (Maria Carmela)

    o 5 publication – 0 additions

        ▪ focus on nursing focus

- Farkas, K.J. (Kathleen J.)

  o 97 publications – 0 additions

    ▪ focus on addictions and families

- Fawkes, R. B. R. (B. Randolf)

  o 1 publication – 0 additions

- Ferrera-Pena, M. A.

  o 7 publications – 0 additions

    ▪ focus on literary reviews

- Ferszt, G. G.

  o 204 publications – 0 additions

    ▪ focus on literary reviews and nursing

- Finlay, I. G. (Ian G.)

  o 114 publications – 0 additions

    ▪ focus on cancer, palliative care, and medical surgery

- Friel, K. W. (Kathleen Wells)

  o 1 publication – 0 additions

- Hammersely, Peter

  o 3 publications – 0 additions

    ▪ focus on Christian response

- Harner, H. M. (Holly M.)

  o 66 publications – 0 additions

    ▪ focus on trauma

- Hayes, P. M. (Pamela M)
  - 5 publications – 0 additions
    - variety nursing
- Hendry, C (Chris)
  - 99 publications – 0 additions
    - variety - human resources psychology
- Hentz, P (Patricia M.)
  - 4 publication – 0 additions
- Holmwood, C. (Chris)
  - 8 publications – 0 additions
    - focus on incarceration
- Horn, L. (Linda)
  - 39 publications – 0 additions
    - variety
- Hester, R. (Richard)
  - 14 publications – 0 additions
    - pastoral care and justice
- Jones, A. (Alison)
  - 20 publications – 0 additions
    - variety
- Kahnweiler, W.M. (William M.)
  - 34 publications – 0 additions
    - variety – learning – counselling – human resources

- Kaplan, M.F. (Mildred Fine)

  o 2 publications – 0 additions

    ▪ focus on social work

- Kola, M.R. (Murthy Rayalla)

  o 1 publication – 0 additions

- Koskinen, L (Lindsay)

  o 17 publication – 0 additions

    ▪ focus on stress and aging

- Lane, R. A. (Rosalind A.)

  o 1 publication – 0 additions

- Lazzaretto-Green, D. A.

  o 2 publications – 0 additions

    ▪ focus on incarcerated aboriginal women

- Leach, R. M. (Raelene M.)

  o 14 publications – 0 additions

    ▪ focus on family stressors

- Lewin, L. C. (Linda C.)

  o 7 publications – 0 additions

    ▪ focus on children

- Maschi, T (Tina)

  o 23 publications – 0 additions

    ▪ focus on clinical social work

- Masterton, J. (Janette)

  - 2 publications – 0 additions

    - focus on bereavement counselling

- McCutchen, R (Raymond)

  - 1 publication – 0 additions

- McEwen, M. A. (Margaret A.)

  - 2 publications – 0 additions

- Morgen, K (Keith)

  - 23 publications – 0 additions

    - variety

- Moulding, N. (Nicole)

  - 43 publications – 0 additions

    - variety about psychology or psychiatric meds

- Olson, M. J. (Margaret J.)

  - 13 publications – 0 additions

    - variety

- Peapell, N. L. (Nikki L.)

  - 1 publication – 0 additions

- Potter, M (Margaret)

  - 45 publications – 0 additions

    - variety about physiotherapy

- Rynearson, E. K. (Edward K.)
    - 16 publications
        - focus on grief after violent death
- Rodger, R (Ruth)
    - 1 publication – 0 additions
- Salgado, D. (Dawn)
    - 43 results – 0 additions
        - variety
- Schetkey, D. H. (Diane H.)
    - 25 results – 0 additions
        - focus on incarceration
- Sease, S.S. (Sarah S)
    - 2 publications – 0 additions
        - variety
- Selby, S. (Susan)
    - 7 publications – 0 additions
        - variety
- Stevenson, R. G. (Robert G.)
    - 36 publications – 0 additions
        - variety on education
- Taylor. P. B. (Phyllis, B.)
    - 24 publications – 0 additions
        - focus on hospice care

- Taylor, W. (Wayne)

  o 1 Publication – 0 additions

- Vaswani, N. (Nina)

  o 16 publications – 0 additions

    ▪ variety

- Viola, D (Deborah)

  o 5 publications – 0 additions

    ▪ variety

- Wahidin, A. (Azrini)

  o 39 publications – 0 additions

    ▪ variety

- Wilson. M (Marion)

  o 1 publication – 0 additions

- Woolfenden, J. (Jennifer)

  o 1 publication – 0 additions

- Young Jr., V. (Victoria)

  o 5 publications – 0 additions

    ▪ focus on challenges of incarceration

Reports were appraised

The 45 studies identified were considered on a case-by-case basis. Suitability for inclusion involved many choices that were tracked, and these individual decisions have been outlined in Appendix C. Eleven studies did not have direct quotes from inmates, and six studies did not relate a prisoner's loss of a significant person. Of the 28 studies remaining, Appendix C shows that nine studies were excluded because they were reviews of other literature, seven

studies were excluded because they were quantitative, and two related to the same underlying direct quotes of other studies by the same author. The remaining 10 were the studies chosen for this meta-synthesis.

Findings were classified

Appendix C presents the 10 studies that were included, noting 118 male and female multi-ethnic inmates ranging in age from 12 to 60 that were all conceptual/thematic descriptions studies produced by a variety of disciplines from 1992 to 2011. Fawkes' (1992) study titled *Guided imagery on scripture in grief counseling with selected offenders* was carried out by a prison chaplain with the participation of 10 male inmates. Fawkes (1992) was seeking to learn if guided imagery on scripture was an effective treatment for bereavement. He concluded that it was effective in reducing despair, loss of control, and somatization, though he noted increases in anger/hostility, social isolation, and death anxiety. Fawkes' (1992) explanation for these increases were feelings surrounding the loss and context previously suppressed were brought to the surface when addressing grief. Ferszt (2000) wrote her psychiatric nursing dissertation titled *Studies of grief: Narratives of incarcerated women who experienced the death of a significant person while in prison* to obtain her doctorate. Her paper sought to answer the following questions: "What are the meanings of the grief experience of incarcerated women? How does their grieving process compare with images of grief depicted as a normal process? To what extent do the women perceive incarceration influencing their grief?" (p. 6). Ferszt (2000) concluded that inmate grief was disenfranchised and could lead to complicated grief. Moreover, she noted,

> Grieving in prison is suspended, felt in isolation and decontextualized. Although the
> women's grief is deeply felt, it is not connected to their everyday lives. They grieve in
> isolation, lacking the opportunity to be with others who also share their grief and share

their memories. Therefore, these women are unable to integrate their grief in the fabric of their daily lives. The major issue in this context may be the suspension of grief. The grieving process is constrained and becomes contained by self-control for fear of punishment. The tendency is to idealize what would have been if not incarcerated. (pp. 159-160)

Ferszt et al. (2004) researched "Art therapy with incarcerated women who have experienced the death of a loved one" by engaging eight female inmates in semistructured interviews. Their goal was to determine if art therapy was an effective means of treating grieving inmates and concluded that it was because the inmates preferred the program over traditional talk therapy. Harner et al.'s (2011) research titled "Grief interrupted: The experience of loss among incarcerated women" was another nursing study that utilized female inmates in a study of grief while incarcerated. They observed that "the mental health needs of these women, by their own accounts, were not addressed, placing them at increased risk for complicated grief and an increase in psychiatric symptoms" (p. 461). Kaplan (1989), a social worker, researched the effects of "A peer support group for women in prison for the death of a child" and determined it was beneficial for the participants by "enabling them to confront and overcome a profound loss, a previously negative self-image, and their own destructive behavior patterns" (p. 8). Kola (2005), another chaplain, wrote his dissertation with the support of three male young offenders. He was exploring why young offenders react violently to death notifications, and he concluded that the young offenders' addictions, dysfunctional relationships, backgrounds, as well as the death notification process and institutional setting, contributed to their violent reactions. Lewin and Farkas (2012), two women with doctorates in nursing, published a paper titled "Living with the loss of a child: Mothers in the criminal justice system." This study explores the inmate's grief over the loss of the child while incarcerated and the influence of family members. Their purpose

was to inform clinicians about the incarcerated grief experience to help them gain a greater understanding. Lewin and Farkas (2012) recommended the support of prison counsellors, group-based therapy, and community re-entry programs. Olson and McEwan (2004) studied "Grief counselling groups in a medium-security prison" through their facilitation of four groups over 2 years. They explored disenfranchised grief and gender and cultural issues as well as garnered feedback from inmates on the programs themselves. Schetky (1998) completed research on prison grief and published a paper titled "Mourning in prison: Mission impossible?" As the title would suggest, the author explored and pointed out many of the shortcomings of attempting to mourn while incarcerated. She went on to consider and explore the effects of a grief support group in prison and share the knowledge gained through this experience. The final study was performed by Wilson (2011), who titled her paper, "Exploring the efficacy of a bereavement support group for male category C prisoners." Combining qualitative and quantitative research methods, Wilson (2011), investigated the benefit of a Cruse Bereavement Support Group and determined that

> The results suggest that this model of group intervention, offered alongside one-to-one support, can be useful for some prisoners in reducing levels of despair, blame and anger, and in fostering personal growth, at least in the short term, if they are committed to engage with the group process (p. 10).

These studies included incarcerated men, women, and youth from a variety of cultures found in North America and were completed in the fields of nursing, chaplaincy, psychiatry, grief counselling, and social work.

Findings were synthesized

  Validity was optimized. Each report had its original content and the researchers' ideas, perspectives, and theoretical ability maintained. Since the reports were all written in the last 30 years, and as a whole, not much has changed in corrections over that time, the studies are still applicable, timeless, and translatable today. Since the studies were all conceptual/thematic descriptions, consistency across studies could be maintained. At the same time, the studies included a wide variety of people, locations, and types of prison settings, and as a consequence, these comparisons, interpretations, and synthesis have been noted throughout the meta-synthesis.

  Coding. *Solo coding.* Solo coding was chosen as a means to ensure there were no discrepancies between coders.

  Precoding. From prereading, words that seemed to appear frequently were God, prayer, heaven, grief, counsel, chaplain, nurse, and social worker.

  First-cycle coding. *Exploratory coding.* This study began with Worden's (2009) Four Tasks of Mourning as a standard by which effective mourning could be assessed with the hypothesis that effective mourning does occur in prison. Each task was defined earlier in the paper, so only a brief description is provided here. Task 1 is to accept the reality of the loss or to be challenged in the ability to engage in this task. Task 2 is to process the pain of the loss and similarly to be challenged in the ability to process the pain. Task 3 is to adjust or to be challenged to adjust to an environment in which the deceased is missing, and Task 4 is to find an enduring connection with the deceased while embarking on a new life or to be challenged to perform this task. As these tasks are the standard by which this study determined if an activity aids the person in their grief, these codes carried through to the end.

  Grammatical coding. Subcoding was ideal as a means to develop a more nuanced understanding of the parent code. In some ways, this became an extension of exploratory coding,

where the study goal was to find support so "one to one," "group," or "random" support from others (later called informal) and the antithesis of "no support (alone)" would all fall under "types of support."

Because two of the included studies focused on the death of a child, it seemed appropriate to also consider types of loss, but the only two that arose were death of a child and suicide. These were included but later did not play an important role in the goals of the study to find methods of support.

Since Worden's (2009) Four Tasks often overlap, it was reasonable to expect simultaneous coding, and this proved to be true, but it was not random, nor did it even overlap as Worden (2009) noted; rather, there was a cascade. Looking at the Code Co-Occurrence in Appendix D (and in Table 1 below), it clearly shows Task 1 and Task 2 engaged together, and to a lesser degree, Task 3 and 4. However, when Task 2 became the focus, Task 1 continued to be engaged while Task 3 took on greater importance. When Task 3 became the focus, Task 1 faded, and Task 4 took on greater importance. So as each new task came into to focus, the earlier ones faded, suggesting they had been worked on and were no longer necessary. However, just as they faded there was a natural progression to expend this freed-up grief work energy on the tasks further out.

Table 1   *Tasks 1 to 4 reproduced from Appendix D code co-occurrence*

Task	1	2	3	4
1	0	21	11	7
2	21	0	21	9
3	11	21	0	15
4	7	9	15	0

Elemental coding. *In vivo.* In vivo coding started with word and phrase frequency as suggested by LeCompte and Schensul (1999). Unhelpful data such as conjunctions and pronouns were removed, and this revealed 381 uses of the word "group," 376 for "chaplain(s)," 328 of "family," 242 for "support," 172 uses of "therapy or counselling," 97 uses of "God(s)," and so on. These words were used in the early coding stages and influenced "thematic analysis" as described by Auerbach and Silverstein (2003), Boyatzis (1998), and Smith and Osborn (2008).

Process. In searching for gerunds, "coping," which had a frequency across the studies of 76 and "meaning," with 85 occurrences, appeared here again, but other phrases such as "going to the funeral," or "dealing with" were revealed.

Initial (Open). From the above, it became apparent that "dealing with" and "coping" could be combined as the examples tended to focus on distractions or suspension as a means of managing.

Affective coding. Using emotion coding and value coding, feelings and world view emerged. The words "belonging," "validation," "power," "control," "weakness," "rage," "violent," "acted out," and "trust" all appeared often.

After first-cycle coding. At this point, there were too many codes, and these were based on a review of the entirety of the underlying studies. Since they included literature reviews, methodologies, and sometimes reflections, it was determined to take the salient parts of the study, such as the findings and discussion—essentially all parts where the researcher or participant voices could be heard—and apply these codes to them.

Second-cycle coding. *Focused.* Two of the largest counts came from the words "group(s)" and "alone," so these were maintained.

Axial. During this stage, "power" and "control" were brought together and "weakness" was included under one heading as the examples had them often appear together. It was a case of

showing power or avoiding the appearance of weakness as a means of maintaining control. "Rage," "violence," and "acting out" were all combined within "acting out" as the first two are examples of acting out. "Therapy," "counselling," and other individual care was all brought under the label of "1 to 1." "Chaplains" and "support" were discarded as they came in the context of other forms of support as in the example of one to one *support*, which would generate the code "1 to 1." The word "meaning" also did not appear as frequently, likely due to it appearing primarily in literature reviews. "Family" did not appear as frequently in the focused report and instead was combined under the code "informal" with other informal supports, such as staff care, that occurred on an ad hoc basis.

Elaborative coding. The word "God(s)" came up less frequently in second-cycle coding, but words such as prayer or heaven connote a connection to a higher power. For this reason, the code became "higher power" to designate any phrase where a researcher or participant was voicing a connection to the supernatural or belief system. Another code that came up frequently in a variety of ways was "context." This "context" code encompassed passages that had something to do with the building, the authoritative environment, or the policies that either helped or hindered grief.

After second-cycle coding. The results of the coding procedure and code counts of this meta-synthesis can be viewed in Appendix D. The first chart clearly illustrates the codes as well as the impact the underlying data had on Worden's (2009) Four Tasks of Mourning while the second chart shows how the data interconnects with itself. So, for example, a person experiencing belonging may often also have felt validation and trust from the other group members in a particular context; therefore, these other categories may have contributed to their sense of belonging.

As a consequence, the following words were chosen:

- belonging
- context
- coping/distraction
- higher power
- power/control
- acting out
- giving up

- trust
- type of support (one to one, alone, group, informal)
- type of loss (death of a child, suicide)
- validation
- Worden's Tasks 1-4 successful
- Worden's Tasks 1-4 challenged

Ethical considerations and trustworthiness

Partiality. I serve as a multifaith chaplain at a maximum-security remand centre in Ontario, Canada. When speaking with Christian colleagues, I find myself more oriented towards safety and security than blind advocacy for inmate support. This is likely due to experiencing, first-hand, covert agendas sometimes carried out by residents in a maximum-security facility. Chaplains operating in Canada are legally bound to uphold the religious rights of those under our care. For people outside of the prison system, this would appear to be a simple task—simply give them what they want. In prison, laws designed to support the free expression of religion can be used to obtain some advantage, and failure to carefully navigate this field results in either facilitating criminal activity on the one hand or hefty lawsuits on the other hand; this is a win-win situation for the inmate. I am, as a result, always cautious of how a change in service can be misused and put people and programs at risk.

This attitude may influence my research as I've unintentionally excluded ideas that I expect would not gain security approval; consequently, this could affect the reliability of the results. At the same time, my primary reason for working on this study, and a great source of my bias, comes from the feeling of disappointment that occurs when my services are rejected by

inmate after inmate who chooses to delay grief by putting up a wall. This feeling of disappointment coexists with worry and helplessness because I fear delaying grief is a source of the behavioural response that keeps them returning to prison, and there is little I can do to help. This bias could lead me to identify programs that encourage inmates in grief to share their grief without regard to their safety or possibly their right to choose not to grieve. I also carry a bias as I believe chaplains are the most qualified to support grief. While it is true that social workers, nurses, psychologists, and many others do support grief, and some exceptionally well, prison chaplains typically possess counselling skills with an understanding of grief from a variety of cultures and religions. If my intention was to ensure the survival of prison chaplains, it might lead me to ignore medical treatments or other therapeutic fields whose proven efficacy might further diminish the role of the chaplain. In 2008, I was ordained as a Presbyterian Minister of Word and Sacrament within the reformed, protestant tradition. As a Calvinist, I assent to his notion of the total depravity of humankind. This allows me to identify with the inmate's condition more readily and avoid placing myself above them. As a Christian, I believe that we are to struggle with sin, turn away from it as best we can, and not simply accept this condition.

I am a 53-year-old educated male brought up in a Caucasian, upper middle-class, Christian supportive family and spent the first 18 years of my working career as a Vice President of CIBC Wood Gundy. Having opportunity instills hope, and having a supportive family engenders trust. Living a life in contrast may be the reason that some inmates do not trust anyone, especially when they are vulnerable, and this may mean that I could be led to seeing environmental answers when the solutions are far more individual. Growing up in the late sixties and seventies, I did not experience war and only saw it through the lens of the news or from stories shared by veterans. Not experiencing war and having a supportive family that tended to work through issues calmly does separate me from the grief experience of many of the inmates

encountered. They often describe their homes as filled with chaos and neglect and lacking instruction and mentorship on grief. Gang life on the street is described as a turf war where a warrior's attitude towards loss is so very different from my own understanding.

This bias can be mitigated by observation, but not eliminated, as I have neither been a member of a gang or spent time behind bars. A privileged life changes my approach to grief as booking time off to grieve is financially affordable, at least for a while. I believe in the transformative power of Christ and the importance of family and social support and want to help those with socio-economic challenges. Certainly, this could lead my research towards family, religious, and community-oriented solutions and away from pharmacological treatments, and this would affect the reliability of the research. Many people in prison have a spirituality and most a belief in God. When they grieve, most do pray, but my assumptions about prayer are from my faith background, and there are times when an inmate's beliefs surprise me. Even something as simple as a positive attitude biases me towards hope when this is not necessarily the experience of those under my care. My world view is one of advocacy because I passionately believe that better support of this marginalized population will lead to safer communities and healthier families and reduce the progression of intergenerational pain. This position is another that comes from a privileged life; it is very difficult to have the free time to help others when survival is tantamount. Moreover, I am deeply curious about how I, as a prison chaplain, can better support their grief, which illustrates my underlying bias that grief requires support. This meta-synthesis will support the grief work of nurses, social workers, and bereavement counsellors who care for inmates in prison. Though an effort was made to let the data speak for itself, my perspective specifically as an impassioned prison chaplain is present. As a consequence, I was aware of my beliefs and values, and every attempt was made to not accidentally impose them on the data.

Findings

A meta-synthesis of beneficial mourning by inmates who have lost a significant person yielded 600 code occurrences across the 10 studies (Appendix D) examined. Quotations from these 10 studies are provided as evidence of common elements or explanations to promote clarity. Most of these codes will be discussed as pairs to consider, for example, the pain of loss in relation to the context of the prison. However, there were two that stood out in isolation. "Death of a child" yielded 24 results, and this could be explained because two of the studies, which generated 22 of the codes, focused on the loss of a child. However, Schetkey (1998) in one of the two remaining code occurrences commented, "Loss of a child through death, adoption, or alienation was shared by several members. They noted that the hurt never leaves and how much harder it is to deal with the loss of a child" (p. 386). "Power and control" was another code that in some ways stood on its own, yet in other ways, it was a subtle thread that ran through most of the codes. In this regard Schetkey (1998) wrote,

> The unwritten code of behavior in prison is antithetical to the mourning process. Tears are not readily accepted in this macho environment where "Guys don't do grief, guys get mad." Basic rules of survival include: (1) don't get involved in other people's business; (2) don't squeal" even if you are a victim; (3) dominate, lest you become the underdog; (4) size up other inmates' weaknesses and use them to your advantage; (5) act bad as a way of gaining respect or getting people to leave you alone; and (6) don't trust people who are nice to you. Inmates are often subject to repeated humiliation and sadistic assaults, either physically violent or verbal, from other inmates or guards. This type of environment is not conducive to healing nor to letting down one's armor: it also perpetuates the cycle of shame and violence. (p. 384)

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With that in mind, the next sections will consider the findings of processing the pain of grief, accepting the reality of the loss, adjusting to an environment in which the deceased is missing, and finding an enduring connection with the deceased while embarking on a new life in relation to the other codes.

Code: processing the pain of loss The most prevalent code frequency (Appendix D) was in working through the pain of the loss, and 69 of these code co-occurrences showed the difficulty encountered. The context code produced 16 results in code co-occurrences in relation to challenges in processing the pain of the loss. The prison context was a problem because it separated them from family and friends. Kola (2005) observed,

> When JDs received death notifications, there was an absence of families,
>
> relatives, and friends. This created a problem for the JD. No one was sharing his grief and
>
> no one was comforting him during his loss. During one of the most devastating times of
>
> his life, he found himself lonely, alienated, and confused. The JD was experiencing
>
> intense emotions in a vacuum. The cold walls and steel fence he had to look at did not
>
> bring him any comfort. (p. 123)

Part of the problem is the prison context is not necessarily close in proximity to family and friends as Harner et al., (2011) observed,

> There was absolutely nothing I could do. Write and call. But you need hugs and to see a
>
> person's face. A lot of families are closer by. But my oldest daughter lives like five hours
>
> from here.... And a letter is nice but it just doesn't do it. (p. 460)

For those inmates with local supportive family, safe private space and enough time to meet them is unavailable. Harner et al., (2011) saw how this further obstructs the inmate's ability to process the pain of the loss when they recounted an inmate's words,

My father came to visit me the next week, he just buried my mother. I said, "My dad's

coming. My mother just passed last week and he just buried her. Could we maybe sit in

the corner over there by ourselves?" Because I knew we were going to cry. They said,

"No." So we had to sit in this visiting room with all these people hugging and crying and

trying to do it quietly. (p. 459)

Another prison context issue is inmates with emotional issues find themselves isolated by

staff and other inmates as Kaplan (1989) found when listening to an inmate on the anniversary of

the death say, "You can't show your grief. You never get a chance to say 'goodbye.' You can't go

to the funeral. In jail, the psychiatrists say they're there to help you, but they look at you as if

you're a freak" (p. 8). While some of this may be the perception of the mourning inmate, the

effect was the same: the bottling of emotions.

Ferszt (2000) provided an example where the bottling of emotions was a result of the

context when she observed, "Through it all Barbara maintained a façade, fearing that if she

expressed her sadness or anger, she would be medicated or disciplined. The loneliness of her

grief continues, as she feels unable to share her pain with anyone" (p. 109). The previous inmate

was able to maintain the façade, but Lewin and Farkas (2012) observed the maladaptive effects

of pent-up grief as a result of the prison context,

I bottled a lot of my emotions and I think I fought a lot and I think some of that is what

actually has me sitting in [jail] today, not dealing with those feelings like I should have. I

think I would have been a more laid back, relaxed person if I had of been sharing.

(p. 279)

The acting out code occurred five times in relation to challenging the mourning inmate's

ability to process the pain of the loss. Acting out through fighting or acting in through mentally

numbing themselves or through drug use was also observed by Lewin and Farkas (2012) when a

several inmates mirrored, "It would've been better for me to have shared those feelings back then instead of bottling them up and just drinking and drugging and using weed and crack and snorting coke and prostituting and not caring about myself" (p. 270).

Comfort was also not necessarily found in a higher power, as shown by six code co-occurrences, because there was no one with whom to share alternative perspectives, sometimes leaving the incarcerated person with unhelpful beliefs. Notions of the higher power taking lives or causing other suffering were maintained in this vacuum as shown in this example by Lewin and Farkas (2012),

> Lydia experienced a spiritual isolation: "I didn't understand why God had to take my baby, it was like I just went through a lot of this emotion, I tried to commit suicide, and I felt very empty afterwards. I didn't want to talk. I just started using drugs and I tried to cut my wrists. (p. 269)

On the other hand, 61 examples were found (Appendix D) where people were able to work through the pain of their grief while in prison. This most often occurred, as illustrated by 30 combined code co-occurrences, when participating in one-to-one or group support. Ferstz (2000) heard it succinctly stated as, "It helps to talk about it, especially to someone who doesn't work in the prison" (p. 69), implying that trust is important. This notion of the need for trusted people to speak with was made explicit through an inmate when Lewin and Farkas (2012) noted,

> Crystal stated that she had been waiting to see a psychiatrist while incarcerated: "I need somebody to talk to at times. I just want to share my feelings and my thoughts with somebody, somebody I know that I can trust. It's hard to let go [in jail] because the first thing women do is use what you said against you. I would like to talk with a counselor. (p. 269)

At the same time, Ferstz (2000) observed the challenges to obtain these supports when she wrote, "although she states many of the staff are supportive, she also identifies that access to mental health care is difficult" (p. 142).

Groups are one way to leverage staff time, and groups can be effective in supporting the painful process of mourning. Using art group therapy, Ferstz et al. (2004) found,

> This therapeutic process helped her to begin to identify and grieve the multiple losses in her life. Through the art therapy process, she found hope and began to move towards a future that she believed she had lost. Her ability to create gave her a sense of competence. (p. 197)

The ability to explore the pain of grief seems more related to the group model and less about what therapeutic model was employed because Wilson (2011) observed,

> The group process appeared to be effective in enabling movement and change. Participants felt able to share their own needs and strengths, which the facilitators were able to work with, and to disclose difficult, highly personal experiences – unusual within the very macho culture of the prison environment, where displays of emotion may be seen as weaknesses. Through these processes, participants worked with each other to explore feelings about bereavements and give new and positive meanings to their experiences. (p. 15)

One reason might be because the group process promotes the validation of shared feelings by peers as Wilson (2011) noted,

> Many men experienced the Chaplaincy environment as therapeutic in comparison with the wider prison environment; several described it as 'peaceful'. In time the men were able to listen patiently to others who were struggling to cope with a bereavement and needed to have their anger validated. (Wilson, 2011)

Benefits were also found in working with the pain of loss through groups by others (Fawkes, 1992; Kaplan, 1989; Olson & McEwan, 2004). However, Schetkey (1998) provides cautionary insight when writing,

> Several men were able to cry in the group without being belittled. They noted that this
> was impossible elsewhere in the prison, where tears would invoke taunts of 'baby,'
> batterings, and possibly feces and urine being thrown in their cells. They noted that the
> only other time that it was safe to cry was after lock-down, and then only if one did it
> very quietly. One member noted that 'you are either part of the group or you are the
> problem' and that most inmates are very threatened by anything that reminds them of
> their own weaknesses. (p. 389)

It is apparent that grief can be worked through alone as long as the space is safe and mourners are quiet, but the dangers of opening up in a group due to the predatory nature of the prison cannot be overstated. Moreover, Schetkey (1998) surmised that the classification, in this case PC, and the duration of a sentenced unit allowed safe group space to develop where processing the pain of the loss could occur when he wrote,

> It is possible that the self-contained placement of these men on PC fostered more feelings
> of family and that they felt safer there sharing feelings about one another than they might
> have in the general prison population where there are different unwritten rules of conduct.
> A Buddhist inmate, not in the group, shared the dilemma he experienced upon finding
> that compassion and self-protection are often incompatible in prison, where kindness may
> be viewed as a sign of weakness. Certainly, the experience of support, caring, and safety
> were major factors in allowing members to begin to deal with unresolved grief.
> Membership in the group also permitted shared intimacy in a structured setting, which in
> turn encouraged investing in new relationships. Joe, who was nonthreatening and

intellectually limited, seemed to be a safe person about whom the group members could care. A long-term group allows for the gradual evolution of trust and the display of vulnerabilities, along with caring. It also permits the group members to process separations and loss as they occur within the group, the prison, and their families. (p. 389)

Higher power was found in 86 code co-occurrences in the 10 studies reviewed where inmates were neutral in accepting the loss but twice as likely to find a higher power helpful in each of the other tasks of mourning. The following inmate reflected on God with the help of a book and a counsellor and was able to accept the reality of the loss:

369   somebody gave me a book the other day/the power of living

370   it's all it's all spiritual

371   and it talks about when HE TAKES SOMEBODY because it's THEIR
          TIME/He has plans for them elsewhere

372   and it's A BEAUTIFUL BOOK/and that helped a lot

Stanza 87 (reading my bible)

373   and my counselor/just all the spiritual work

374   that's lifted my spirituality back up

375   and I feel good today about it like I said I've been upset the past few days, just
          depressed

376   but I'M NOT BLAMING NOBODY

377   and I'm just reading my bible

Strophe 10 Acceptance

Stanza 88 (accepting she's gone)

378   and I ACCEPT THAT SHE'S GONE

379   I just don't like it

380   you know/I MISS HER

381   and that's/I miss her

382   <u>that's the bottom line</u>

383 <u>I miss her/I miss her</u> (Ferszt, 2000, p. 95; Notation system found in Appendix E)

Context was also helpful when it supported processing the pain of the loss, though with only four code co-occurrences, the prison context was not often found helpful. Nevertheless, comparable to an interview room, sacred space provided the privacy necessary to safely mourn, and Wilson (2011) observed that it had the additional benefit of intrinsic peace, which led to tranquil and caring interactions when she wrote,

Many men experienced the Chaplaincy environment as therapeutic in comparison with the wider prison environment; several described it as 'peaceful'. In time the men were able to listen patiently to others who were struggling to cope with bereavement and needed to have their anger validated. (p. 13)

There were also four examples of people acting out as a means of working through the pain of their loss. While socially unacceptable and/or illegal, they may have been beneficial to the mourner as a penitential way of dealing with the pain of the loss. For example, Kola (2005) listened to one of his chaplains who reflected,

Tom was 16 years old and well-mannered. I gave him three death notifications that year and every one was violent. He went back to his cell and filled a cup with his urine. He then walked up to a big kid and threw it on his face and started laughing. Big John beat him up. By the time the staff stopped it, Tom's lip was slit open, he got a black eye, and a bad headache. He said to me that he wanted to feel pain because he felt he was responsible for all those deaths.... it is unreasonable... isn't it? (p. 103)

Code: accepting the reality of the loss. For inmates, it was more difficult to accept the reality of the loss, generating 48 code co-occurrences, than to accept the reality of the loss while incarcerated, which generated 30 code co-occurrences (Appendix D). Again, the prison context led the challenges with nine code co-occurrences. Learning about the death occurred in plain sight of others, and without safe private space to learn of the loss or to later grieve, it was difficult to accept the loss as real as Harner et al., (2011) observed in this example,

> Right in front of everybody. They made me call in front of everybody. It was horrible. The experience just sucked. I used the admissions phone and there was new people coming in and there were officers everywhere. And the officers, they didn't even really give a shit. They were just looking at me like just another day. (p. 458)

In this early stage of mourning, there were six code co-occurrences that noted a desire to manage emotions through coping with distractions. One positive way was noted in this example by Ferszt (2000), "She uses prayer, yoga, meditation, reading, and other methods of distraction to help her cope" (p. 73). Unfortunately, the other five examples all contained a desire to cope with drugs or alcohol, and not having this option available left the inmates baffled, as in this example by Kola (2005), "I never know what to do when someone dies. Everybody drinks to forget, that's what I did" (p. 114). Five code co-occurrences illustrated acting out through violence or acting in through self-harm (Kaplan, 1989; Kola, 2005; Lewin & Farkas, 2012).

Mourning alone was difficult for inmates, and there was no evidence in Appendix D that it resulted in accepting the reality of the loss, but there were 17 code co-occurrences that illustrated being alone made it difficult to accept the loss. Attending the funeral or seeing the tombstone was rarely available to inmates in these studies, but in seven of the studies, the inmates could stand with the body of the deceased. Even when fortunate enough to be alone with

the deceased, four studies noted there was a sense that the situation was not real, as in this example recorded by Ferszt (2000),

> I went to the funeral home alone, in shackles and handcuffs. It's tough without your family there. I couldn't believe it was her she looked so different. I had a terrible time but the two officers were really nice to me. When I came back from the funeral home I was a mess and it took me about 3 weeks to finally get back to my routine. Some people were helpful to me, my roommates, some of the staff a religious sister, the warden, my counsellor, and groups. However, I don't feel that I am really going to be able to accept this until I'm out of prison. Nothing seems real in here. (p. 69)

Being alone, even with a faith in a higher power, was not always helpful as the following inmate in Ferszt's (2000) study noted, "Barbara returns to describing her acute grief experience in the context of the prison. She describes her withdrawal, crying, insomnia, loss of appetite, anger at God, rumination, difficulty accepting the reality of the death of her mother" (p. 133).

Instead of being alone with their loss, each of these studies found it helpful for inmates to share their grief one to one or in group. In group, four of the studies (Ferszt, 2000; Ferszt et al., 2004; Lewin & Farkas, 2012; Olson & McEwan, 2004) encouraged inmates to share pictures of the deceased, obituaries, and funeral programs in a successful effort to have them relive the early moments of grief. The inmates in half the studies (Ferszt, 2000; Ferszt et al.,2004, Kaplan, 1989; Lewin & Farkas, 2012; Wilson 2011) expressed how thoughts of loss could be intrusive, and it was useful to voice them aloud to another. Some studies (Ferszt, 2002; Ferszt et al., 2004; Kaplan, 1989; Kola, 2005; Lewin & Farkas, 2012) observed that dialogue with others also aided in reforming unhelpful thoughts such as those related to guilt or God. All of the studies provided evidence that it was in the company of another that inmates were able to finally accept the reality of the loss. Notice how the following inmate in the study by Lewin and Farkas (2012) attempts

to deny the loss but has the self-awareness to know that they need speak to another to help

process the reality of the loss.

> They don't bring this subject up and the reason I'm here today is because I feel like I
>
> need to talk about it. It enters my mind and I just take it and shake it off because I
>
> believe I don't want to accept it (p. 268).
>
> Olsen and McEwan (2004) assessed the success of accepting the reality of the loss

through the group and found that

> examining each others' funeral programs and obituaries gave the men opportunities to
>
> remember and relive the moment they learned about significant deaths. It also helped
>
> them to compare losses experienced while incarcerated with prior ones and funerals they
>
> were able to attend. A common statement was that a death did not seem real if one could
>
> not visit the gravesite. The men generally seemed to find some relief in discussing their
>
> progress in accepting the reality of the deaths (p. 231).

Sharing positive dreams in group was also considered helpful in accepting the loss by Kaplan

(1989) when she wrote,

> Some women report that what is most helpful to them in dealing with their children's
>
> death are positive dreams about the dead child. One woman relates: 'I had a dream the
>
> other night. There was a slab, and B., my baby, was lying on it. He was surrounded by six
>
> candles. He looked so peaceful, it put my mind to rest.' (p. 9)

A sense of belonging was important in helping individuals accept the loss as real, and this

occurred through a group with shared identity. Kaplan (1989) noted,

> The group thus affords the woman the possibility of forming a positive identification with
>
> other women with the same crime. Expressions such as, "Until now, I've been in a prison
>
> within a prison," "I don't feel so alone in the group," "The group is a safe place where I

can talk about my private feelings," give voice to the reduction of their isolation. (pp. 7, 8)

Code: adjusting to an environment in which the deceased is missing. It might be expected that adjusting to a setting in which the deceased is gone would be difficult when a person finds themselves incarcerated and away from home. A common example was illustrated by Lewin and Farkas (2012) when an inmate said, "After I came home and [saw] that she wasn't there anymore, I went straight back to drug use" (p. 270). However, Appendix D showed that while there were challenges, resolutions to these challenges were found. Harner et al., (2011) observed the biggest challenge, "the grieving process for these women appeared to be suspended in time. For some it had been years since the loss, but they felt that they could not really grieve the loss until they were out of prison" (p. 458).

Olsen and McEwan (2004) addressed the issue in regard to different types of losses when they commented,

> Worden's third task, To Adjust to an Environment in Which the Deceased is Missing, also was difficult, especially for group members who had experienced ambiguous relationships with the deceased. Some were unsure of what the world without the loved one would be like after their release from prison. (p. 232)

Using guided imagery in group, Fawkes (1992) noted the following at the conclusion of his study,

> Although most of these experiences brought forth sad and/or painful memories and associated feelings for Andy [Composite], there was also opportunity for transition, new awareness, and growth. Andy was able to affirm that despite the losses and changes that he had experienced in his life that he was appreciative of life. (p. 79)

Eight of the studies showed that sharing memories or dreams about the deceased in group or one to one frequently prompted the inmate to reflect on the meaning of the relationship, initiate a spiritual adjustment, and begin to see necessary personal change in light of the loss.

A woman in Ferszt's (2002) study recounts stories where she reflects on the meaning of the relationship and expresses a loss of security, comfort, and playfulness:

Stanza 79 (comfort)

    339   <u>missing the comfort she gave me</u>

    340   and the WISDOM and the KNOWLEDGE and EVERYTHING

    341   she just, was wonderful

    342   a very special human being

Stanza 80 (good memories)

    343   I remember all the good stuff now

    344   trying not to think about/cause SHE HAD some really bad days

                with her drugs

    345   I try, I try to think about all the good days we had and all the fun

                times we had

    346   not the negative/all the positive

    347   <u>EVEN THE POSITIVE can make you cry</u>

Stanza 81 (kid stuff)

    348   cause we had some really happy times

    349   and we stepped in bees' nests and got sprayed by skunks

    350   and YOU KNOW things kids do

    351   <u>she was always there for me</u>

Stanza 82 (the ambulance)

352   when I cut my wrists when I was 7 SHE WAS WATCHIN ME

353   and she got the ambulance and got me to the hospital, my first

ambulance ride

354   <u>and SHE'S JUST ALWAYS BEEN THERE FOR ME ALWAYS</u>

<u>ALWAYS since I can remember </u>(p. 94)

In another study by Ferszt et al., (2004), the mourning inmate was able to move to a place of hope for a future without the deceased.

I'm so glad I came here today. You reminded me that I can have something to look forward to." Ashley appeared peaceful when she left the session. The materials gave her an avenue to access a glimmer of hope and a reach toward the future. This was a breakthrough for Ashley; it was the first time that she shared deep intimate feelings and spoke even briefly about having a future. (p. 195)

Across the studies, art, poetry, music, and parallel stories were helpful in group and one to one in all tasks. The parallel stories, shared by others or found in a book, helped many normalize their grief and not feel so isolated. Olsen and McEwan (2004) observed inmates adjusting to a world without the deceased through a particular bereavement book that incorporated many of these aids.

The Metzgar book addresses, very sensitively, different types of death losses such as deaths from accidents, suicide, and disease. Each group member found something in the book that comforted him and helped him in his attempts to adjust to his changed world. For some it was a particular photograph or poem, and for others it was a moving description of a loss similar to his own. One of the men asked for information on ordering the book, because a relative wanted to buy a copy for him. (p. 232)

In three of the studies (Ferszt, 2002; Kaplan, 1989; Kola, 2005), delayed rituals in group were observed to be effective to mark the completion of spiritual adjustments. Mourning inmates integrated delayed rituals, prayers, and the encouragement of other trusted individuals to move towards living in a world without the deceased. Kaplan (1989) observed that,

> Some of the women have gone through delayed mourning rituals with the help of the group. Feelings related to the loss surface on birthdays, anniversaries and holidays. Often they are eased by some ritual observance. Three years after her son's death, B. expressed her wish to the group to 'light a candle' and have the Chaplain say a prayer on the anniversary of her son's death. With much ingenuity, the group members helped her work out the difficulties involved in accomplishing this in prison. She reported back to the group. 'I went to the Chaplain's office and lit a candle for my son. We said a prayer together. I said I loved him. I know it's finished now. Thank you for helping.' J. entered the group less than a year after her son's death. As she approached the anniversary, she said, 'I close the calendar when I come to my son's birthday.' The following year, she tells the group, 'I didn't close the calendar this year. I've learned to face it.' (p. 8).

Code: finding a lasting connection with the dead while embarking on a new life. The research examined shows that, whether alone or with someone else, faith in a higher power had the most co-occurrences when relocating the loved one and continuing that enduring connection while embarking on a new life. One inmate in Ferszt's (2000) study expressed this final part of the grief journey as follows:

> The thing about my grief now is that I've accepted it a little bit more, that my mother is in a better place, that's she's not in pain. I feel that she's gone on to be an angel, and she's with the man that she loved. I talk to her. Some days are better than others, because I miss her. (p. 105)

Groups were helpful in supporting this code and in this example sought out by Olsen and McEwan (2004):

> Has the group experience helped you to find a special place in your heart for your loved one so that you can reinvest in life? 'Yes, talking about all the things that my mother gave to me and taught me, inspired me and loved me, I've already shared a lot of the things from the group with my sister and my brother. I love that book, the soft pictures and quotes and poems.' (p. 234)

Freszt (2000) provided an example where a person receiving one-to-one support had relocated the deceased and maintained a relationship with her, but it is not clear if a person is able to embark on a new life while still in person.

> Maintaining a connection with her deceased sister is a source of great comfort for Mary. Almost on a daily basis she speaks to her sister, looking for the inner peace experienced by her sister. Her feelings of loss are particularly difficult when she feels sad or smothered by prison life. She yearns for the closeness, the support, and the encouragement that she once received from her sister. (p. 74)

Schetkey (1998) argued that for some, prison is part of life and concluded, through the group process for the incarcerated mourner,

> Support, caring, and safety were major factors in allowing members to begin to deal with unresolved grief. Membership in the group also permitted shared intimacy in a structured setting, which in turn encouraged investing in new relationships. (p. 398)

Fawkes (1992) observed inmates embarking on a new life in group, not by investing in relationships with other inmates, but through the use of guided imagery, opening them up to re-establishing relationships with family. He concluded,

In this exercise Andy was surprised at his first impulse to reject the people who met him as the ship docked. He was hurt by their presence and by their cheers as the ship arrived. Suddenly, he wanted to be alone. However, he realized that these people cared deeply for him and with this recognition he decided to let them in and to be open to them. The imagery closes with Andy staying ashore realizing that he belongs with his family and friends. Andy commented in his journaling how that the prison environment changes people in ways that make them antisocial. He further related, speaking of home and friendships, that nothing would be the same as it was when he came to prison. He noted that it would take a lot of effort to adapt himself to life again outside of prison when the time comes. This may have been brought more into focus as he wrote that he was excited about a visit with family that was scheduled in the next few days. (pp. 75, 76)

The following two phrases in a study by Ferszt et al. (2004), when taken together, illustrate that group therapy with a competent facilitator resulted in this incarcerated female relocating the deceased while moving on with her life through a hopeful future.

'My boyfriend was my one and only. I hope he is living in peace now and that one day he'll be able to forgive me.' The words 'death' and 'rest in peace' reminded her of wanting to go to his gravesite. 'I want to bring flowers to him, sit by his grave, and listen to the music that we both liked.' (p. 96)

Now that the deceased has been relocated to a place where he can live in peace, Ashley is able to reestablish relationships and look forward to moving on with her life.

Pamela reminded Ashley of all the positive things that she had identified and looked forward to: being part of a family again, having a comfortable bed to sleep on, taking walks on the beach, smelling sea shells, and planting flowers. (p. 97)

5.   Methodology of focus groups

For the methodology of focus groups, Kruger and Casey's (2014) book titled *Focus Groups: A Practical Guide for Applied Research* was chosen. This field has an overwhelming number of books, and the decision was made to locate one that was practical and laid out the steps clearly. This book, in all of its versions, has been cited over 23,000 times and has had 12 peer reviews. Brunger (2010) wrote,

> The book's strongest point remains, as the title clearly specifies, its user-friendly orientation toward the actual practice and conduct of focus groups. Theoretical considerations of qualitative data are not absent, but the book was clearly written for researchers who want to *do* something and would benefit from some step-by-step coaching about how to make it happen. (p. 180)

The more recent edition includes pieces on internet-based focus groups, and given this focus group was performed with internet-supported technology, these new chapters were invaluable.

Kruger and Casey (2014) see focus groups as unique to groups because they have a specific purpose, composition size, and procedures. The purpose of focus groups is to better understand people's opinions and insights as they pertain to a particular concept. People are chosen because they, in some way, relate to the idea under study, and the researcher facilitates a permissive environment that engenders frank discussion. Holding multiple sessions with different participants provides the information necessary to begin to visualize trends and patterns. In essence, "A focus group study is a carefully planned series of discussions designed to obtain perceptions on a defined area of interest in a permissive nonthreatening environment" (Kruger & Casey, 2014, p. 2).

Planning

Focus groups are ideal when the researcher is looking for a range of opinions, insights, feelings, and thoughts that individuals have about a specific idea. A traditional single-category design attempts to facilitate focus groups until no new insights are obtained. Typically, the researcher will start with three or four focus groups with the ideal contacts and implement the groups in phases, allowing the researcher to correct logistic issues. There is tension within the focus group community regarding adding, removing, or changing a question or two along the way. Some believe that any deviation from protocol effects validity, while Kruger and Casey (2014) feel that these changes contribute to better quality results. It is best to plan with the analysis in mind and take time to obtain feedback about the intended plan from colleagues, researchers, clients, and the target audience. Consent, ethics, and the human subjects are all considerations covered under the research ethics board. Finally, it is best to attempt to anticipate problems; recruiting, analyzing, and working with community groups will likely take much longer than expected (Kruger & Casey, 2014).

Developing the questions

Good questions are ones that help achieve the purpose of the study and are phrased in ways that encourage discussion. The prerequisites are that the participants understand the question, are in an environment to provide an honest answer, that the participants know the answer and can articulate it, and that the interviewer understands the answer. The questions should be in the language of the participants, easy to say, clear, short, open ended, and simple. The order of the questions should begin with ones that are general and easy for the group to answer, flow into the next question, become gradually more specific, and use time wisely. The ending questions should bring closure to the discussion and help participants reflect back on previous comments (Kruger & Casey, 2014).

Participants

The purpose of the study is to describe how people think or feel about the ideas presented; therefore, participants ought to have a common interest, and these may be found within a specific occupation. To find these people, preparing a list may be fast and economical and should include contact information and demographics. Screening should be concurrently considered, which involves identifying and setting the exact demographics and observable characteristics of desirable candidates. Then, a person who fits the study criteria should be contacted and asked for names of other similar individuals to be considered or, ideally, be asked to invite the other names directly. When recruiting, you should be prepared to describe the study and why it is important to the participant. Invitations should be personalized and should explain how they might benefit the participants and consider seasonal time demands on the participants. You must also be sure to follow up (Kruger & Casey, 2014).

Moderating skills

The moderator must respect the participants and listen with sensitivity because they hold wisdom. The moderator needs to appreciate the purpose of the study and know enough about what is important to guide the conversation. It is essential that the moderator communicates clearly and is open and not defensive. The moderator is ideally the one who can get the most useful information, and this often means balancing between allowing participants to talk freely and ensuring that unclear comments are unpacked. This requires that just before meeting, the moderator must be mentally alert and focused, familiar with the introduction and questions, and appropriately energetic. During the group session, field notes may be taken in addition to a digital recording. The field notes could include insightful quotes and key concepts, details, and descriptive information, helpful should the recording fail. A moderator could also keep a running list of speakers, which is beneficial to the transcriptionist. To aid in the participants feeling

welcome and comfortable, the session should begin with welcoming and acknowledging each participant, providing an overview and the ground rules, and then moving directly into the opening question. While the introduction gives participants licence to provide differing views, a reminder may be necessary if thoughts seem to coalesce. Pauses and probes are excellent tools to garner additional points of view or more depth, respectively. The moderator must be prepared to manage participants who may be dominant, shy, or rambling or seen as experts by the others. At the conclusion of the session, it is best to briefly summarize the main points and seek feedback, thank them for participating, provide them with any promised gift, and wish them a great day (Kruger & Casey, 2014).

Analyzing results

The focal point of the analysis should be the purpose. Moreover, the analysis must be systematic, verifiable, sequential, and continuous. Systematic means that the analysis is deliberate and planned. If another researcher could review the data and arrive at similar results, it would prove to be verifiable. Sequential refers to doing the analysis in good order, and continuous denotes the ongoing process of analyzing at every stage of the focus group study (Kruger & Casey, 2014).

Academic research

Academic research incorporates more transparency and invites outside comments and peer review. Rigour is expected, and analysis must be defensible, systematic, and verifiable (Kruger & Casey, 2014).

Special considerations when conducting telephone focus groups

Telephone focus groups are a useful option for obtaining opinions and insights of people who are geographically dispersed or are busy professionals. The disadvantage of this modality is the researcher cannot observe nonverbal communication or if a participant is otherwise

distracted. In an effort to overcome some of the challenges, consider limiting the numbers of

participants, reducing the total time and consequently the number of questions, having

participants identify themselves each time they speak, discouraging the use of speaker phones,

calling on those who are not participating, and periodically seeking round-robin responses

(Kruger & Casey, 2014).

Special considerations when conducting focus groups within the organization

Avoid power differentials so that participants see themselves as in a group of peers.

Sometimes the hierarchy is informal but recognized within the group as in the example of peers,

where some have a lot of experience or formal training that does not exist with others. It is

important to avoid creating a focus group from a pre-existing small group as the communication

is exceedingly difficult when subtext exists. Provide adequate confidentiality and inform the

participants about who has access to the recordings (Kruger & Casey, 2014).

For this set of focus groups

  Planning. The qualitative focus groups in this study were intended to specifically consider prison chaplains' perspectives on the themes and outcomes of the qualitative meta-synthesis titled "A Meta-synthesis of Beneficial Mourning by Inmates Who Have Lost a Significant Person," completed by James Bradley Shoemaker of Waterloo Lutheran Seminary. After receiving approval from Wilfrid Laurier Research Ethics Board and from the Ministry of Community Safety and Correctional Services Research Committee (Appendix F), chaplains were sent the approved email advertisement (Appendix G). Criterion-based participation was necessary to ensure the chaplains would be available at the time of the focus group, have worked with grieving inmates, and of their own freewill, agreed to participate in such a venture. Twenty-one individuals responded with interest, and 14 participated in three separate telephone conference call focus groups. Each participant took part in a pre-interview telephone session where the researcher was introduced, a transparent explanation of the motivation for conducting the study was provided, and the research process was discussed, including where and how the participants' contribution would be used. This call also addressed the requirements of the participants, explained the consent forms, and stressed the issues of the anonymity and confidentiality of the participants. The participants were given the interview questions and a week to decide on participation and weigh their personal risks versus benefits of being involved in this research project. The participants were assured that they were free not to participate, had the right to withdraw at any time without consequence, and were given continued and meaningful opportunities to decide whether or not to continue to participate.

  The sample population of three to five chaplains per group agreed through informed consent to participate in a private, semi-structured, audiotaped telephone focus group, which was personally transcribed and coded. There was no intent to choose the makeup of the groups,

instead, attendance was dictated by individual availability and resulted in prisons being represented by only one person, so there were no power differentials. This group tended to be well educated, holding a minimum of a bachelor's degree, frequently at the master's level. They also tended to have completed a number of supervised pastoral counselling, care, and self-awareness units. Twelve of the 14 were of a variety of Christian denominations, one was Muslim, and one was Jewish. There was some variability in race, though they were primarily Caucasian, of western European descent, and between 45 and 65 years old. While the intent was to modify questions (Appendix A) as appropriate, the questions as designed adequately motivated lively discussion, and so they were preserved.

This study was designed to ensure confidentiality and anonymity and cause no harm to participants. These focus groups served to validate and/or challenge the findings of the meta-synthesis, determine the viability of the recommendations, and explore existing barriers and if they could be overcome. Participants in this study had an opportunity to preview the outcomes and recommendations of the meta-synthesis on beneficial mourning by inmates who have lost a significant person. The participants also had the chance to share their perspectives, discuss potential barriers to implementation, and consider ways to overcome barriers. As a result, new understandings of these shared perspectives may be achieved and may have a direct benefit to each of these chaplains in the way they carry out their vocation with grieving inmates. Their participation is important as it leads to the inclusion of prison chaplain's voices, which have hitherto been unrecognized, into the academic understanding of inmate grief. Their personal knowledge and lived experience will be used to educate professionals and academics working directly with grieving inmates or indirectly on policy to minimize the challenges inmates experience while grieving and to bring to light to the agency, creativity, and coping skills used by inmates to address grief while in prison. The findings of the study will describe the

interconnectedness of individuals grieving the loss of someone significant while in prison. This is a perspective that is relatively new in the chaplaincy field and academic literature and is expected to encourage shifts in policies and practices related to inmate grief and coping. It will also allow for the inclusion of various prison chaplain's perspectives, thereby raising prison chaplains' profiles.

Developing questions. With the above paragraph in mind, seven questions were developed, starting from the very broad and moving to the specific. The questions were all open ended, concise, uncomplicated, and in a language easily understood by all participants. The last couple of questions allowed them to reflect back on the previous questions, and in some cases, spawned discourse related to earlier ideas (Appendix A).

Selecting participants. Prison chaplains tend to have a significant involvement in grief support in their institutions, so this group was specifically targeted for the study. As the researcher is a prison chaplain with the permission of the Ministry of Community Safety and Correctional Services Research Committee (Appendix F), the chaplain's email list was utilized. When chaplains responded, they were asked if they knew of others that would be suitable candidates for the study. This method was sufficient to locate ample participants that met the required criteria.

Moderating skills. As a chaplain, the researcher has developed strong active listening skills and is well acquainted with the subject material. Throughout the audiotape, there is evidence the participants were each solicited to respond to each question, and that where appropriate, contributors were probed to ensure clarity. Each session began with introductory conversation designed to make people comfortable with their peers. As the formal session began, an opening statement that outlined the ground rules for the conversation was read (Appendix G). During the session, it was at times necessary to manage those who were dominant speakers to give way to discourse from shyer participants. At the end of the session, the recommendations from the group were summarized as it is their own thoughts coming out of the focus group that are a great benefit to each of their vocations.

Telephone considerations. As the group was geographically diverse, a telephone conference call focus group was decided upon. The number of participants was reduced to between three and five to reduce the chance that someone would become inattentive. While it was not necessary in most instances that people identify themselves, in the cases where voices were indiscernible, the participants were asked to identify themselves, and they continued to share this information throughout. People did not use speaker phones and were asked to turn off other distractions. The researcher paid attention to who had not contributed, and periodically unspoken participants were called upon.

Organization considerations. Perceived power differentials were difficult to overcome within the group of chaplains. Some chaplains within the study had attained years of experience—one was a coordinating chaplain versus many that were duty chaplains—though no one on the call reported to anyone else on the call and each came from separate locations. However, each conference call carried a mix of people: some currently operating as government chaplains, some retired chaplains, some operating as chaplains for special interest groups, with a mix of provincial and federal chaplains. Consequently, as the conversation evolved, each person contributed in a way that shared their own personal expertise, suggesting that they recognized their personal strength within the larger group. To encourage openness, all were informed that the only ones who had access to recorders were the researcher and their supervisor.

Coding

The coding procedure for the focus groups followed the same manner chosen for the meta-synthesis. These codes were again developed by the researcher alone, and they grew out of the data. To be clear, the researcher would read a passage and then attempt to summarize the statement into a couple of words or a phrase. As other passages were read, the earlier codes might stand, evolve, consolidate, or split. In second-cycle coding, the passages were reread with

these earlier codes in mind and again they were modified according to the decisions made in journaling. These final codes were used in a last reading of the documents and applied as necessary.

Solo coding. Solo coding was chosen as a means to ensure there were no discrepancies between coders.

Precoding. From prereading words or phrases that seemed to appear frequently were "no time," "no safe, private, space," and "funeral attendance."

First-cycle coding. *Exploratory coding.* This study will begin with "agree with findings," "disagree with findings," "barrier," and "barriers overcome" as these came directly out of the questions.

Grammatical coding. Subcoding is ideal as a means to develop a more nuanced understanding of the parent code. The headings "barrier overcome" and "context barrier" formed parent codes with subcodes detailed in section 4.5.4.

Elemental coding. *In vivo.* In vivo coding started with word and phrase frequency as suggested by LeCompte and Schensul (1999), and this revealed the following:

- 52 uses of the word "don't"

- 42 uses of the word "time"

- 42 uses of the word "family"

- 41 uses of the word "people"

- 32 uses of the word "space"

- 30 uses of the word "chaplain(s/cy)"

- 28 uses of the word "person"

- 20 uses of the word "funeral(s)"

- 16 uses of the phrase "social worker"

- 15 uses of the word "security"

- 15 uses of the word "phone"

- 15 uses of the word "call"

- 13 uses of the word "safe(ty)"

- 11 uses of forms of the word "privacy"

- five uses of the word "policy(ies)"

These words were used in the early coding stages and influenced "thematic analysis" as described by Auerbach and Silverstein (2003), Boyatzis (1998), and Smith and Osborn (2008).

Process coding. In searching for gerunds, the words (41) "grieving," (28) "going," (21) "being," (9) "talking," (7) "moving," and (7) "thinking" related to the thought processes of the chaplains engaged in the discussion and not to the challenges or successes related to grief support itself.

Initial (Open). "Safe," "private," and "space" could be combined as the examples tended to focus on the unavailability of space that was both safe and private. The codes "no privacy or safe space" and "safe space" were chosen. Also, "chaplain" and "time," either in its availability or lack thereof, were found together. Therefore, two codes were developed to include items that "leveraged chaplain's time" or were unavailable due to "no chaplain time."

After first-cycle coding. At this point there were too many codes, and since the process codes did not lead anywhere, they were removed.

Second-cycle coding. *Focused.* "Chaplaincy time" and "safe private space" generated the largest counts, and these were kept in both the positive and the negative.

Axial. "People," "person," "family," "call," "phone," "chaplain," and "social worker" all referenced the need to spend time with a trusted person. Consequently, the term "trusted person" represented this group and was chosen as the code. As mentioned, "space" appears in the codes

"no privacy or safe space" and "safe space" as opposites but also as a third "repurpose space," which did not generate a large count, but the notion of creating new safe space from existing areas of the prison was affirmed by all of the chaplains and therefore was deemed important to include for further investigation. "Repurposing space" was added under "barrier overcome." While "policy" only generated five counts, the need for "policy change" was mentioned by all of the chaplains. "Follow up with inmate" was another term that did not appear often, but when it did, it was agreed upon by all of the chaplains. These phrases were therefore included to ensure these important issues were more deeply explored.

  Elaborative coding. The greatest count of words came from the word "don't," and it was most often used in the context of "I don't know how," "just don't have," "don't address it," "don't have enough," or "don't want to." Looking deeper, these statements were not expressions of apathy or even fact, rather they were expressions of "defeat." This code was chosen because when the conversations turned to overcoming barriers, it was clear that there were ways to address issues or to obtain space or resources. It seemed that working in a location long enough and regularly confronting barriers, in the context of little time, left some of the chaplains feeling "defeated" much of the time, and all of the chaplains feeling "defeated" some of the time.

  The word "funeral" referred to a variety of possibilities such as streaming, recorded, or attending in some fashion. As a consequence, the phrase "funeral connection" was chosen as it seemed to be more about a connection to the ritual and people than requiring attendance alone.

  Security, which is an aspect of custody and control, was frequently discussed as a barrier to supporting inmate grief. So, the code chosen was "security barrier" to better reflect the challenge it imposes.

  "Logistical issues" was another term that developed out of the word "don't." These same uses of the term that frustrated chaplains were most often found in relation to logistical issues.

For example, there might not be enough staff to bring inmates to a private room, or the staff may simply be unwilling to bring someone as they have other priorities.

   After second-cycle coding. As a consequence, the following words were chosen:

- "barrier overcome (funeral connection, leverage chaplains' time, policy change, repurpose space)"

- "context barrier (defeat, logistical issues, no chaplain time, no privacy or safe space, security barrier)"

- "agree with findings"

- "disagree with findings"

- "safe space"

- "trusted person"

- "follow up with inmate"

   To conclude the section on grammatical coding now that the coding choices have been made, "barrier overcome" has the following subcodes: "funeral connection," "leverage chaplains' time," "policy change," and "repurpose space." Similarly, "context barrier" includes the following subcodes: "defeat," "logistical issues," "no chaplain time," "no privacy or safe space," and "security barrier."

Findings

  Consistent/Inconsistent. The first item that stood out was that there were five times as many statements from the chaplains noting that they found the data consistent with their experience as inconsistent (Appendix H).

  Prison context barrier. Consistent with the findings in the meta-synthesis, the prison context was found to be the overwhelming barrier, generating 35 code occurrences.

  Logistical barriers. A subset of the context barrier code, the logistical code generated 10 code occurrences, representing the largest contextual issue. According to the chaplains, this was comprised largely of a shortage of officers necessary to bring inmates from their cells to a place where the chaplain could meet them.

  Chaplain P16 put it this way,

  The problem here is there's no officers to facilitate that, and I'm the volunteer coordinator up here at this prison or at this detention, and the problem is they never have officers allotted to that. I don't know how true it is, but they always come back to me and say they couldn't get an officer. When I do programming at night, I run a program on Monday and Tuesday nights on the GP and the next night for PC, and it's just about impossible for me to come in, and I work here. How on earth are we ever going to allow somebody from the community?

  Logistical issues also included the need to schedule grief according to prison time. Chaplain P7 said, "However, one to ones are often brief, and so while the space is there to grieve, the time is not there to grieve. And so, if you're getting to see somebody once a week, 20 minutes at a time, it's very hard to schedule a prisoner's grief in into those types of compartments."

Safe space barrier. Second to logistical barriers, the chaplains found it was exceedingly difficult to find safe private space, and this code generated four code occurrences. Chaplain P11 said,

> Right now, we're just, we're just beaming at the seams. There is just no space, like I'm
>
> losing space in the chapel. Like there is just literally no space. So, until that that is
>
> resolved; that's a barrier I can't magically make appear.

Others accepted the loss of safe private space and made do with space that was available. Chaplain P5 said, "You get a guard standing there on the outside of the room, or you're in a room where there's windows, inmates walk by, and they can see, and that's not very conducive for confidentiality and emotional expression."

Still others were forced to deliver death notices in the midst of everyone. Chaplain P6 said, "We have to meet in the rotunda in front of everybody. So that is a bit of an issue." Others unable to bring the inmate out of their cells delivered notices on the range. Chaplain P16 said, "The time I do get with them is right at the bars of the range, so there's no privacy."

Finally, there was a question as to what constitutes safe private space. Segregation, colloquially referred to as the hole, is often considered by officers and inmates a private space for someone to grieve. Chaplain P2 said,

> Segregation is the worst place to grieve, and sometimes an inmate will ask to go to
>
> segregation because they are so upset, or maybe they'll flip out so they can go to
>
> segregation, but that's the worst place, so we encourage them to get out of segregation to
>
> talk with a social worker or chaplain as much as possible.

> Chaplain P5 summed it well when they said,

> [In] the context of grieving in the correctional environment, in terms of inmates having to
>
> adjust their grieving styles in accordance with the environment, I feel like many of them

regardless of what type of the area of the prison they reside in, they do have to gauge

their bereavement or grieving style or process. They have to do it very quietly; very

privately. They're restricted in many ways from being able to express their grief.

Security barriers.   Another context barrier was security, which generated seven code

occurrences. The chaplains noted the very real danger of delivering the news of the loss of a

significant person with unpredictable inmates. Chaplain P4 said,

> This guy could spin on you or this woman could spin on you and you're in danger! Is the
>
> phone going to be a weapon? Is someone nearby who can come to your aid or are you
>
> locking your office? That has happened to me! I'm always concerned to find out from the
>
> staff if this person is safe to tell, and what is the best place to give a death notice.
>
> In my own experience, the risk of personal harm can be mitigated by speaking with

corrections officers, and if the risk is high, security can be increased. However, mitigating the

risk does not account for frequent, unexpected outbursts because the staff cannot know every

inmate well, given the number of beds and high turnover in remand centres. Chaplains therefore,

like all people working face to face with inmates in crisis, need to have their wits about them at

all times.

Chaplains are also responsible for security and must ensure that when a death is called into the

prison, a person has actually died. Chaplain P4 expressed this very well when they said,

> People who claim to be family members, who make up a story that there's been a death in
>
> the family and it ends up at the other end of the conversation that this really wasn't a
>
> family member. They were just duping you so they'd get a free call to their inmate friend
>
> or relative.
>
> But with Ontario's confidentiality legislation, it can be quite difficult to verify a death.

Chaplain P5 said,

> They don't want to give you information. They don't know who you are at the other end. You can't really get verification—and yet you don't want to leave at the end of your work day without giving that inmate the opportunity to get the information before he sees the news, or gets the news in a secondary way. Sometimes we're taking a risk in pulling that inmate out, putting him in a room on the phone with family, or getting involved in a situation that might be a hoax.

In my experience, there are many reasons why people make hoax calls. As was mentioned by Chaplain P4, it may just be to get a free call to an inmate as people can't call into the prison. It can also be to carry on criminal activity with the inmate or to harass an inmate, letting them know that their family is in danger despite not being dead at the moment. The chaplain is responsible for the care of the inmate and has to ensure they do not facilitate criminal activity, so a lot of time is given to death verification, time that might be better spent supporting inmates who actually had a significant person die. Once the death is verified and the inmate can be approached to share the unfortunate information, the time together can be interrupted. Chaplain P11 said,

> Security trumps everything. So, if I am dealing with a one on one and a blue code [fight has broken out anywhere in the prison] may go off and I'm euchred, so all that grief that they're wanting to deal with has to be pushed aside till another time.

With regards to an inmate obtaining permission to go to the funeral home, this researcher sees the security challenges for the remand centre. It may be declined due to the makeup of the individual: Are they a flight risk or a threat to the officers? Has the family provided adequate time to prepare for safe transport? Is an outside group going to use this as an opportunity to harm the inmate or free the inmate? Chaplain P17 provided one example when they said,

I think most inmates try very, very hard to get out to participate in the funeral, but they

are told there may be gangs or others in the presence, so they are not allowed."

Limited chaplain time barrier. Another context barrier for proper inmate support of grief

is the chaplain's time, which generated six code occurrences. Chaplain P5 said,

In many cases I'm being asked to provide for phone calls that are based on emergency or

death in the family, and I can do that if I'm available, but I'm one Chaplain in one facility,

and I'm all over the place doing lots and lots of things and schedules—time, space, access

to telephone or to me—quite often are the barriers.

Even though this sentiment was repeated by a number of the focus group call

participants, there may be a trend in policy to have fewer chaplains in the institutions. Chaplain

P3 highlighted this reality when they shared,

I think the chaplain is the key, and one of the barriers I think will be is the lack of

chaplaincy presence, so I don't know if people are aware what's happened provincially in

New Brunswick, but all five institutions are under one person whose—now I don't even

remember his title it's so long. But people [Inmates and Staff] literally call into him and

that's how they have their time slots during the week, and people are looking at that as a

model across Canada because it saves a lot of money obviously. So, I asked him who will

bring the grief notice, and he said, umm, well whoever happens to be there, it could be

the programs officer, could be the whatever. But anybody who has the predominance to

write a report or has within their responsibility any kind of report writing or any kind of

assessment. I don't think that is the person who should be delivering the news, and I think

that has to be relegated to the sacred person on the site, whoever that sacred person is.

And I think that could be one of the barriers is moving away from the chaplaincy one-on-

one presence and allocating this to whoever happens to be present in the institution. I think it's very key who delivers the news.

Resignation barrier. There is a context barrier because chaplains exist in a rule-based system, whether it is under the authority of the prison or the union. Some chaplains, in some ways, have become resigned to the status quo, and the code titled "defeat" generated five code occurrences. Chaplain P15 said,

> I'm not sure you're going to be able…there is certainly no easy fix, and I'm not sure there is any solution that would address the barriers enough to facilitate inmate grieving, you know, in a meaningful sense.

Overcoming barriers. And yet when the conversation turned to how barriers could be overcome, there was a flood of positivity. The many barriers identified earlier in reverse order are the lack of chaplaincy time, security barriers—particularly around funeral attendance, the lack of safe private space, and logistical issues.

Leveraging chaplain's time. How to leverage chaplain's time generated 12 code occurrences. Each of the chaplains described themselves as being spread very thin. Chaplain P5's earlier comment resonated with everyone, i.e., "I'm one chaplain in a one facility, and I'm all over the place doing lots and lots of things." Overcoming this barrier meant providing better access to volunteers and family, referrals to other professionals, grief classes, and other resources, thus effectively leveraging the time of the Chaplain. Chaplain P13 said,

> Finding designated volunteers in the community who are really good with grieving and bereavement, have them on an on-call kind of basis—when we have somebody going through the grieving process, we have somebody we can call and say, "Hey listen, would you mind coming in and meeting such-and-such a person and meeting with them for a period of time because they've just suffered something in their family?"

Another solution promoted easier access to grieving family and friends, so they could care for one another. It would require a change in standing orders, but it is one that is reasonable and would be considered. Chaplain P7 said,

> In most provincial institutions, my understanding is there is a two 20-minute visit per week limit. And I think it would be really helpful to, once there is proof of an actual death and that type of things have all been vetted out, I think to do a graduated process where perhaps you increase the number of visits; in the first week could they be entitled to…five times in the first week and three times in the second week and two times in the third week, but it gradually decreases. But there is a period where you acknowledge there's more time required.

Chaplain P6 spoke about, rather than offering their limited time or that of a volunteer, they would, "follow up and to help them through, and if they're still grieving or they're still having difficulties, then you can talk to them and say, 'Do you want to see a psychologist or a counsellor?'" Chaplain P17 has been using a course as a means to teach inmates about techniques of grieving saying, "There is a course that we do for grieving. There is a course the chaplains offer for grieving—that works of course. That I offer two weekends a program that gives them a multifaith perspective on grieving." In a similar manner, resources provided to the inmate give the inmate the tools necessary to grieve without requiring the time of the chaplain to teach these skills. Chaplain P13 made this suggestion and added a preventive piece when they said,

> There is material on grieving and how to deal with the loss of people, whether it comes from a spiritual perspective or secular perspective. I think there's not really much of a barrier to getting good grieving materials into some of our jails. Maybe it's financially, but I expect we could get donations from some organizations in the community. Loss is

something that every individual in prison has dealt with, or is dealing with at some level,

whether its relationships or whatever. I just wonder, too, if there's a preventative piece to

this. That instead of reacting, some kind of preventative information we could hand out to

people. You know you're grieving; maybe nobody has died, but you're still grieving.

Maybe you could read this, and maybe that would prepare them a little bit if something

were to happen while they were inside.

So, by increasing the number of skilled grief volunteers and providing more access to

grieving family and friends, better utilizing our multidisciplinary team, providing courses on

grieving to groups, and handing out grief materials, even preventatively, chaplains would have

more time to do crises care with newly grieving inmates, and the broader population of grieving

inmates would be better equipped and supported.

Overcoming funeral attendance security concerns. Despite the focus group

participants' view that the funeral ritual, especially in the presence of family and friends, was

important for grieving inmates, this was only available to a few qualifying federal inmates, and

then only in the embarrassing hand and leg irons with posted corrections officers. Qualifying

provincial inmates could only attend the viewing without anyone but the corrections officers

present. Chaplain P12, a federal chaplain, confirmed this statement when they said,

It takes away something from them when they turn up to the funeral all in shackles and

chains and not being able to really be with family to be able to process that. So that's

something that I experience here with guys that wanted to go but would not go … You've

got a loved one that would be dead. You want to be there, but there you are restricted;

you're limited. You can't do so much stuff because you're all in chains, shackled.

But some of the chaplains were creative, and this generated seven code occurrences. Chaplain P11 suggested,

> One of the recommendations that I'm trying to work on here with regards to grief and funeral and loss is trying to set up the chapel, I mean, with technology we have today where you can actually stream funerals. Instead of inmates getting a Temporary Absence Program for release and all the problems that come with that, if the funeral could be even streamed into the chapel and an inmate can have access to that stream and can process some of their grief just during that time. That's one of the recommendations I'm trying to work on myself. Again, the barriers are, you're trying to sell to management, you're trying to sell to people that make those monetary decisions.

If not live streaming, then a popular idea was addressed by Chaplain P10 who said,

> I do agree with the earlier comment that viewing it in the chapel is very useful. What we did at jail was we encouraged the family to videotape the funeral and then …they mailed it into the chaplaincy department. Then we set it up in the chapel on a video screen, and then we had the inmate come down, and we sat with them and they viewed the funeral. So, even though they weren't present for the funeral, they got to see it on the video screen in the chapel. And then we were there to support and encourage them and also to be with them in their grief at that time, and that seemed quite effective. So, even though we weren't streaming it live, but we were able to afterward have a video with them.

A couple of participants prepared services inside the prison just for the inmates affected by a loss. Chaplain P3 said,

> We would have services actually in my office because there was no other place to do it that was private…We had the option obviously of lighting the candle; you might have an electrical candle, whatever, but the candle was in there and that's very symbolic for

women; they just love that touch. I would bring in a flower, if I had the opportunity to

bring any flower in. Just something that gives them a sense that they have had a service.

They've had something that looks like closure to them, and I think [another focus group

participant] got a good point; they love the music and choosing music that's effective to

them. But [a colleague] and I had done several services inside our office just to give them

an opportunity to be part of a service in case they couldn't give an escorted absence to go

or they are part of a gang, and you know the officers weren't taking them anywhere where

other gang members were or whatever.

Evidently, there was a strong sense that attending a funeral was most helpful, which is

consistent with the meta-synthesis. It was noted that the opportunities to attend were rare and

awkward. Consequently, other ideas to overcome this barrier were considered, such as streaming

the service, recording the service, or preparing a service inside the prison. And while each of

these options were articulated as being organized and attended by the chaplain, earlier comments

about skilled volunteers, or even multidisciplinary team members such as social workers, being

involved in bereavement support would apply here as well.

   Repurposing space. The challenge in overcoming this particular barrier is as Chaplain

P11 said earlier, "Like there is just literally no space. So, until that that is resolved, that's a barrier

I can't magically make appear." And yet there was some creativity that came out in some

conversations that generated three code occurrences. For example, Chaplain P7 said, "And you

know we have infirmaries…in institutions. Is it possible to have a grief wing or a grief area?" Or

is it a matter of negotiating for limited space as we'll discuss later? Chaplain P10 said,

   An interview room that only we had a key to that was always available for us to see

   inmates. So, in situations of grief and loss, we always had a space that was available to us

   and that was private, so we knew that we could close the door, and it would be a private

conversation. We had a telephone that was designated for these rooms. So, we could

always call out, using that phone, and that was always private as well. So that was a very

helpful thing to have because you knew one that you could have a private conversation,

the space was always available to you. No one else was ever using the space.

Careful consideration needs to be given to this space; it may be a simple maintenance

upgrade, such as shades, that can make the difference. Chaplain P5 said, "A safe space is an

important thing for me. I have a, I have a room that I take inmates to where I have to give

notification or put them on the phone with family with a shade I can draw, very, very private."

We must use our chapels and advocate to maintain them because they are very important

according to both the meta-synthesis and the focus group study. Chaplain P2 said,

> I gave inmates some time, like some silence by themselves in the chapel to kind of just be
>
> quiet, and you know cause sometimes it's hard to actually get time alone in kind of a
>
> more warmer, sacred space. So, that was a nice, that person that inmate really appreciated
>
> that, just to have some time alone in the chapel.

Consequently, safe private space was one of the more challenging items to overcome.

Some prisons do not have space, and it's difficult to obtain space from others, so when a prison

has space, the chaplains need to work hard to keep it; Once lost, it is rarely recovered.

Overcoming logistical barriers. The focus group generated six codes occurrences titled

Policy Change for Overcoming Logistical Barriers, such as promoting the need for grief support,

creating multidisciplinary committees, writing policy, and addressing the current concerns over

the treatment of mental health in prisons from the perspective of the prison authorities.

It was interesting to hear the spectrum of differences in the way grief support was

handled in various institutions under the leadership of their chaplains. Chaplain P12 identified a

gap in previous performance and sought to address it by developing a program and getting the word out that grief programming was available from chaplaincy. They said,

> How much of this is being promoted in institutions? I can remember coming here to jail, we didn't have a grief and loss program and such within the chaplaincy. I know the psychology department, they dealt somewhat with that, but one of the things I discovered was guys were not told they can come down to the chapel and probably find a program whereby they can be involved in and be able to bring closure or deal with their issue, with their grief, with their loss, so that might be a barrier.

While marketing a program to inmates can be an effective method to grow a program, it's important to get buy-in from staff and senior management who may be able to resolve logistical issues and even participate in their care. Chaplain P7 said,

> Could you create a committee that involved correctional officers? Because I think if you don't have the buy-in at the management level to acknowledge this prisoner as a human being and this process as a necessary part of safety…then what we're left with left are the challenges that we constantly come up against. You know if you're short a CO, there's a security breach, that type of thing. But is there a way to go up higher and work with management and develop some type of committee that involves correctional officers, so you start to change the DNA of thought there. Get it away from the dissonant training and more into acknowledging them as human beings and participating in the grief practice with prisoners.

Best practices in grief care for inmates across the province would require the development of provincial policy. Chaplain P5 said,

> It would be good if there was some kind of a policy across the board so that we didn't end up in a situation where every institution was doing things in their own way. When I was

in the federal system, it was in the policy the chaplain was always the first person called

to come into the institution within an hour or two to inform an inmate of a death in the

family. When I came to the provincial system, I was surprised to learn that there's

nowhere in the policy that the chaplain is even involved in notification, and the

superintendent or the operational manager would be the one who would pull the inmate

out and let him know of the death and perhaps give them the call or not. There's all kinds

of different ways the inmates found of a death in the family, and the chaplain is not part

of that process.

In a rules-based or authoritative system with the hierarchy incumbent in corrections,

having a policy in place makes all the difference, and certainly having a provincial policy that

incorporates best practices supports all those providing grief support in the province. For

example, Chaplain P4 said, "At [my jail] I'm, I think, ticky box number 11 on the managers list

in the case of the death of an inmate's family. So, chaplaincy is quite involved here at a

provincial detention centre."

Changing policy in an environment when safety and security is tantamount can be quite

difficult as old proven methods that were considered effective are held steadfast unless it can be

shown that the policy was lacking. Chaplain P10 said,

I think it's probably selling to administration the importance of this from a mental health

point of view and from a spiritual and religious point of view. People need an opportunity

to contact their family and to contact loved ones and express their grief. And that this

would possibly eliminate other potential risks both to staff and to inmates, like the risk of

suicide or the risk of harm to others, if someone hasn't had the opportunity to be able to

essentially vent or to connect with those involved in his grief experience. In my

understanding, the priorities of the institution are custody, care, and control. Those are the

three priorities, and all of the staff are trained to use those areas of concern or those areas of direction in order to do their job. So, what elements are important for care because custody and control makes sense? Would grief fall under care? Because maybe care to them is, well, they have a bed to sleep on, or a meal, or they have a warm cell, or they have a blanket. But can we kind of extend that thinking a little further beyond sort of basic physical needs to also emotional and spiritual needs and what would that look like if we were able to bring that to be within the framework of education of security staff and correctional officers?

This last comment was most interesting because the participant recognized that chaplains are in a rules-based system, and rather than accepting the rules as written, they identified gaps in thinking. If definitions were challenged surrounding the critical word "care," it is probable that policy could be redesigned to foster better custody and control as inmates would be less likely to act out or act in when provided better grief support.

Timing is often essential when one wants to cause a major shift in policy, and Chaplain P10 made the following unanimously supported statement,

And I think on moving from a micro level to a macro level on the issues we're facing within corrections, which I think is a good time to be in corrections actually. I think we're moving from the concept of punishment and banishment to the concept of care plans and meeting. Seeing this is a health care issue that we need to have care plans in place for inmates in order to facilitate their time in corrections. So, when released there's more potential for them to assimilate into society. So, I think we're moving in a very positive way towards more of a health care model, away from housing and sort of a correctional model. I think it will take time for the system to make that shift, but I think there's potential there. So, I think the grief, what you're doing right now, is very important

because if the grief process can be written in to the new ideas around how we're going to

work with inmates from a more health care point of view versus a correctional point of

view, if this piece could be written into the new policies and procedures that are coming

to bear than that would be very beneficial for chaplains in the system, and of course, most

importantly for inmates.

6.   Discussion

The literature review concluded that the Four Tasks of Mourning are unlikely to occur while incarcerated since the priority placed currently on grieving is insufficient. However, the meta-synthesis provided a number of isolated examples across a wide variety of institutions that proffered support and validation for inmate grief. Moreover, the participants in the focus groups identified several means to utilize current resources in different ways to improve bereavement care in their institutions. Certainly, the Four Tasks of Mourning could be more readily processed for willing inmates as a consequence of these new insights.

Cross-task influences

Several elements had a large impact on each of the tasks. For example, the disenfranchisement of grief hindered each task, while the provision of safe private space; caring groups or individuals; and the use of art, poetry, and parallel stories supported each task of mourning.

Disenfranchised grief. One of the chaplains noted that grieving in prison occurs according to a schedule, a sentiment that was supported by Ferrera-Pena (2010) and Ferszt et al. (2004), and most of the chaplains noted that inmates are not safe to mourn publicly and they cannot mourn safely in their shared cell unless they are quiet. The meta-synthesis illustrated that inmates have limited opportunity to grieve or to have their grief openly acknowledged, publicly mourned, or socially supported, and because of this, Ferszt (2002) concluded they are disenfranchised mourners. She added, "disenfranchised grief can have a serious impact on their ability to cope and successfully adapt to the multiple challenges that confront them" (p. 251). Olsen and McEwan (2004) considered the contributors to disenfranchised grief from a different perspective when they wrote,

> Prison inmates and their relationships often are not well regarded by others. They may be considered disenfranchised grievers, because they are removed from their natural support systems. The secondary losses resulting from their incarceration, such as loss of freedom, privacy, and family contact, are disenfranchised losses. Very little information can be found in the literature on bereaved prisoners, and it appears that their grief may not be of great concern to others. (p. 226)

To overcome the disenfranchisement of grief, Doka (2008), Ferszt (2002), and Olsen and McEwan (2004) each stressed the importance of support and validation. Each chaplain shared methods of overcoming barriers in an effort to find ways to provide better support for grief, and through this support, validate the inmate's right to grieve and have their grief openly acknowledged, publicly mourned, and socially supported.

Safe private space to mourn. Inmates spend a great deal of their day in a room surrounded by other inmates, and at meal times and in the evening, they are locked in a cell with another inmate. The chaplains concurred with the meta-synthesis there is no privacy (Ferrera-Pena, 2010; Ferszt, 2000; Harner et al., 2011; Kola, 2005; Woolfenden, 1997; Young Jr., 2003) and it's not safe for inmates to express their grief under these conditions (Ferszt et al., 2004; Woolfenden, 1997). Nevertheless, the meta-synthesis suggested that safe space to mourn is a basic necessity for any grief work to begin. The chaplains spoke of interview rooms that qualify as private space for inmates to grieve. However, they noted that these few spaces are often overbooked with lawyers, immigration, police, social workers, medical staff, or mental health care. Most chaplains noted that there are chapels on most units, and Wilson (2011) saw these as an effective place to grieve. However, the chaplains have had difficulty maintaining the sacredness of these chapels. They noted that in some Ontario prisons, the chapels have been reduced to multi-use rooms that house weight lifting equipment and provide space for cavity searches, haircuts, and other non-sacred activities. They have become another overused space that avails little room for the inmate who needs a safe private space to mourn. Advocacy is required on the part of chaplains to maintain chapels for their intended purposes, which includes the spontaneous need to grieve.

Groups who listen, care, and understand. Before this meta-synthesis, a leading

misconception was that groups, designed to promote the sharing of grief thoughts and emotions,

are ineffective in prison. Instead, the meta-synthesis has shown these types of groups are

effective, and the curriculum of the program itself was less significant. The studies reviewed

included art therapy, guided imagery, and bereavement therapy groups and each provided the

time necessary to build trust, caring, and a sense of safety among group members. Once trust was

established, sharing occurred, and this was helpful in all Four Tasks of Mourning. It was

interesting to listen to chaplains answer the question, "Please describe how your experience is

consistent or inconsistent with the finding with respect to groups." The question was only

answered by one chaplain, who said they provided a program that educates inmates on the

process of grieving. Instead, the programs described in the meta-synthesis were about sharing

thoughts and emotions among the group, and according to Doka (2008), this validation is helpful

to alleviate feelings of disenfranchisement. The reason integrating groups that share were not

discussed among the chaplains may be because the chaplains perceive the risk to each group

participant to be too high in their institutions. Even if the risk could be mitigated somewhat,

utilizing groups that share might result in severe consequences for an inmate, a risk too high to

bear. Schetkey (1998) acknowledged that the risk to the mourning inmate is high unless the

groups are classified in a similar manner that is conducive to safe sharing and the group has

enough time to develop trust. The meta-synthesis showed that when trust had enough time to

develop, sharing groups were effective in minimum to medium-security facilities with women

and men, but only for those men in PC units. Trust would be difficult to establish in remand

centres as turnover and inmate movement across units does not provide the months of time

together necessary for establishing trust. Nevertheless, one of the chaplains in the focus group

mentioned successfully providing funerals for female inmates in a maximum-security sentenced

facility, and this would be a proxy for a group-sharing setting. So, it is possible that with careful thought and preparation, group-sharing bereavement groups could be effective in other types of correctional settings. Groups are effective in prison, providing enough members reside together for a longer period of time on the same unit and have similar classification; consequently, bereavement groups should be more widely used.

Individuals, trained or untrained, who listen, care, and understand. This meta-synthesis also showed that one-to-one interactions were helpful even when the person was a researcher and not specifically offering bereavement counselling. The challenge repeatedly noted by the chaplains was a lack of time for chaplains to provide bereavement care alongside their many other priorities. The chaplains, therefore, can only see a relatively small number of those grieving, and their availability for repeat sessions are rare. The chaplains suggested reaching out to the multidisciplinary team, but Ferszt (2000) noted how challenging it is for inmates to receive mental health care, which suggests that the multidisciplinary team also has crisis priories that would take them away from providing ongoing one-to-one support. While the multidisciplinary team of professionals may not be a viable alternative, the chaplains also suggested recruiting bereavement-trained volunteers. The insight from this research is that another caring individual listening and caring for the grieving inmate is effective in supporting the inmate's grief work. For this reason, the chaplains suggested that a program of caring volunteers could be developed to listen to the inmate and care for them throughout their grief work.

Art, poetry, and parallel stories. Robinson (2004) pointed out music, art, and parallel stories such as poetry have the power to bring forth thoughts and feelings, thus supporting each of the four tasks. Both the meta-synthesis and the chaplains in the focus groups agreed that these tools are an aid to supporting grief. At the same time, the chaplains were not using these tools on a regular basis. Certainly, one recurring theme is the lack of available time for chaplains to commit to programming, but there are also security issues. For example, a standard pencil crayon could be used by an inmate as a weapon. The chaplains would need to consider alternatives, such as shorter pencil crayons, submit their ideas to security for approval, then catalogue materials to ensure none go missing during a program. Despite these impediments, it was agreed by all of the chaplains that it would be beneficial to place a priority on incorporating these tools in their bereavement care. Art, music, poetry, and stories proved to be invaluable tools in the meta-synthesis, and they need to be incorporated into prison bereavement programs.

There was not any research on the essentials required to support grief. Concepts identified, such as safe private space, the presence of supportive family and/or friends, social rituals, art expression, poetry, and access to helpful grief literature were explored, but only in the context of available supports, not whether they are necessary in the support of resiliency as described by Bonanno (2004). These simple but frequently used foundations for mourning are often not available to inmates.

In an effort to consider the unique needs and support required in each task as determined by the meta-synthesis, Worden's (2009) Four Tasks of Mourning have been set apart.

Task 1: Accepting the reality of the loss

  Context: right in front. The best way to deliver the news of the loss of a loved one has not been researched either. Compassion and common sense would suggest that the recipient be sitting down in a safe private space, have the news delivered by someone with empathy, and be provided as much time as necessary to process this new information. Despite the serene tone, the news itself can be quite chaotic. Becvar (2001) describes a situation where the news of an unexpected loss is delivered.

> Survivors confront the pain of the loss at the same time they must deal with the shock, disbelief, in extreme disruption which suddenly are manifest in all areas of their lives. It is in such a state that they must make decisions regarding essential issues such as organ donations, funeral preparations, and burial arrangements. In addition, they must contact family and friends, who are shocked, and are faced with the necessity of recounting the details of what happened over and over. And they also must respond to the grief as well as to the daily needs of other family members. (p. 48)

  However, unlike when this situation occurrs outside of prison, Potter (1999) and Worden (2009) observed that the inmates do not have the opportunity to participate in family decisions in any meaningful way. For example, the chaplains shared that the inmates find it difficult to contact family and friends or spend time processing with them, and they cannot attend to the daily needs of family members. Kola (2005) plainly saw that incarceration removed them from sharing in the grief experience of family and friends. Instead, the news is sometimes delivered coldly as described by Harner et al. (2011), Kola (2005), and many of the Ontario chaplains in open nonprivate space in an unsafe environment where inmates must appear strong and composed to avoid conflict with other inmates.

While social rituals such as the funeral were often unavailable (Potter, 1999; Worden, 2009), they are important. Doka (2008) points out that,

As an interpsychic process, mourning refers to the ways that grief is socially

acknowledged, for example, accepted behaviours, such as mourning dress, that signify a

person has experienced a loss. Rituals that connote loss are critical to mourning. These

rituals allow structure and support the expression of grief. (p. 226)

Worden, in agreement, wrote,

Although addressing this first task of mourning takes time, traditional rituals such as the

funeral help many bereaved people move toward acceptance. Those who are not present

at the burial may need external ways to validate the reality of the death. (p. 43)

Potter (1999), the meta-synthesis, and the chaplains all agreed that attendance at the funeral was unlikely to occur in person due to a host of security and logistical issues. The chaplains identified methods for providing some connection to social rituals such as participating through a streamed funeral in the same manner as video court occurs today. Another method was sitting in the chapel with someone like the chaplain and watching a recorded funeral. Both of these require digital resources and security approval, and neither are available to most inmates in Ontario prisons at the moment. Also, research is needed to determine if these modern methods facilitate the acceptance of the reality of the loss. Holding a memorial for significant losses for a group of inmates was also recommended by the chaplains, though this may only be safe in certain environments, as was suggested by Schetkey (1998). Each of these methods require people to facilitate them, which the chaplains noted was a problem. However, with more volunteer access and recruitment and selection of volunteers with specific training and experience in bereavement support, the chaplains were hopeful that each of these methods could be supported.

Worden (2009) recognized that acceptance of the reality of the loss takes time and is not simply a cognitive function because it also requires emotional acceptance. Lewin and Farkas (2012) found that viewing the body, hearing about the loss, or seeing the obituary supports the intellectual aspect, but the emotional aspect requires different support, and they provided an example when they observed an inmate saying, "I feel like I need to talk about it. It enters my mind and I just shake it off because I believe I don't want to accept it" (p. 268). This person has the insight to recognize that they intellectually accept the loss but cannot emotionally accept the loss until they can process it out loud with someone they can trust.

Kaplan (1989) spoke of how sharing dreams in group supported the grief process. Worden (2009) also found that there was

> a strong relationship between the sudden loss of a spouse and the dreams of a surviving spouse in the early months after the death. It may be that dreaming the spouse is alive is not simply wish fulfilment but rather the mind's way of validating the reality of the death through the sharp contrast that occurs when one awakens from such a dream (p. 43).

Given the earlier mentioned need to find other ways to validate the loss, it would seem that the sharing of dreams in group may be something that should be further explored for the majority of inmates who find validation of grief difficult while incarcerated.

Distractions. Distractions were commonly mentioned in the meta-synthesis, and while some were healthy, such as yoga and other programs, drug use was a frequent form of distraction. Worden (2009) and Stroebe and Schut (1999) attest to the notion of taking some time away from grieving by use of distractions. Stroebe and Schut (1999) note that distraction is necessary because the person may find that some aspects of grief are too painful to confront and the person may need to step back to strengthen themselves before readdressing it. Stroebe and Schut (1999) add the cautionary note that "distracting oneself or taking a time out should not be extreme and/or persistent" (p. 216). When inmates have few other options and no safe space, then distractions become persistent as a means of not becoming overly emotional and maintaining a persona of strength. However, by engaging in these distractions repeatedly, they suspend efforts to accept the reality of the loss.

Accepting the reality of the loss required the additional supports of seeing the deceased's body, attending the funeral in some fashion, sharing dreams, and utilizing healthy periodic distractions.

Task 2: Processing the pain of the loss

Ferszt (2000) and Harner et al. (2011) found that it was often not safe to mourn; consequently, inmates would suspend grief. Worden (2009) observed people defer grief by cutting off their feelings and denying the pain that is present, or they may use thought-stopping methods to keep themselves from feeling the sadness associated with the loss. Still others, according to Worden (2009), handle it by stimulating only pleasant thoughts of the deceased, which protects them from the discomfort of unpleasant thoughts, or by idealizing the dead, avoiding reminders of the dead, or using alcohol or drugs to deal with the pain (p. 45). However, this behaviour is not healthy, and Bowlby recognized, "Sooner or later, some of those who avoid all conscious grieving, breakdown – usually with some form of depression" (Bowlby, 1980, p.

158). For this reason, it is important to make safe private space available and prompt the individual to engage in grief work.

Prompting. Providing a trusted and caring person and a safe private space to grieve is only effective if the mourning inmate agrees to participate. The meta-synthesis revealed that inmates needed prompting (Ferszt, 2000; Ferszt et al., 2004; Harner et al., 2011; Kola, 2005). Prompting may be necessary because of, as Kola (2005) observed, "the permission-seeking nature of an authoritative environment" (p. 140), or it may be necessary due to the need for an inmate to keep up the persona of one who is not weak (Ferszt, 2000; Ferszt et al., 2004; Harner et al., 2011; Kola, 2005; Schetkey, 1998), but what is evident is that inmates need greater effort from support staff. While one challenge is limited resources, here again the chaplains identified that greater use of volunteers to follow up with inmates and essentially prompt them into engaging in grief work would be helpful.

Task 3: Adjusting to an environment in which the deceased is missing

As a reminder, Worden (2009) in defining Task 3 noted that,

There are three areas of adjustment that need to be addressed after the loss of a loved one to death. There are the external adjustments, or how the death affects one's everyday functioning in the world; internal adjustments, or how the death affects one's sense of self; and spiritual adjustments, or how the death affects one's beliefs, values, and assumptions about the world" (p. 46).

Unless the inmate spends most of their life in prison, Ferszt (2000) observed, prison is not their everyday life and this by itself challenges task 3. While the meta-synthesis noted that this task could be addressed while in prison through guided imagery, art therapy, stories, and dream discussion in groups, the chaplains in the focus groups were less convinced. The reason for this discrepancy might be because the majority of chaplains were working with inmates with

short durations and they did not run bereavement groups, so their experience covered personally caring for inmates with relatively new grief. Nevertheless, Rosenblatt (1996) wrote that grief has a multiplier effect, so when new grief occurs, past grief is remembered and grieved again along with the new. The chaplain's recommendations about having volunteers trained in bereavement support would be helpful in, possibly through the use of art, poetry, guided imagery, and parallel stories, helping inmates adjust to an environment in which these deceased people are missing.

Finally, chaplains are particularly qualified to support spiritual adjustments. For example, Worden (2009) has often heard, in the face of sudden and untimely deaths, the comment, "why God allowed such a thing to happen. One told me, 'I must be a bad person for this thing to happen'" (p. 49). The difficulty noted by chaplains was in having the time to support ongoing bereavement care directly. However, the recommendations by the chaplains to recruit bereavement care experts who would also be well versed in supporting spiritual adjustments would resolve this issue.

Delayed rituals. Delayed rituals, by definition, require a location where people have been sentenced for some time; therefore, provincial remand centres with short stays would not be ideal. Kaplan (1989) found that delayed rituals supported by a group of inmates were effective in easing some of the pain surrounding loss on anniversaries, birthdays, and holidays. However, delayed rituals could be also performed one to one and would, as Kaplan (1989) also noted, ease grief. This is an option that could better support inmates working on Task 3, and chaplains could find ways to incorporate it with volunteer support. The meta-synthesis revealed that spiritual care and delayed rituals were additional supports necessary to work on Task 3 of the Four Tasks of Mourning.

Task 4: Finding an enduring connection with the deceased while embarking on a new life

Higher power. Task 4 Worden (2009) defined as " to find an enduring connection with the deceased in the midst of embarking on a new life" (p. 50).

While faith was also a constant thread through each of the tasks, it was of particular importance to Worden's (2009) Task 4 Of Mourning, and this was because most inmates found an enduring connection by relocating the deceased to heaven where they would connect through thoughts and prayers. The meta-synthesis illustrates that sessions with group or an individual resulted in twice as many grieving inmates finding solace in their faith. In part, this was because the inmates' heathy and unhealthy thoughts and emotions were validated and explored by the group. Embarking on a new life in the meta-synthesis involved either establishing new relationships in the prison or outside of the prison by reaching out to family and friends. As this task, like Task 3, is engaged in more frequently after the first two tasks, the chaplains in the provincial system were quiet on the subject as a consequence of primarily caring for inmates with brief incarcerations.

What if these same people were not in prison?

Ferszt (2000) raised an important point when she wrote, "It is questionable if Christine would have been able to cope better if this loss had occurred out of prison"(p. 163). The focus of this dissertation was specifically about the positive things being done to support grief in prison. Methods of distractions through use of addictive substances, which were prevalent in the meta-synthesis, wouldn't appear to support healthy grief. Worden and Stroebe and Schut (1999) note that distractions are only to offer a breather from more painful or tiring aspects of grieving. For the many inmates who are resilient and would utilize the supports available to them on the outside, would they recover as Bonnano (2004) described? It is unclear how a person who is at high risk for PCBD might manage outside of the prison.

The literature review identified inmates as high risk for PCBD. Better support may be able to help inmates avoid developing this disorder. Treatment methods for PCBD have been identified, and they require delivery by trained professionals. While existing health care staff could be trained to deliver it, with current resources, they do not have the time to administer this therapy. A better option is to find methods to validate and support inmate grief to mitigate the chance that these inmates that are high risk for developing PCBD develop it in the first place.

Conclusions

As a final point, despite the many challenges that packed each of the individual studies, this meta- synthesis determined that some inmates are able to complete each of the Four Tasks of Mourning while incarcerated. Expanding the prevalence of effective mourning among inmates requires support staff and administration to systemically integrate through provincial policy the following initiatives.

Despite overcrowding, maintaining safe, private, sacred space to mourn is a necessity. Bereavement groups are effective in some prison environments; where possible, they should be

promoted. Volunteers who offer one-to-one bereavement support through listening, caring, and understanding should be utilized in all locations and especially those places where bereavement groups are not feasible. Art, music, poetry, stories, rituals, and spirituality are tools that should be incorporated into these groups and individual programs. When support systems are in place, grief support workers need to place greater emphasis on prompting and encouraging inmates to grieve. This meta-synthesis showed that inmates who are able to grieve effectively, offer support to others, and engage in more educational programs grow emotionally and act out less. Moreover, the literature review showed that effective grieving reduces the occurrence of complicated grief and its inherent recidivism (Leach et al., 2008; Walker & Shaffer, 2007; Wilson, 2011). It therefore provides evidence that including provisions for inmates to do grief work is beneficial economically and from a health and safety standpoint due to a reduction of resources absorbed in prison assaults and recidivism.

Ethical considerations and trustworthiness

The meta-synthesis was made up of previously published and completed research where ethical considerations were explored within the individual studies. The research in this meta-synthesis included studies only where informed consent was obtained and confidentiality was maintained. Attempts were made to include a variety of inmates from various races, ethnicities, ages, nationalities, and religions. Also, efforts were made to include a variety of stakeholders in the field of grief such as nurses, chaplains, social workers, and bereavement counsellors. I chose to include unpublished dissertations to incorporate diversity into the study; however, there may be published or unpublished studies not included in this analysis, particularly if they only tangentially or indirectly touched on the issue.

A meta-synthesis contains the interpretation of data from the original participants, then at a higher level the individual researchers, and then finally at the last level, the meta-synthesis of

the final researcher. At each level, Zimmer (2006) noted the interpreters lived experience and

situation cannot help but influence the analysis. While an effort has been made to share sources

of bias of the meta-synthesis researcher in an effort to improve trustworthiness, no effort was

made to include background information to consider the potential biases of the individual study

researchers or the participants of the individual studies. While efforts were made to ensure

accuracy, validity, and trustworthiness of data, this is the researcher's first effort at a meta-

synthesis. Solo work removes experience and synergies gained through collaboration. Therefore,

potential violations cannot be excluded as a possibility that could influence the results.

　　　　With focus groups, there are a number of inherent problems that can be found during

moderation, data recording, and data analysis. With moderation, there needs to be the right

balance between an active and passive role to encourage discussion without influencing the

outcome. Some participants can be suspicious of recording, and this can be somewhat mitigated

by ensuring the data will remain confidential. Group dynamics also play a part as dissenting

views may be censored by less confident members while dominant members lead discussions.

Sim (1998) observed that effective moderation, carefully considered group composition, and

holding a number of unique focus groups can mitigate these issues to a degree. Finally, the

relationship between the researcher and the focus group participants may have influenced the

findings. On the other hand, the researcher's knowledge of and relationship with the participants

may have been crucial for recruiting participants and collecting data. Koelsch (2013) found that

the member check is one method of improving trustworthiness of the data. Essentially, the

information gleaned from the participants in the focus group, after interpretation and

conclusions, is reviewed by the participants to determine if the researcher has accurately reported

their content. In summary, the focus groups were organized, prepared, and moderated according

to details outlined and accepted by the Research Ethics Board at Wilfrid Laurier, which appear in Appendix F, with supporting documents found in Appendices G, I, and J.

Limitations of the study

As limitations, the meta-synthesis part of this dissertation included qualitative studies that explicitly showed findings for included inmates who were grieving the loss of a significant person while incarcerated. It did not include all published studies that might have tangentially or indirectly touched on this issue. The extensive range of modern English search terms used to locate suitable articles attempted to satisfy this challenge but may have been insufficient as the terms may not generalize worldwide or across time. Moreover, the study abided by Sandelowski and Barrosso's (2007) general guidelines for meta-synthesis, but other scholars have put forth guidelines as well (Noblit & Hare, 1988; Thorne, Jensen, Kearney, Noblit, & Sandelowski, 2004). Thus, the results of this study may have been different had another approach been undertaken.

This meta-synthesis examined a variety of themes to develop a greater understanding of helpful grief support available to inmates in a variety of settings but has limited generalizability due to the number of studies included and the gender, cultural, duration of incarceration, and age composition in the studies examined. In addition, the studies analyzed in the meta-synthesis are somewhat heterogeneous. That is, the methodologies, settings, and samples differ enough that firm conclusions regarding the positive or negative effects of grief support on inmates are not possible, reflecting the state of bereavement support knowledge at this time. For example, some of these studies included offenders who had killed their child and others that did not; some were conducted with young offenders and others with adults. Additionally, it can be difficult to ascertain the specific causal effects when substance abuse, mental health comorbidity, and other factors influence the individual's propensity to do the necessary grief work. Furthermore,

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published versus unpublished (i.e., dissertation) documents were subject to different levels of review and scrutiny; consequently, there is likely variability in the quality of studies included in the meta-synthesis. However, the two dissertations referred to throughout offered rich, in-depth information about the specific topic, so despite this limitation, the decision was made to include them in the review.

Limitations of using the focus group approach include the tendency for some kinds of socially acceptable opinions to emerge and for some participants to dominate the sessions. While efforts were made to organize and moderate the group to mitigate these limitations, there is evidence that they occurred. The study employed the methodology by Kruger and Casey (2014), but other academics have recommended guidelines too (Kitzinger, 1995; Morgan, 1997). Subsequently, the outcome of this portion of the study may have been different had another approach been chosen. The focus groups in this research aimed to discuss the findings of the meta-synthesis in relation to their own experience. While there are topics deemed unsuitable for focus group research and views that were unlikely to emerge in this context, the discussions revealed key challenges in providing grief support to inmates, issues in the delivery of grief support to inmates, and strategies to overcome challenges in an effort to better serve the population.

Researcher's qualifications

Given the complexity and variety of prisons, it was helpful for me to have a 10-year working history in a remand and sentenced centre in Ontario. It was also an aid to have toured a number of other prisons over the years and spoken to their staff about strengths and challenges of each. A treatment centre, a youth offender facility, an intermittent facility, PC, sentenced units, segregation, and mental health for men or women each have unique needs. The staff attempt to accommodate these needs safely with the building and resources available. While this has given

me a taste of how other places operate, it in no way makes me an expert on prisons, and some locations were best understood in contrast to what I have experienced.

Bereavement itself is an area that I have learned is quite complex. My experience as one of two certified chaplains who are the lead on grief support in a 1,200-bed facility was an asset. It allowed me to see first-hand how inmates often suspend grief to maintain a façade of strength. Working in a facility with its own strengths and weaknesses has given me first-hand expertise in attempting to support grief within the prison context. At the same time, during the writing of the literature review, I quickly learned that the grief experience is far more unique to each individual than I had previously thought. To consider oneself a grief "expert" in someone else's grief is naïve; at best, I have learned more and am considerably more humble in this regard.

Facilitating the focus groups was an area that required special skills. Here again, working as a chaplain helped with actively listening to the participants and encouraging those who were quiet. However, because I am a member of this geographically dispersed group, I had to be mindful of my potential influence. I was constantly checking myself to determine if I was probing to unpack something not fully understood or if my interventions intended to lead the group in some personally satisfying direction. My self-awareness and active listening training and experience was particularly helpful during the facilitation of these groups.

Gaps in current research

Despite the descriptions of high-risk mourners as consistent with the profile of a large percentage of prisoners, there is no research that confirms prisoners are at high risk for PCBD. More study of PCBD itself is still required before it can either be included as a unique disorder within the DSM or be removed. In that regard, there are areas where qualitative meta-synthesis might be particularly useful. For example, it would be helpful to consider each of the risk factors for PCBD separately to determine if there are effective means for reducing a particular risk factor

that might have a significant impact on the prison population. On a different note, a meta-synthesis on disenfranchised grief as described by Doka (2008) may lead to methods to reduce its impact on the prison population making grieving while incarcerated easier.

There is no research on the complications that different types of mental health disorders create for bereavement, with the exception of major depressive disorder. Brown (2009) found that "mental health is ubiquitous in Ontario prisons, with many inmates experiencing multiple severe diagnoses simultaneously" (p. 9). Could grief programs be tailored to some of the more common diagnoses? For example, Fazel and Danesh (2002) found that approximately 50% of inmates have a diagnosis of antisocial personality disorder. How should bereavement support differ for a group with this diagnosis when they have had difficulty forming and maintaining attachments in life (Byron, 2008)? For example, I met an individual who sobbed upon learning of the death of a grandparent with whom he had developed no relationship. I later learned from him that his tears were for the loss of the family he had never possessed and now came to realize he would never have. Developing interventions and models of care specific to the diagnoses most common in prison may better support inmates' grief work. Additionally, in my work as a chaplain, I have noticed a higher prevalence, in prison versus my local community, of traumatic, violent, ambivalent, suicide, and child death for inmates; each of these types of losses have specific treatment considerations (Becvar, 2001). In this regard, Kaplan's (1989) group work with mothers in prison for the death of their child gives credence to the notion that tailored bereavement group work would be effective for specific forms of loss. Tailoring programs for mental health diagnoses and losses most common in prions may increase the effectiveness of bereavement support.

It would be appropriate to expand the focus groups to other stakeholders as each group—nurses, corrections officers, the mental health team, and administration—see the issues

surrounding grief from different vantage points. It would be most beneficial to learn first-hand where they see the value in better bereavement support, removing existing barriers, new means of overcoming barriers, and fresh ideas on how better support could occur. Moreover, such a series of focus groups would increase awareness and improve engagement with the problem.

During the creation of this meta-synthesis, I began to wonder about the impact of other interventions. For example, would the live streaming of funerals or the recording of funerals, which is becoming increasingly available, support inmate grief? Also, what is the impact on mourning of submitting a eulogy letter and receiving correspondence about the funeral from loved ones?

Another consideration is the effect of visualizing everyday life without the deceased in the completion of Task 3. As an example, I worked with an inmate who began to describe his expectation of playing a video game and seeing the name of his deceased friend blink on the screen without being able to connect. Through this imagining, he seemed to be able to experience a life without the deceased from the confines of prison. This parallels the guided imagery work by Fawkes (1992) and Hall et al. (2006) and the dream sharing by Kaplan (1989), though more research is necessary on the efficacy of these forms of treatment. Could visualization help inmates, separated from their normal context, adjust to a world without the deceased?

What is the impact of addictions on bereavement? Does it suspend grief, or does it in some way allow for grief to occur in a less painful way? There also needs to be more research on unresolved grief coupled with new loss after new loss for individuals with families and friends that live high-risk lifestyles. There is no research on the percentage of inmates that develop PCBD and whether or not incarceration contributed to it. There needs to be research to determine if the consequence of PCBD is criminal behaviours, such as addictions and assaults, that return people to prison. In other words, there needs to be research into the true cost of PCBD to the

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individual, family unit, and society as a whole. Finally, could existing therapies for PCBD be provided in treatment centres, alongside addictions and anger programs, as a means to rehabilitate inmates and reduce the long-term cost of recidivism?

Future directions for prison grief support

During the focus groups, it was noted that there must be policy surrounding grief support written for Ontario prisons. Despite the reality that each facility is unique, there are opportunities for homogeneity in offerings. Policy would address issues like safe private space and sacred space, support from family and friends, volunteer access, key people involved in bereavement support, and more. While this study considered bereavement support in general, could current treatments for PCBD be utilized in prison treatment centres, and would they reduce recidivism?

Video funerals. There are no studies on the aid provided by recorded or streamed funerals for those mourning individuals who are distant or shut-in. Does seeing and hearing family grieve without being physically present support grief? If it was shown that streamed live funerals provided equal benefits to attending a viewing in isolation, the Ministry of Community Safety and Corrections may be interested in supporting it. There are immediate health, safety, and cost benefits, and the Ministry of Community Safety and Corrections already has a successful model provided by the relatively new video court program.

Eulogy letter. The importance of participating in the funeral was explicit, but no one had attempted to consider the impact of submitting letters for the eulogy or receiving correspondence from loved ones after the funeral. In my work as a chaplain, inmates who have been able to find safe private space and work on a eulogy type letter were able to more easily and effectively express the pain of the loss. Would this activity, that requires little support, make a connection for the inmate with family and friends? Moreover, would submitting a eulogy letter satisfy those instrumental grievers as described by Doka and Martin (2011), whose mourning entails more thinking and doing than the expression of emotional pain?

Feedback from focus group summary

After the focus groups concluded, a summary document (Appendix K) was sent to each participant with an offer to attend a feedback meeting. During this feedback meeting, they shared their desire and challenges to provide proper grief support, their belief as to why it is so challenging, and a couple more suggestions for better grief care.

One of the chaplains noted their strong desire to provide proper support but was frustrated that they did not have the time and resources to provide it. Chaplain 4 said,

> I felt that as chaplain, it puts a microscope on a very touchy issue and a major failing I
> feel that I have to live with. I just can't do everything. And when you were referring to

some of the outside research, it seems like chaplains are being cast as heartless

hardhearted people that don't care about inmates, and I struggle with that. I am glad that

you're are giving input and giving us a voice so that we can have a chance to say there is

a big, big picture here and this is part of it—the grieving—I would love to be able to do

more grief work, but other responsibilities just tie my hands.

This same chaplain also emphasized both the difficulty in maintaining sacred space and

also the importance of advocating for it. He said,

I wanted to give the reaction to the 'safe private space to mourn section' and the quote

'However the chaplains have had difficulty maintaining the sacredness of these chapels.'

You betcha you outlined that very well. I wanted to say a hardy Amen, not that it's a good

thing, but you expressed it well. It's really hard for us to keep it as sacred space. And the

last line, 'Advocacy is required on the part of chaplains to maintain chapels for their

intended purposes, which includes the spontaneous need to grieve.' My thought on the

side was sometimes you just give up fighting. I try and maintain control, but I've gotten

overridden so often, I see the need, and yet no one else seems to see the need, and that's

what I fight with—is not having negative thoughts and saying, 'What use is advocacy?

They haven't listened in the past. I shouldn't give up.' It was a good reminder.

The reason for the lack of time, resources, and ability to maintain sacred space may be

public sentiment, according to two of the chaplains. Chaplain 15 said,

General society is aware of prison on the periphery of their conscience, but I think there

is a tendency to dismiss the thoughts and the feelings of offenders as being something

else, as being different, as being maybe unworthy of being sensitive to those feelings. I

thought that this paper really brought to the forefront the humanity of the offenders and

the fact that they experience grief and loss in a way that is very very similar to all of us

but with certain peculiarities due to the environment in which they live. The Correctional

venue has certain norms and expectations, and the offenders learn very quickly that they

are not allowed to deviate from [them] without running the risk of attracting negative

attention. So, while the feelings inside are ones of turmoil and frustration and

helplessness like everybody else that suffers a loss, they are not able to manifest that in a

way that is socially acceptable because of their environment.

Chaplain 4 shared,

I attend meetings where some of the people are very strong on 'Why do we need to spend

more money on prisons? Take the money and send it out into the community.' There is

pressure out amongst in the community to take money away from [corrections] and

there's a struggle—the public doesn't want to support what's going on—and to try and

find more money for programs for grieving, that's what we are faced with—a big uphill

battle that some part of the public will never understand how incredibly important this is

to inmates and their possibility of surviving prison and getting out and being active again

in the community in a positive way. It's a big tension out there.

Turning now to other suggestions on providing better care, one chaplain noted the

importance of maintaining grief support as inmates travel from one institution to another. This

would certainly include movement between provincial prisons, onto treatment centres, and even

mental health hospitals. Chaplain 7 said, "I'm wondering if it's possible to add an element of care

to somebody who is transferring from one [institution] to the another." Another chaplain

challenged the notion that trust between inmates cannot develop in a remand centre due to their

short stay. Chaplain 4 said,

I noticed when you—in the section 'Groups who listen care and understand' and there

was a comment that in remand centres or detention centres where I work, trust would be

difficult to establish as there's high turnover and inmate movement. I would say yeah, but

there is the 'Doing time on the installment plan.' When guys come back in, it's like

they've never left, and they welcome each other back, and they're back home, and there is

a trust factor amongst seasoned inmates, and they can share with one another. And same

thing for staff—they recognize them coming back and they'll cut them some slack if an

old timer gets bad news; they'll give them time out; they'll make it possible for phone

calls to family, so I was gonna be a dissenting voice in that section where this can't take

place in a remand centre. I think there is elements that can and there's hope in that.

His comment adds the possibility that bereavement groups could be effective in a remand

centre among repeat offenders who have developed trust through repeat incarceration or on the

street. The challenge, in my opinion, would be to gather enough of these people in one unit who

would willing to attend a bereavement group. Furthermore, the group would change as inmates

are moved from unit to unit and released. While it seems like a difficult undertaking, his

comment is hopeful, and bereavement groups in remand centres should not, therefore, be readily

dismissed.

Implications for corrections

Within corrections, a principle that guides decision making and policy is "custody, care,

and control." These three Cs form a triangle that must be kept in balance. For example, the best

method to ensure for custody and control in corrections is to place each inmate in segregation for

the duration of their stay; this is something that does not happen. The consequence of long-term

segregation has been studied by researchers such as Haney (2003) and Miller and Young (1997),

who unsurprisingly determined that it contributes to the decompensation of the inmate and

therefore lacks care. While this list is in no way comprehensive, corrections already provides

safe, dry housing; medical; dental; and psychological care. The inmates receive meals overseen

by a dietitian to provide healthy nutrition and have chaplains to facilitate spiritual and emotional support. While there is a best effort to ensure for the inmate's physical, mental, and spiritual care, the tension between custody, control, and care results in challenges such as the inability to grieve with family and friends, maintain safe private space, and attend rituals to better support the inmates' mental health.

Prison research may alert correctional managers to short- and long-term issues sooner than they would otherwise become aware (Patenaude, 2004). Acting out and acting in can be a predictable consequence of bereavement, and better support in the early stages would provide a safer environment for staff and those under their custody. Moreover, the significant growth in mental health issues within corrections has dramatically changed how corrections care for inmates. The study of PCBD is new, and inmate characteristics match the descriptions of those at risk. By providing better care for those at risk of PCBD, corrections could reduce instances of this mental health disorder and its costly support.

7.   Theological reflection

When studying mourning by inmates who have lost a significant person, it begged the question, for those outside of prison, is bereavement support essential, and if so, what pastoral response is required? To reflect on this topic, I chose Whitehead and Whitehead's (1995) model and process whereby they assert that theological reflection in ministry instigates a conversation among three sources of religiously relevant information: the experience of the faith community, Christian tradition, and the sources from culture. The suggested model for carrying out this conversation between the three sources includes attending, asserting, and discerning a pastoral response. Attending is defined as a Christian virtue through which we patiently discern the voice of God. We must attend to our cultural setting, which is made up of the media, social sciences, dominant cultural, philosophy, and technology. The Whitehead model (1995) favours attending to our religious heritage by way of free association, triggering memory and imagination to reveal concepts, images, symbols, and religious consciousness. Also, we need to attend to personal and professional experience, a lifelong process of self-knowledge and self-acceptance. Assertion is the communal exploration of the testimony of Christian tradition, personal experience, and cultural insight. However, assertion is described as a crucible where the challenge is in finding a balance by which individuals in the reflective body can present their beliefs forcefully without forcing them on others. The purpose of theological reflection in ministry is to allow faith perspectives to influence personal and social life; it is not just about insight, rather, it is about insightful action.

When alone, people grieve by reflecting deeply in thought and emotion, and some may put this to pen. Others may watch a movie or TV program, read a book or poetry, listen to music, or create something to elicit thoughts and emotions or to seek guidance. After the recent loss of my brother-in-law, I took the time to reflect in writing on the experience, noting observations,

thoughts, and feelings surrounding the event, and this will form the content of my experience for this spiritual reflection. Reflective writing was a skill developed in seminary that was honed through crises and often involved writing to God or with God. It was helpful in organizing my thoughts and discerning the sources of pain, and it was through writing that my raw thoughts and emotions could be explored privately. Others may find guidance through the lessons of a Disney box office hit such as Coco (Anderson, 2017), a Disney Pixar movie about what it means to be dead. The final song titled "Remember Me" (Anderson-Lopez & Lopez, 2017), emphasizes the significance of music. In this movie, "a sad guitar" triggers memory and relocates the dead to a part of those that remember them. This movie has been adopted by families as a way of helping one another cope with loss, as shown in the example of a child singing to his deceased sister (Hollywood Scoop, 2018).

Finding ways of remembering my brother-in-law was also common during and after the funeral. My father asked me how he could "fix this" because he was concerned about the depth of grief affecting my mother and sister. Since there is no way to "fix" the death of a loved one, he began to fix the house. This was both a tangible and metaphorical way to fix the broken home and a way of memorializing as my brother-in-law started many jobs but always left something to be finished later. The words "it is finished," (John 19:28-30, NIV) rang in my mind as I saw one room after another come to completion. One of my sons was also deeply affected by the loss and wanted to memorialize the death through a tattoo. This brief paragraph was in no way intended to span the scope of ways that people grieve alone as there are many helpful books on this topic. Rather it was to begin to illustrate that culturally and experientially, people do find ways to grieve alone.

Grieving can be quite painful, and in the absence of community support, it is unclear how people manage it. For example, Wordsworth (1909) in his classic poem "Surprised by Joy," vents

about memory being quite painful. In the first part, he feels joy about something unmentioned and wants to share his joy but realizes that the one he loves, the one he would share his joy with, is dead.

> Surprised by joy—impatient as the Wind
>
> I turned to share the transport—Oh! with whom
>
> But Thee, long buried in the silent Tomb,
>
> That spot which no vicissitude can find?
>
> Love, faithful love, recalled thee to my mind—

Then he admonishes himself for feeling joy because in doing so, he forgot his grief and loss, and a terrible pain returns, a pain surpassed only by the first moment he knew his love was gone.

> But how could I forget thee?—Through what power,
>
> Even for the least division of an hour,
>
> Have I been so beguiled as to be blind
>
> To my most grievous loss!—That thought's return
>
> Was the worst pang that sorrow ever bore,
>
> Save one, one only, when I stood forlorn,
>
> Knowing my heart's best treasure was no more;
>
> That neither present time, nor years unborn
>
> Could to my sight that heavenly face restore. (p. 1157)

Wordsworth chose to suffer in the misguided belief that continuing to feel this pain was necessary to honour his dead wife. With only his own thoughts and feelings to reflect upon, he is stuck in Worden's (2009) second task of mourning and will have difficulty moving on.

Is it necessary to experience this pain if ultimately the bereaved want to move to a state of remembering the loss in a more positive way? The psychiatric community, as expressed in the DSM 5 (2013), would argue that enduring pain is not compulsory, and it could be life threatening. Pies (2014) wrote,

> The bereavement exclusion was eliminated from the *DSM-5* for two main reasons: 1) there have never been any adequately controlled, clinical studies showing that major depressive symptoms following bereavement differ in nature, course, or outcome from depression of equal severity in any other context—or from MDD appearing "out of the blue;" and 2) major depression is a potentially lethal disorder, with an overall suicide rate of about 4 percent (p. 19).

While Pies (2014) also noted that bereavement and major depressive disorder are distinguishable, only five of nine criteria must be met to qualify for medication. Someone that is sad most of the day, does not experience much pleasure, is tired, has inappropriate guilt, and cannot concentrate is considered to be grieving by Granek, Ben-David, Shapira, Bar-Sela, and Ariad (2017) in their paper about oncologists whose patients died. Yet those same five symptoms, if sustained over only 2 weeks following the death of a significant person, could result in a major depressive disorder diagnosis and medication to help alleviate the symptoms. Though medication can alleviate pain, Bonhoeffer (2010) emphasized that feeling pain is necessary when he wrote,

> There is nothing that can replace the absence of someone dear to us, and one should not even attempt to do so. One must simply hold out and endure it. At first that sounds very hard, but at the same time it is also a great comfort. For to the extent the emptiness truly remains unfilled one remains connected to the other person through it. It is wrong to say that God fills the emptiness. God in no way fills it but much more leaves it precisely

unfilled and thus helps us preserve—even in pain—the authentic relationship. Furthermore, the more beautiful and full the remembrances, the more difficult the separation. But gratitude transforms the torment of memory into silent joy. One bears what was lovely in the past not as a thorn but as a precious gift deep within, a hidden treasure of which one can always be certain. (p. 289)

Bonhoeffer (2010) endured the pain and emptiness of the loss for the explicit purpose of preserving the authentic relationship with the deceased.

Experiencing the pain of loss was seen as necessary by Wordsworth (1909) to honour the dead and as a negative by the American Psychiatric Association (2013) community because it can lead to suicide. On the other hand, it was seen as a positive by Bonhoeffer (2010) as necessary to move through grief and shown as positive through the music of Wiz Kahlifa (2015) and Anderson-Lopez and Lopez (2017) as a means to relocate the deceased to memory.

While Disney (Anderson D., 2017) promotes and Wordsworth (1909) explores the notion of being alone with ones thoughts, the Bible encourages people to be with God. In Boyd's (2003) book, *Letters from a Skeptic: A Son Wrestles with His Father's Questions about Christianity*, the author shares Greg's, a professor of apologetics, written responses to his father, Edward's, written misgivings about Christianity. In the book, Boyd (2003) explores this idea of being with God in their grief when Greg responds to his father's long-held undisclosed grudge against God. Edward writes,

When Arlyle was dying, we all prayed till we were blue in the face. Even you kids prayed. Maybe God doesn't listen to the prayers of sinful adults, but he should have at least heard the cries of you kids! Instead you kids were left motherless and that set in motion a rather unfortunate history you yourself know only two well. If God had been personally concerned about us, Greg, He'd have spared your mother and spared all of us

a tremendous amount of pain. You can try to explain this, I suppose, with your cosmic

warfare theory, but it seems easier to simply conclude that He doesn't give a damn.

Whatever his personal agenda is in the universe, I don't see that has a lot to do with our

little earth. There you have it straight from the gut. (p. 59)

Edward, alone with his thoughts, reaches out to God, but in the absence of a feeling or

answers to his prayers, he concludes God is callous and remains stuck in Worden's (2009) Task 2

of mourning. Greg came to quite a different conclusion.

What I also experienced, dad, and what is shown throughout the New Testament, is that

Jesus suffers with us in our suffering. That's how he heals us of our suffering. One of his

names in the New Testament is 'Immanuel,' which means 'God is with us.' However low

we sank, God is with us. He's there at the bottom waiting for us! God was suffering with

you, and me, and Arlyle, throughout the whole affair. He cries too. And through His

participation in our pain, He wants to redeem it. He wants to bring out whatever healing

is possible to you, and to me, and to all involved. His healing strength is in His

vulnerability to pain. (p. 61)

In this example, left alone with one's thoughts or with God can result in very different

perspectives. Edward left the church, and long after the death of his wife, remained bitter.

Through his relationship and grief support of Greg though, Edward's narrative changed, and he

regained hope and joy (Boyd & Boyd, 2003). How can two very different perspectives align with

the Bible perspective of God's support? The Bible reveals in Psalm 23:4, Psalm 34:18,

Lamentations 3:32-33, Matthew 5:4, and Rev 21:4 that God is compassionate and will comfort

us (NIV). More succinctly, MacLaren (1859) wrote God is "bearing grief for us, bearing grief

with us, bearing grief like us" (p. 93), and according to the Bible, this occurs through God

sustaining Deut 10:18, Psalm 10:14, Psalm 55:22, Psalm 68:10, John 14:27; healing, Psalm

147:3, Psalm 147:9, Jer. 49:11; and restoring Psalm 23:1-3, His people (NIV). The Bible asserts that God will turn mourning into gladness and replace sorrow with comfort and joy Psalm 30:11, Psalm 61:3, Jer. 21:13, and John 16:20 (NIV). Note that it does not suggest that the bereaved will not experience pain, instead, God is present with them in their suffering—sustaining, comforting, healing, and restoring them and ultimately returning them to joy. It is through Edward's son that God provides bereavement care.

Even with faith in God, some people such as Edward (Boyd & Boyd, 2003) can feel and be very alone. Following the service for my brother-in-law, an internment for the family was held, and despite the cold, my sister did not immediately leave, though she wanted others to take shelter in their vehicles. In a moment of reciprocal caring, most braved the cold until my sister could no longer bear to let them. It was in trying to walk away that the gravity of the loss seemed to affect her most, and she received many hugs in support. It was in this moment of ultimate grief that she disclosed feeling the full reality of the loss. The opportunity to experience this moment would be repeated many times in the near future. For example, it happened after the formal events our family held, the continued repairs, tidying, and dealing with the financial issues. We met with advisors and began the process of renaming accounts from jointly held into my sister's name alone; each signature was a reminder that her husband was gone and not returning. In each of these moments, despite being surrounded by caring friends and family, my sister was very much alone. Grief can be so overwhelming it isolates a person from those who love them most: family, friends, and God.

Just as Edward Boyd had difficulty being alone with his thoughts and feelings, for some it is chaotic, and nothing may bring comfort as the following piece written by Noorchashm (2017) would confirm.

'BELIEVE', read festive signs all around us. 'Joy,' read others. The call is to believe in a God who loves us, sees us, guides us, protects us and intervenes on our behalf with Mercy and Justice— in a world of uncertainty and rancor. 'The Big Guy is in charge, so don't worry—have faith!,' they say. But when you are touched by raw tragedy, by senseless loss, by youth destroyed, by potential dissipated, by heartless human travesty….It's not so easy to sit back and just 'believe'—in anything, much less an interventionalist, benevolent and merciful God, unseen. When the brutal emptiness of life becomes 100% clear, when the death of your beloved tears your bones apart, it's not so easy to just 'believe'—no matter how fancy and well-decorated a church altar the 'believe' menu is being served on. Add to that a life spent in scientific, intellectual and logical pursuits—and the kind of rote and passive belief many 'faithful' promote, in the face of senseless injustice, brings the whole idea of 'believing' to a profound low. The benevolent and merciful 'God' who intervenes personally on our behalf, starts to look like a flimsy man-made idol designed to sugarcoat shit. I know I'm not alone in this— and maybe I'm in good company…In the Bible, Job is said to have lost everything—but the Bible says that he kept on believing and so God restored him. I guess that's why he ends up being a character of biblical proportion—and I never will, because in the face of Amy's death, I do not have Job's faith in merciful benevolence. The truth is that the manner and timing of Amy's death has not only caused me to question my faith in the idea of a merciful and benevolent God who looks after us personally, it's caused me to lose faith in our medical institutions and leaders and in the whole ethically unhinged utilitarian construct on which our society is being operated. And this loss of faith is no trivial matter—I assure you that it's been well thought out and analyzed. Those who

know how and why Amy died, and what man-made monster she fought, will know what I mean.

This man left to his thoughts sees posters urging the reader to "believe"; he's heard the sermons exhorting God's sovereignty, benevolence, and mercy; he's read the Bible and knows the stories intimately; and all of this infuriates him. He is extremely angry at God for not intervening, and it must have been difficult to want to or even believe in God's comfort or experience God's presence. C.S. Lewis (1961/2017) after the death of his wife similarly wrote,

> Meanwhile, where is God? This is one of the most disquieting symptoms. Go to Him when your need is desperate, when all other help is vain, and what do you find? A door slammed in your face, and a sound of bolting and double bolting on the inside. After that, silence. You may as well turn away (p. 57495)

Even King David felt this way when he wrote, "How long, Lord? Will you forget me forever? How long will you hide your face from me? [2] How long must I wrestle with my thoughts and day after day have sorrow in my heart?" Psalm 13:1-2 (NIV). At a time of great need, to be alone and without God can add to suffering. However, Noorchashm (2017) is also a learned man who has tried to understand the scientific, medical, and ethical response and is equally enraged. He is angry at the world for not healing his wife. He has done about as much as a person can do on their own, including reflecting in his blog, but where is he left? Noorchashm is alone and not even his capacity to think through his problems provides any comfort. He is stuck in this nebulous place that he refers to as "suspending disbelief." Unlike Edward, he was willing to look for answers in God and science, but at this point in his grief, he came up empty. Would enduring his grief in solitude lead to an authentic relationship with the deceased as Bonhoeffer (2010) espouses, or would he allow others to help him change his narrative as Edward Boyd's son, Greg, (Boyd & Boyd, 2003) did for his father? On the other hand, despite

the early support of Job's friends, their form of "help" would only lead someone like

Noorchashm (2017) into deeper anger.

      While Noorchashm (2017) seems to be looking for definitive answers, it is likely that

someone being with him in the depths of his grief would be helpful. Consider the funeral for my

brother-in-law, which was well attended with satellite screens in other rooms to accommodate a

large gathering. The music, provided by local talent, was interlaced with Christian hymns that

spoke of the afterlife and God's sovereignty and grace. The eulogists shared their love for the

deceased, celebrated his life, eccentricities, and moments of laughter, working out some of their

own grief in the process. People cried openly in the loving presence of family, consoling one

another, and they cried privately in the safe, sacred spaces of the funeral home and church. The

readings were all from scripture and supported a highly therapeutic meditation that cautioned

people to take time to mourn and avoid taking shortcuts. They also made explicit the impact of

the loss to individuals and the community. This was an important message to share with

everyone, so that the supportive listener could later share it with my sister and those closest to

him who didn't retain a word.

      Being alone with one's thoughts misses the opportunity for shared wisdom and expertise.

There certainly would be plenty in this example that might give someone like Noorchashm

(2017) material to rail against, but the sermon did not focus on a benevolent God but instead

encouraged people to comfort one another over the weeks and months to come. Greg Paul (2004)

wrote in his book, *God in the Alley: Being and Seeing Jesus in a Broken World*, "I have learned

too well the bitter emptiness of chirpy gospel-talk to ones so deeply wounded" (p. 28). He

instead simply listens to those grieving and gets to know them, and through Greg's presence,

they experience Christ. People in Prince Edward Island do provide ongoing support, being there

for one another long after the loss. It's been 2 years since my brother-in-law died, and people still

arrive with food and offer childcare and a listening ear. The community also memorialized the loss through an annual charity run and golf tournament in memory of him. Community support and presence was culturally new to me, having grown up in the suburbs of Toronto. This notion that God is with us in our suffering permeates the Bible and often dominates funeral hymns was contested by none other than King David (Psalm 13:1-2, NIV) and C.S. Lewis (1961/2017). It is interesting to note that King David and C.S. Lewis each attributed a purpose to God's apparent absence. In like manner, I propose that God is present with the grieving, but just as my sister saw past me in the depths of her grief, how much easier is it to be unaware of the presence of God? Paul's (2004) incarnational theology places God in the flesh through His people.

This theme of family/friend care and presence with the bereaved continues through Wiz Khalifa's hit song, "See You Again" (Cedar, Franks , Puth, & Thomaz, 2015), dedicated to the late Paul Walker from the movie "Furious 7" (Moritz, Diesel, & Fottrell, 2015). According to The Co-Operative Funeralcare (n.d.), pop music is the most popular funeral genre today, usurping contemporary and traditional hymns. This suggests that even as people move away from their faith, there is still a need to get together in bereavement for a ritual. "See You Again" (Cedar, Franks , Puth, & Thomaz, 2015), is one of the most requested pop songs for funerals according to The Co-Operative Funeralcare (n.d.). One of the stanzas in this song says, "How could we not talk about family when family's all that we got? Everything I went through you were standing there by my side. And now you gonna be with me for the last ride." This verse illustrates the importance of family, simply being there for one another. In this case, family refers to his tight knit group of actor friends that made six movies together, being with one another through difficulties, including the bereavement of Paul. In like manner, philosopher Francis Bacon wrote,

The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing…not healing, not curing…that is a friend who cares.

To explore this notion of family support further, my family has been through much together. When my sister's husband was in hospital dying, my parents flew to be with them. My brother and I joined them a week after his death. At the visitation, my father noted how it should be a time of support for the widow, and yet time and time again, he saw grieving people receiving support from her. However, it is in my sister's nature to help others. As a business partner with her physiotherapist husband, she worked in a healing field. Helping others through their loss may have helped her come to terms with the reality of her loss. There were concerns that deep bereavement could affect my sister's health and the safety or development of her unborn twins, so my mother remained weeks after the funeral. The depth of loss for my mother and sister was debilitating, and each found themselves remaining strong for the other: my mother out of concern for her daughter's health and my sister out of concern for her aging mother's health. My father and mother have had a long and close relationship, and now my dad found himself alone, sacrificing time with his wife so that she could care for their daughter. Eventually, my mother returned home after seeing my sister's strength returning and noting her need for aloneness to fully come to terms with the loss. Regular phone calls continued, along with video chat where body language and fatigue could be more readily assessed. Family and close friends, in going through the everyday crises of life, come to know one another intimately and should be aware of signs for concern. In being close by, they can monitor mental and physical health, protect the vulnerable from harm, and seek outside support when necessary. In the example of my brother-in-law's death, my sister received a lot of support early on, and as her strength improved, support was reduced, not by a timetable, but by careful consideration of her needs.

Caring for someone grieving may not be enough sometimes, as will next be explored through the story of Job. The book of Job begins by disclosing his multiple losses on many fronts. Job's livelihood of oxen, camels, and donkeys were taken from him, his servants and sheep were killed, his good health was ruined, and all of his children were tragically murdered Job 1:13 - 2:7 (NIV). There is no mention of a funeral ritual, but instead, a form of Jewish Shiva was observed,

> [11] When Job's three friends, Eliphaz the Temanite, Bildad the Shuhite and Zophar the Naamathite, heard about all the troubles that had come upon him, they set out from their homes and met together by agreement to go and sympathize with him and comfort him. [12] When they saw him from a distance, they could hardly recognize him; they began to weep aloud, and they tore their robes and sprinkled dust on their heads. [13] Then they sat on the ground with him for seven days and seven nights. No one said a word to him, because they saw how great his suffering was. (Job 2:11-13, NIV)

However, after this period of being present, listening, and not saying a word, his friends attempted to explain Job's losses by blaming him for bringing on those losses through personal sinfulness (Job 5:26, 8:2, 11.3, NIV). Job shows us that friends can also have a downside when he wrote,

> I have heard many things like these; you are miserable comforters, all of you! [3] Will your long-winded speeches never end? What ails you that you keep on arguing? [4] I also could speak like you, if you were in my place; I could make fine speeches against you and shake my head at you. [5] But my mouth would encourage you; comfort from my lips would bring you relief." These are the close friends that come to be with him. Many of his other friends do not even take the time to be with him and Job writes "I have become a

laughingstock to my friends. Those who are at ease have contempt for misfortune. (Job

12:4-5, NIV)

From the lesson of Job, it is important to be present with the grieving and provide

comfort as his close friends did at the onset of his grieving. But what followed did not support

his grief, and in fact, may have exacerbated it. Nonetheless, community presence in the

mourning of the individual is important according to theologian Abigail Rain Evans (Evans,

2010) who wrote,

> With the central focus of most churches on the funeral service, what happens afterwards
>
> is often left to chance. It is even more difficult to find the right word to describe pastoral
>
> care after the funeral service. The book of common worship seems to have no particular
>
> instructions. The Jewish custom of 'sitting Shiva' is a rite for aftercare from which
>
> Christians can learn. The seven intense days help survivors face the reality of a loved
>
> one's death, and help them move from mourning to living. (p. 419)

Community presence is supported by the mainline religious community. For example,

Lamm (2000) points out that Jewish mourning does not end with the Shiva, rather a second

period of mourning can last up to 11 months. During this period, a prayer is recited daily with at

least 10 people present. This is then followed by a family gathering within the first year for the

unveiling, or placing, of the tombstone. It is not necessary for rabbis or cantors to be present as

this is a spiritual time for the family to comfort one another and remember their loved one. Then

each year on the anniversary of the death, a candle-lighting ceremony takes place—once again

bringing the family together. While the Christian practice in bereavement support, as Evans

(2010) observed, is less structured, is the Church to be any less supportive? In 2 Corinthians we

read,

[3] Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, [4] who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God (2 Cor. 1:3-4, NIV).

In writing this verse, Paul argues that we are to comfort people, not for a specific period of time, but for as long as they are troubled, just as God comforts us until we return to joy. As a disciple of Christ, Paul and the others were to emulate their teacher who "cared for the bereaved" (1 Thess. 4:14, NIV). Christians also believe the Jesus is the earthly revelation of God as shown in the book of Matthew "[22] and they will call him Immanuel"[a] (which means 'God with us')" (Matt 1:22, NIV) Consequently, all of the ways of caring for the bereaved that earlier were attributed to God should also be carried out by God's people. We should therefore be, as noted earlier, sustaining, comforting, healing, and restoring the bereaved until the mourner returns to joy.

Evans (2010) sees bereavement care as a shared mission of people and God, maintaining that just as God accompanies us all through our bereavement, our Church, made up of the pastor and the faith community, should endeavour to also provide pastoral care; therefore, we need to "teach and equip the church for a condolence ministry" (p. 379). Riggs (2006) observed that the Eastern Orthodox Church prescribes a mourning period that lasts 40 days, with memorials that occur at regular intervals, including the anniversary of the death, for at least 7 years. Similarly, the Shiite Muslims hold special ceremonies at regular intervals, including the anniversary, while Sunni Muslims have a mourning period that lasts up to 4 months and 10 days in the case of a widow. Correspondingly, Hindus consider the post-death period a state of pollution for the family; therefore, they live together for up to a year with frequent visits from friends. On the other hand, for Sikhs, structured bereavement support is quite brief (pp. 326-513). The notion of checking in on family through regular rituals observed by the Jewish, Easter Orthodox Christian,

and Shiite Muslims, and the period of pollution for the Hindus, appears to provide a better chance to discover those who are struggling and ensure they receive care. While Christians are called to care for the bereaved, Evans (2010) points out they need condolence ministry training, and this would help all people who care for the bereaved.

Evans (2010) also believes that one way to care for people is through the practice of rituals, which "can help us recognize the ongoing nature of grief and mark those passages and embrace the different stages of the bereavement process" (p. 389). VanKatwyk (2003) went into more detail about the potential makeup of these rituals. VanKatwyk writes,

> Pastoral care is expressed in the public ministry word and ritual; it facilitates life's common transitions and marks the endings and beginnings in our lives. There are the rituals of remembering: a memory book, garden sculptures symbolizing an ongoing presence, anniversary days of gathering wildflowers and meeting at the gravesites. There are rituals of endings and beginnings: the transformation of Martina's room into a study and workplace, the memorial celebration marking re-entry into life with friends and relatives (Walsh & Down, 2005).

Given the expanse over time of the rituals noted, bereavement support is not seen here as something that stops even when a person returns to joy but continues in those momentary lapses that often reoccur around transitions or anniversaries. For example, while the funeral for my brother-in-law was a prescribed ritual, we often have everyday rituals, notable moments in life, which when passed through, also change us. My sister had time in the hospital with her husband as he was dying and was with him at the moment of death. At the visitation, she experienced her husband through the eyes of others who loved, respected, and admired him. She cared for them as they grieved their loss. My sister heard the words from scripture, the words of the eulogies, and the words of the sermon, and then finally walked away from the casket in the cemetery.

Upon returning to her daily life, she was reminded of the loss when changing the property from their joint name to her name alone. She was reminded of her husband every time he was not there as she continued to go about the routine of their 17-year marriage. She was reminded of him at the birth of their twins when he was not there to hold her hand and let her know it would all be alright and again at Christmas and each of the children's birthdays. Rituals seem to work in tandem with life or may act in their stead.

Consider the following assumptions: a situation where a person, grieving the loss a significant person, was unable to attend the viewing or the funeral and could only visit with family twice a week for 20 minutes in a location that was not safe to grieve. Furthermore, they could only express grief quietly at night because it was not safe during the day. Is it possible with these assumptions to grieve the loss of a significant person in a way that will lead to recovery? The answer to that question is quite complicated because it seems to come down to the personhood of the individual as a consequence of nature and nurture. Since we cannot assume that all people that find themselves in those circumstances can go it alone, bereavement support would be necessary. Bereavement support could be provided through medication, and in extreme instances, medication may be required to ensure the safety of the individual. However, the bereavement exclusion was only recently removed from the DSM 5 (2013); therefore, the long-term impact of depression medication on bereavement is as yet unknown, so it is unacceptable to use as a general treatment. The need for bereavement support is reinforced by current music and movies, in the mourning rituals found in contemporary secular society, and in the ancient world religions. In Judaism, Christianity, Islam, and Hinduism, family and friends and those grieving are brought together for extended periods of time or at regular intervals. During a Christian funeral ritual, words of hope are found in hymns and ancient scripture readings; bereavement counsel may be provided through a sermon; meaning is attributed to the dead through eulogies;

grief is normalized through the sharing of pain; people offer support through prayers, gifts, and labour; and death is faced. Consider how much is lost in the absence of just the funeral, never mind returning to a life lived without the individual or the follow-up rituals held by some mainline religions. Then again, not all outside support is helpful as Job's scholarly friends learned. It is difficult to extract the individual from the grieving community, and while there are times of absolute aloneness, these are broken up by caring people.

So, what should be the pastoral response for those inmates who are mourning the loss of a significant person? There needs to be a way to change the assumptions. Attending a funeral ritual and the visitation is an important part of grieving. While approved federal and provincial inmates can attend the viewing, only federally convicted inmates in Canada are able to attend the funeral. Remanded inmates should also be able to attend the funeral given the same security screening. Inmates who are in bereavement should be allowed greater access to family and friends in the early weeks of loss. This could mean extended phone calls in a safe space and family visits could be significantly lengthened. Finally, there should be cell space classified for those grieving where inmates who get along could be combined and inmates who want individual space could grieve in isolation.

However, changing these assumptions might not be possible as they have been put in place for security reasons, but they must be challenged. Nonetheless, in the meantime, families could be encouraged to record the funeral, and the chaplain or condolence ministry trained volunteer could watch it with the inmate in a safe space such as the chapel. The inmate could be encouraged to write their own eulogy and pause the funeral at the appropriate spot to allow them to read it. Support could be provided in this place, and follow-up should occur at regular intervals. However, follow-up may not be welcome without some explanation. Inmate grief is disenfranchised; consequently, they often want to avoid or at least defer grief until released. It

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may be worthwhile to develop a course that informs the inmate population of the importance of grieving and how it can be safely engaged in while incarcerated. Then with their permission they could be followed up with on holidays, anniversaries, or other significant dates. Families can forget the incarcerated at times of grief, and contacting family and including an informational pamphlet describing the importance of family support may be helpful. Willing families could then be encouraged to write, and then the inmate could be allowed to offer written or phone support and share their grief. Writing is a wonderful tool in prison as it can be read, reread, and answered in those safe moments. For the same reason, letter writing could utilize volunteers trained in bereavement support who engage in a written conversation. While bereavement books are often a staple in prison library, poetry or fiction books or short stories could be added that can help a person enter a bereaved space or subtly explore their grief issues. Books maximize the utility of the limited safe space available by putting the timing of their use in the hands of the inmate. A library of movies and music that helps inmates explore grief issues could also be maintained and used by trained volunteers on an individual basis or in group where appropriate. In this same vein, rituals could be designed and performed that mark transitions and the endings and new beginnings common to the bereaved. Safe, sacred space such as chapels must be maintained and protected, as much of grief support is spiritually centred. Properly facilitated bereavement groups that encourage support for another one another are appropriate in some institutional settings, as are groups that utilize arts and crafts to help the bereaved memorialize grief. Some of the ways people grieve outside of the prison, such as organizing and attending a funeral, preparing and offering a eulogy in the midst of loved ones, preparing food, caring for those in grief through a ministry of presence, or fixing a house and checking on the bereaved until they are restored simply are not available to the incarcerated. However, the suggestions in this pastoral response will better support those who need safe, sacred space to think or feel their

loss, family and friends to share their loss, bereavement counsel to explore their loss, and the

time and space to create to memorialize their loss.

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Appendix A

Document for discussion distributed to all focus group participants

Document for discussion

Background

A meta-synthesis of beneficial mourning by inmates who have lost a significant person was conceived as the result of the researcher as prison chaplain attempting to support inmate grief at Maplehurst Correctional Complex Centre. The weight of the underlying studies is determinably on the side of inmates not being able to effectively grieve. Yet in each of these underlying studies there was evidence that inmates were able to grieve in certain ways as the result of a program that was offered at one facility and not others. My premise is that if chaplains had access to this information inmates might process more of their grief while in jail. Because of an inmates' inability to properly process grief research ascertains that inmates are in a high-risk category for pathologizing grief. Some of the factors that contribute to an inmate's inability to process grief have little to do with the jail, so the focus of this study is to consider the aspects that are potentially controllable by chaplains and prison staff.

A couple of definitions are important at this point. First what is mourning and second how do we discern what is effective? While grief, bereavement and mourning often are used interchangeably for the purposes of this study grief will be considered the reaction to loss, bereavement will be referred to as the state of loss and mourning will be thought of as the public or social expression of loss and what is lost is someone dear to the person. More specifically mourning refers to the public display of grief, the social expressions or acts expressive of grief that are shaped by the (often religious) beliefs and practices of a given society or cultural group. The discussion of what is effective could be lengthy and controversial but again for the purposes of this study the researcher decided upon Worden's four tasks of mourning as outlined in his book, <u>Grief Counseling and Grief Therapy</u>, 2009.

Worden's Tasks

In an effort to carry out grief work Worden (2009) suggests that grieving should be considered as an active process that involves engagement with four tasks: (1) to accept the reality of the loss or in other words recognize that the person is dead and is not returning; and (2) to process the pain of grief (People experience pain at different intensities but to not experience some pain is unlikely when a deep attachment has been formed); (3) to adjust to a world without the deceased (including both internal (such as reestablishing a sense of security or playfulness), external (utilitarian adjustments such as being alone in the house) and spiritual adjustments (such as meaning-making); and (4) to find an enduring connection with the deceased in the midst of embarking on a new life. This fourth task has the combined role of finding a place for the deceased without preventing them from getting on with their life. When a person is mourning, they will oscillate between tasks until one or more tasks are completed.

Worden also identifies seven determining factors that are critical to appreciate in order to understand the client's experience. These include: (1) who the person who died was; (2) the nature of the attachment to the deceased; (3) how the person died; (4) historical antecedents; (5) personality variables; (6) social mediators; and (7) concurrent stressors. These determinants include many of the risk and protective factors identified by the research literature and provide an

important context for appreciating the idiosyncratic nature of the grief experience. Issues such as the strength and nature of the attachment to the deceased, the survivor's attachment style and the degree of conflict and ambivalence with the deceased are important considerations. Death-related factors, such as physical proximity, levels of violence or trauma, or a death where a body is not recovered, all can pose significant challenges for the bereaved. Recovery from grief would occur when all four tasks are complete. When a task remains incomplete for an extended period, the individual has become stuck which complicates the mourning process (Worden, 2009)

The purpose of this focus group is to consider the recommendations that came out of the metasynthesis. For the record a qualitative meta-synthesis is an "interpretive integration of qualitative findings in primary research reports that are in the form of interpretive synthesis of data; either conceptual/thematic descriptions or interpretive explanations" (Sandelowski & Barroso, 2007, p. 199)

The following meta-synthesis shows there is a profound need by grieving inmates to find safe, private space to mourn (Schetkey, 1998) in the presence of another trusted person or people. These people may be trained or untrained but it is essential they listen, care and understand the inmate's suffering (Harner, Hentz, & Evangelista, 2011). Art, poetry, music, rituals, faith, and parallel stories were aids (Olson & McEwan, 2004) to completing Worden's (2009) four tasks of grief.

Worden's Task I: To Accept the Reality of the Loss.

Mourning alone was difficult for inmates and there was no evidence in the synthesis that it resulted in completion of Worden's (2009) first task. Mourning alone often took the form of distracting oneself to maintain an appearance of strength or mental stability. Even when fortunate enough to be alone with the deceased, there was a sense that the situation wasn't real. While grieving with loved ones was preferred, this was rarely available. Nonetheless grieving with another person or persons sometimes in therapy was effective in bringing this task to completion.

Alone and Distracted. When an inmate first hears that a loved one has died they are frequently returned to their living unit. They express how the loss is fresh, the reality of the situation is not clear and they are overwhelmed with competing emotions. For most of the inmates, having others present was important but solitude was preferred in some instances. To simply cope in this early stage of mourning many noted an effort to manage emotions often through distractions. Unfortunately, this frequently resulted in acting out through violence or acting in through self-harm. One young offender expressed it in the following way:

> "Since I left your office, I have been very angry and lost. I tried everything to forget. I watched TV and played cards for a while. I even laughed at Tom's stupid jokes. Something inside me was driving me up the wall. At lunch break I even prayed to God to help me, but he didn't help. I thought I was messed up in my head. Nobody asked me what was wrong with me. They see me every day and ignore me like I am a freak [Note: He referred to himself as a freak because he has burn scars from an accident that took the life of his family]. I felt like I was tripping. Then I saw the boiling chicken soup, I pushed it to the

ground. Nobody cares about me, so why should I care for them? What I did kind of made me feel good" (Kola, 2005, p. 113).

Alone with the Deceased. There was an overwhelming unity in the need for funeral attendance, viewing the body, or seeing the tombstone as a means to accept the reality of the loss. Attending the funeral or seeing the tombstone was never available to inmates, in the studies considered, but some inmates could stand with the body of the deceased. Most inmates desired adequate time with the deceased to let the loss sink in; unfortunately the 15 minutes provided was not enough time to let the reality of the loss resonate. Many noted that it would be helpful to grieve with loved ones, however this aid was not permitted; instead the inmate was alone with the guards usually wearing a prison jumper and shackled. One woman described her anguish in following manner:

> "You don't get to go to the funeral, you don't get to say goodbye with the rest of your family, you don't get to feel any of that/to share any of that with anyone that you love that's been in your life" (Ferszt, 2000, p. 158).

When an inmate was able to see the deceased and reflect on the reality of the death there was less anger expressed and a sense of moving forward, but further support was necessary as the following example illustrates.

> "I went to the funeral home alone, in shackles and handcuffs. It's tough without your family there. I couldn't believe it was her she looked so different. I had a terrible time but the two officers were really nice to me. When I came back from the funeral home I was a mess and it took me about 3 weeks to finally get back to my routine. Some people were helpful to me, my roommates, some of the staff a religious sister, the Warden, my counselor, and groups. However, I don't feel that I am really going to be able to accept this until I'm out of prison. Nothing seems real in here" (Ferszt, 2000, p. 69).

Completing Task 1 Required Mourning with Company. Instead of being alone with their loss, most inmates found it helpful to share their grief with trained or untrained people, though the inmates often required prompting. In group inmates were encouraged to share pictures of the deceased, obituaries and funeral programs in an effort to have them relive the early moments of grief. The inmates expressed how thoughts of loss could be intrusive and it was useful to voice them aloud to another. Dialogue with others also aided reforming unhelpful thoughts such as those related to guilt or God. Most importantly it was in the company of another that inmates were able to finally accept the reality of the loss. Notice how the following inmate attempts to deny the loss until they can speak to another.

> "They don't bring this subject up and the reason I'm here today is because I feel like I need to talk about it. It enters my mind and I just take it and shake it off because I believe I don't want to accept it" (Lewin & Farkas, 2012, p. 268).

The words; God, heaven and prayer appeared 162 times in the ten studies reviewed, however inmates were twice as likely to find God helpful in all four tasks of mourning when they were able

to discuss their perceptions with an individual or a group as when suffering alone. Talk therapy, group therapy and grief counseling were effective in supporting all of the tasks of mourning. The following inmate reflected on God with the help of a book and a counselor and was able to accept the reality of the loss.

> Somebody gave me a book the other day - *The Power of Living*. It's all it's all spiritual and it talks about when he takes somebody because it's their time, he has plans for them elsewhere and it's a beautiful book and that helped a lot. And my counselor - just all the spiritual work and that's lifted my spirituality back up and I feel good today about it like I said I've been upset the past few days, just depressed but I'm not blaming nobody and I'm just reading my bible and I accept that she's gone - I just don't like it - you know…I miss her and that's…I miss her that's the bottom line I miss her - I miss her (Ferszt, 2000, p. 95)

Worden's Task II: To Process the Pain of Grief

This task generated 118 excerpts, far exceeding all other tasks. Schetkey (1998) noticed the pain of grief in prison has consequences such as inmate punishment or segregation for assaults or concerns of suicide. Consequently, this task was hardest in which to engage but successful work in this area also led to the greatest immediate benefits for the inmate. For inmates to openly grieve they need a safe, private space (Schetkey, 1998) and the presence of a trusted person or people who listen, care and understand their suffering (Harner, Hentz, & Evangelista, 2011). Having the ability to effectively express the pain of the loss inmates were better able to manage in prison.

A Safe Place to Cry. Prison is an oppressive environment where weakness is preyed upon, so inmates will hide their feelings until they consider it safe. Mourning inmates may find safety in the privacy of an interview room or chapel.   Conversely the mourner may find relative safety in their cell after lockdown where they need only contend with one cellmate instead of a whole room of inmates; they can cry, but only in a restrained manner. Schelky (1998) wrote how,

> "Several men were able to cry in the group without being belittled. They noted that this was impossible elsewhere in the prison, where tears would invoke taunts of 'baby', batterings, and possibly feces and urine being thrown in their cells. They noted that the only other time that it was safe to cry was after lock-down, and then only if one did it very quietly. One member noted that 'you are either part of the group or you are the problem' and that most inmates are very threatened by anything that reminds them of their own weaknesses" (p. 398).

Comparable to an interview room, sacred space provides the privacy necessary to safely mourn and one study noted that it had the additional benefit of intrinsic peace, which led to tranquil and caring interactions. Wilson (2011) observed that,

> "Many men experienced the chaplaincy environment as therapeutic in comparison with the wider prison environment; several described it as 'peaceful'. In time, the men were able to listen patiently to others who were struggling to cope with bereavement and needed to have their anger validated" (p. 13).

Trusted Companion. When inmates voluntarily spent time with another trusted person, in a private space, and were prompted to talk about their pain, sometimes with memorabilia, they benefited by their expressions of grief. Frequently grief work occurred in this manner during the studies themselves. It was best described by Harner, Hertz & Evangelista (2011) when they wrote;

> "In fact, almost every woman who participated in the study expressed some form of emotional release (crying, sobbing, and so forth), often at the start of the interview. Participants found comfort in sharing their experiences in the study. For most of the women it was the first time since their loss that they had really talked about it. They also shared how that felt, and that it was the first time they had encountered someone who really cared, listened, and understood their experience and needs. As one woman described, "I am glad that you are doing this. It's a tough crowd around here. It felt good to talk about it, too." During this investigation, the women had control over when and if they displayed their emotions. They signed up voluntarily, knew when and where the interview would take place, and some even brought Mass cards and pictures to touch and share during the interview. As one woman noted, "I knew I was going to get upset, but I have been looking forward to talking about this with you." (p. 461)

Groups were also effective in providing an environment conducive for task II grief work as long as trust, support, safety and caring were first established among inmate participants. These conditions flourished when the group makeup was stable for several months or more and when inmates saw one another as similar in criminal stature. Once these prerequisites were met, inmates shared their feelings, stories about the deceased, pictures, art and other memorabilia and became vulnerable with one another in shared intimacy. The conclusion arrived at by Schelky (1998) below, speaks of protected custody (PC) inmates who are disrespected by inmates in the more general population but equally respected amongst one another.

> "It is possible that the self-contained placement of these men on PC fostered more feelings of family and that they felt safer there sharing feelings about one another than they might have in the general prison population where there are different unwritten rules of conduct. A Buddhist inmate, not in the group, shared the dilemma he experienced upon finding that compassion and self-protection are often incompatible in prison, where kindness may be viewed as a sign of weakness. Certainly, the experience of support, caring, and safety were major factors in allowing members to begin to deal with unresolved grief. Membership in the group also permitted shared intimacy in a structured setting" (Schetkey, 1998, p. 398).

Growth in Grief Work. Having the opportunity to process the pain of their grief benefited each through as an increase in self-reflection and self-awareness, a reduction in acting out, and a wiliness to explore passed losses and a preparedness to cope with future losses. Wilson (2011) observed,

> "Evidence of participants being more reflective, offering peer support to other bereaved men on the wing, demonstrating new-found confidence, an increase in emotional maturity, engagement in more educational programs, and one member reporting feeling 'uplifted' and more in control of his life (p. 12).

Worden's Task III: To Adjust to a World without the Deceased

Unlike Task II whose focus is on experiencing the pain of loss, Task III involves internal, external and spiritual adjustments. Sharing memories or dreams about the deceased frequently prompted the inmate to reflect on the meaning of the relationship, a spiritual adjustment, and begin to see necessary personal change in light of the loss. Art, poetry, music and comparable stories, sometimes found in bereavement books, were helpful in all tasks. Finally, delayed rituals were effective in marking the completion of spiritual adjustments and preparing the inmate for the grief work of task IV.

Sharing Memories. One woman recounts stories where she reflects on the meaning of the relationship and expresses a loss of security, comfort and playfulness.

> "Missing the comfort, she gave me and the wisdom and the knowledge and everything she just, was wonderful; a very special human being. I remember all the good stuff now...trying not to think about...cause she had some really bad days with her drugs. I try, I try to think about all the good days we had and all the fun times we had. Not the negative - all the positive. Even the positive can make you cry 'cause we had some really happy times and we stepped in bees' nests and got sprayed by skunks and you know things kids do and she was always there for me when I cut my wrists when I was 7 she was watchin' me and she got the ambulance and got me to the hospital, my first ambulance ride and she's just always been there for me always, always, since I can remember" (Ferszt, 2000, p. 94).

Art, Poetry and Comparable Stories an Aid. Olsen and McEwan (2004) were unclear how art, music, and poetry specifically aided inmates in their grief work but it seemed to touch them quite deeply. The parallel stories, shared by others or found in a book, helped many normalize their grief and not feel so isolated. They observed inmates adjusting to a world without the deceased through a particular bereavement book that incorporated many of these aids.

> "Worden's third task, To Adjust to an Environment in Which the Deceased is Missing, also was difficult, especially for group members who had experienced ambiguous relationships with the deceased. Some were unsure of what the world without the loved one would be like after their release from prison. The Metzgar book addresses, very sensitively, different types of death losses such as deaths from accidents, suicide, and disease. Each group member found something in the book that comforted him and helped him in his attempts to adjust to his changed world. For some it was a particular photograph or poem, and for others it was a moving description of a loss similar to his own. One of the men asked for information on ordering the book, because a relative wanted to buy a copy for him" (p. 232).

Spiritual Adjustment and Rituals. During task III some inmates integrated delayed rituals, prayers and the encouragement of other trusted individuals to move toward living in a world without the deceased. Kaplin (1989) observed that,

"Some of the women have gone through delayed mourning rituals with the help of the group. Feelings related to the loss surface on birthdays, anniversaries and holidays. Often, they are eased by some ritual observance. Three years after her son's death, B. expressed her wish to the group to 'light a candle' and have the chaplain say a prayer on the anniversary of her son's death. With much ingenuity, the group members helped her work out the difficulties involved in accomplishing this in prison. She reported back to the group. 'I went to the chaplain's office and lit a candle for my son. We said a prayer together. I said I loved him. I know it's finished now. Thank you for helping.' J. entered the group less than a year after her son's death. As she approached the anniversary, she said, 'I close the calendar when I come to my son's birthday.' The following year, she tells the group, 'I didn't close the calendar this year. I've learned to face it'" (p. 8).

Worden's Task IV: To Find and Enduring Connection with the Deceased in the Midst of Embarking on a New Life

Once inmates have adjusted to a world without the deceased, they find a new place for them and then begin to set out on a new life.

Enduring Connection. The research examined shows that faith helped most inmates locate the loved one and continue that enduring connection. One inmate expressed this final part of the grief journey as follows:

"The thing about my grief now is that I've accepted it a little bit more, that my mother is in a better place, that's she's not in pain. I feel that she's gone on to be an angel, and she's with the man that she loved. I talk to her. Some days are better than others, because I miss her" (Ferszt, 2000, p. 105).

Embarking on a New Life. Over time the inmate has been able to talk about their loved ones with supportive and caring people, sometimes in groups and sometimes face to face. Books, music and poems have set the tone for group sessions and time alone. Olsen & McEwan (2004) received an answer to the following question;

"Has the group experience helped you to find a special place in your heart for your loved one so that you can reinvest in life? 'Yes, talking about all the things that my mother gave to me and taught me, inspired me and loved me, I've already shared a lot of the things from the group with my sister and my brother. I love that book, the soft pictures and quotes and poems'" (p. 234).

In summary we are considering how some inmates have been able to effectively mourn the loss of a significant person while in prison. Worden's four tasks of mourning has been chosen as the litmus test to determine efficacy. Task one requires accepting the reality of the loss and inmates found this very difficult to do on their own even when provided an opportunity to spend time with the deceased. However when prompted, they were able to share their experience of loss with another person and come to accept the reality of the loss. Moreover having another person with whom to dialogue during task one aided the mourning in reforming unhelpful thoughts of guilt or about God. The second task of mourning required the processing of the pain of grief and this occurred most effectively when the inmate was able to find a safe place to cry with the chapel

environment being considered most therapeutic. Sharing the pain of loss with a trusted person or group who listened cared and understood their needs was also effective; though the standard of trust for group sharing was higher. Worden's third task of adjusting to a world without the deceased requires making internal, external and spiritual adjustments. Comparable stories allowed inmates to explore the world without the loved one after their release, while art and poetry touched them deeply and delayed rituals allowed them to make spiritual adjustments. The final task of finding an enduring connection with the deceased in the midst of embarking on a new life found that, when supported by caring people who listen and understand, faith was most helpful.

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Questions for focus group discussion

Please describe how your experience consistent or inconsistent with the findings

    a. w.r.t. Safe private space

    b. w.r.t. programs – groups, one to ones

    c. w.r.t. Units – i.e. Remand vs. Sentenced, General Population Vs. Protective Custody

    d. w.r.t. Visitation

    e. w.r.t. Use of art, poetry and Stories

    f. w.r.t. Use of rituals and spirituality

2.) Do you see any barriers to implementing the recommendations?

    a. If so how could these barriers be overcome?

3.) What other recommendations would you consider?

    a. Do these have barriers and if so how can they be resolved?

4.) Is there anything missing in the report that is important?

5.) Were there any other questions arising from the study that you would like to look into further?

Appendix B

Details of the subject search

Prison AND mourn yielded 0 total results, 0 relevant results, and 0 new studies

Prison and mourning yielded 8 total results, 1 relevant result, and 1 new study

Prison and mourns yielded 0 total results, 0 relevant results, and 0 new studies

Prison and mourned yielded 0 total results, 0 relevant results, and 0 new studies

Prison AND grief yielded 35 total results, 8 relevant results, and 7 new studies

Prison AND grieving yielded 0 total results, 0 relevant results, and 0 new studies

Prison AND grieves yielded 0 total results, 0 relevant results, and 0 new studies

Prison AND grieved yielded 0 total results, 0 relevant results, and 0 new studies

Prison AND bereavement yielded 14 total results, 5 relevant results, and 3 new studies

Prison AND lament yielded 0 total results, 0 relevant results, and 0 new studies

Prison AND laments yielded 0 total results, 0 relevant results, and 0 new studies

Prison AND lamented yielded 0 total results, 0 relevant results, and 0 new studies

Prison AND disenfranchised yielded 4 total results, 2 relevant results, and 0 new studies

Prisons AND mourn yielded 0 total results, 0 relevant results, and 0 new studies

Prisons and mourning yielded 1 total result, 1 relevant result, and 0 new studies

Prisons and mourns yielded 0 total results, 0 relevant results, and 0 new relevant studies

Prisons and mourned 0 total results and, 0 relevant results, 0 new studies

Prisons AND grief yielded 13 total results, 4 relevant results, and 2 new studies

Prison AND grieving yielded 0 total results, 0 relevant results, and 0 new studies

Prisons AND grieves yielded 0 total results, 0 relevant results, and 0 new studies

Prisons AND grieved yielded 0 total results, 0 relevant results, and 0 new studies

Prisons AND bereavement yielded 5 total results, 2 relevant results, and 1 new study

Prisons AND lament yielded 0 total results, 0 relevant results, and 0 new studies

Prisons AND laments yielded 0 total results, 0 relevant results, and 0 new studies

Prisons AND lamented yielded 0 total results, 0 relevant results, and 0 new studies

Prisons AND disenfranchised yielded 1 total results, 1 relevant result, and 0 new studies

Incarcerated *AND mourn* yielded 0 total results, 0 relevant results, and 0 new studies

Incarcerated AND mourning yielded 0 total results, 0 relevant results, and 0 new studies

Incarcerated AND mourns yielded 0 total results, 0 relevant results, and 0 new studies

Incarcerated AND mourned yielded 0 total results, 0 relevant results, and 0 new studies

Incarcerated AND grief yielded 3 total results, 3 relevant results, and 2 new studies

Incarcerated AND grieving yielded 0 total results, 0 relevant results, and 0 new studies

Incarcerated AND grieves yielded 0 total results, 0 relevant results, and 0 new studies

Incarcerated AND grieved yielded 0 total results, 0 relevant results, and 0 new studies

Incarcerated AND bereavement yielded 1 total results, 1 relevant result, and 0 new studies

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Incarcerated AND lamented yielded 0 total results, 0 relevant results, and 0 new studies

Incarcerated AND disenfranchised yielded 2 total results, 1 relevant result, and 0 new studies

Jail AND mourn yielded 0 total results, 0 relevant results, and 0 new studies

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Imprisonment AND grief yielded 7 total results, 0 relevant results, and 0 new studies

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Imprisonment AND disenfranchised yielded 1 total results, 0 relevant results, and 0 new studies

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Offenders AND grief yielded 11 total results, 7 relevant results, and 2 new studies

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Offenders AND lament yielded 0 total results, 0 relevant results, and 0 new studies

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Offenders AND lamented yielded 0 total results, 0 relevant results, and 0 new studies

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Inmates AND disenfranchised yielded 3 total results, 3 relevant results, and 0 new studies

Prisoner AND mourn yielded 0 total results, 0 relevant results, and 0 new studies

Prisoner AND mourning yielded 0 total results, 0 relevant results, and 0 new studies

Prisoner AND mourns yielded 0 total results, 0 relevant results, and 0 new studies

Prisoner AND mourned yielded 0 total results, 0 relevant results, and 0 new studies

Prisoner AND grief yielded 4 total results, 0 relevant results, and 0 new studies

Prisoner AND grieving yielded 0 total results, 0 relevant results, and 0 new studies

Prisoner AND grieves yielded 0 total results, 0 relevant results, and 0 new studies

Prisoner AND grieved yielded 0 total results, 0 relevant results, and 0 new studies

Prisoner AND bereavement yielded 0 total results, 0 relevant results, and 0 new studies

Prisoner AND lament yielded 1 total results, 0 relevant results, and 0 new studies

Prisoner AND laments yielded 1 total result, 0 relevant results, and 0 new studies

Prisoner AND lamented yielded 0 total results, 0 relevant results, and 0 new studies

Prisoner AND disenfranchised yielded 0 total results, 0 relevant results, and 0 new studies

Prisoners AND mourn yielded 0 total results, 0 relevant results, and 0 new studies

Prisoners AND mourning yielded 0 total results, 0 relevant results, and 0 new studies

Prisoners AND mourns yielded 0 total results, 0 relevant results, and 0 new studies

Prisoners AND mourned yielded 0 total results, 0 relevant results, and 0 new studies

Prisoners AND grief yielded 48 total results, 12 relevant results, and 0 new studies

Prisoners AND grieving yielded 1 total result, 0 relevant results, and 0 new studies

Prisoners AND grieves yielded 0 total results, 0 relevant results, and 0 new studies

Prisoners AND grieved yielded 0 total results, 0 relevant results, and 0 new studies

Prisoners AND bereavement yielded 17 total results, 4 relevant results, and 1 new study

Prisoners AND lament yielded 1 total result, 0 relevant results, and 0 new studies

Prisoners AND laments yielded 2 total results, 0 relevant results, and 0 new studies

Prisoners AND lamented yielded 0 total results, 0 relevant results, and 0 new studies

Prisoners AND disenfranchised yielded 0 total results, 0 relevant results, and 0 new studies

Appendix C

Demographics and methodology of studies included in meta-synthesis

Study	Sample Size	Gender	Age Range	Prison Type	Ethnicity	Discipline	Qualitative Research Design	Interview Technique
Fawkes (1992)	10	Male		Maximum	Unclear	Chaplaincy	Phenomenology	Semi-Structured Interviews
Ferszt (2000)	3	Female	28-40	Medium	AA, C, & Native American	Psychiatric Nursing	Narrative	Semi-Structured Interviews
Ferszt et al. (2004)	8	Female	29-42	Min/Med	AA & C	Psychiatric Nursing	Phenomenology	Semi-Structured Interviews
Harner et al. (2011)	15	Female	23-67	Minimum	AA, C, & Hispanic	Nursing	Phenomenology	Semi-Structured Interviews
Kaplan (2008)	14	Female	20-54	Maximum	All Ethnic	Social Work	Phenomenology	Field Notes
Kola (2005)	3	Male	12-20	Maximum	AA & C Italian-American	Chaplaincy	Phenomenology	Semi-Structured Interviews
Lewin and Farkas (2012)	10	Female	22-48		AA & C	Nursing	Descriptive Qualitative	Semi-Structured Interviews
Olson and McEwan (2004)	36	Male	22-65		AA, C, & Native American	Grief Counselling	Phenomenology	Field Notes
Schetky (1998)	11	Male	30-60	Medium Protective Sentenced		Psychiatry	Phenomenology	Field Notes
Wilson (2011)	11	Male		Medium Sentenced		Grief Counselling	Phenomenology	Field Notes

Reason studies were excluded from meta-synthesis

3	A bereavement and loss group in a closed women's prison (Woolfenden, 1997)	No direct quotes of inmates
4	Incorporating existential theory and creative counseling to develop a grief coping model for incarcerated women experiencing bereavement (Anderson A. V., 2015)	No direct quotes of inmates
6	Incarceration and the tasks of grief: A narrative review (Hendry, 2009)	Narrative review
8	Houses of healing a group intervention for grieving women in prison (Ferszt, Salgado, DeFedele, & Leveillee, 2009)	Only one direct quote of inmate and it supported program efficacy not grief itself
9	Older Prisoners' Experiences of Death, Dying and Grief Behind Bars (Aday & Wahidin, 2016)	Narrative review – Focus on thoughts of personally dying in prison and not of the death of a significant other
10	When meaning has lost its way: life and loss "behind bars" (Stevenson & McCutcheon, 2006)	Quantitative
11	Unresolved grief in young offenders in prison. (Finlay & Jones, 2000)	Quantitative
12	A phenomenological study of the act of grief through acceptance while incarcerated	Paraphrasing of inmate with only brief quotations in support
13	Bereavement among young men in prison: Nina Vaswani describes some of the findings from her research (Vaswani N., 2015)	Based on another study by same author (Vaswani N., 2014)
14	A confined encounter: the lived experience of bereavement in prison (Masterton, A confined encounter: The lived experience of bereavement in prison, 2014a)	Direct quotes of inmates but only related to experience of counselling
16	Trauma, stress, grief, loss, and separation among older adults in prison: The protective role of coping resources on physical and mental well-being (Maschi, Viola, Morgen, & Koskinen, 2013)	Mourning of a significant person is not the focus and it's a quantitative study
17	Bereavement counselling in a prison setting: Reflections and implications for clinical practice (Ferrera-Pena, 2010)	Quantitative
18	Responding to bereavement, grief and loss: Charting the troubled relationship between research and practice in youth offending services (Hester & Taylor, 2011)	Narrative review
19	"I have to heal myself": Exploring the needs of incarcerated Aboriginal women in southern Alberta (Lazzaretto-Green, 2015)	Grief not of a specific significant person but historical (multi-generational) community grief
20	Loss among juvenile detainees (Harnisher, 2006)	Quantitative
23	Bereavement intervention with incarcerated youths (Rynearson, Favell, Belluomini, Gold, & Prigerson, 2002)	Narrative review
24	Helping female inmates cope with grief and loss (Young, 2003)	Quantitative
26	Grief experiences of women in prison following the death of a loved one (Ferszt, 2002)	Too many from this same author so I chose this one with the least relevant quotes to exclude
28	'Inside' grief: Bereavement in a prison environment (Potter, 1999)	Quantitative
29	Could recidivism in prisoners be linked to traumatic grief? A review of the evidence (Leach, Burgess, & Holmwood, 2008)	Narrative review

| 30	Counselling the bereaved in prison (Rodger, 2004)	Narrative review
31	'This is not just about death — it's about how we deal with the rest of our lives': Coping with bereavement in prison (Wilson, 2010)	No direct quotes of inmates
32	When Death Enters Your Life: A Grief Pamphlet (Taylor & Ferszt, 2001)	No quotes and not qualitative – pamphlet for inmates grieving
33	Grief associated with a prison experience: counseling the client (Sease, 1982)	Not of a significant person
34	Loss intervention project for adult male prisoners: a project in progress (Hammersley, 2006)	No direct quotes
35	Persistent offender profile: focus on bereavement (Vaswani N., 2008)	Narrative review
36	The ripples of death: exploring the bereavement experiences and mental health of young men in custody (Vaswani N., 2014)	Focus on experience without link to that which promoted each experience
37	Young People and Bereavement Counselling: What Influences Young People in their Decision to Access Professional Help? (Brown, 2006)	Quantitative
38	Art Therapy for Complicated Grief: A Focus on Meaning-Making Approaches (Beaumont, 2013)	Narrative review
39	Group Counseling in a Correctional Setting. (Kahnweiler, 1978)	No direct quotes
41	Exploring grief experiences of Rangatahi offenders through the Kōrero of Māori community leaders. (Peapell, 2012)	Quotes were from community leaders and not the incarcerated grieving youth themselves
42	Grief and Bereavement in the Counseling World (Beasley, 2010)	Narrative review
43	Imprisoned Grief: A Theological, Spiritual and Practical Response (Lane, 2015)	Narrowly focused quotes supporting that prison grief is disenfranchised
44	Disenfranchised grievers-the GP's role in management (Selby, et al., 2007)	Not prison grief
45	Bereavement Counselling (Masterton, 2014b)	Direct quotes of inmate but not about bereavement

Appendix D

Code frequency within each study

	Belonging	Context	Coping/Distraction	Higher Power	Power and Control	Acting Out	Giving up	Trust	Type of Support	1 to 1	Alone	Group	Informal other(s)	Type of loss	Child Death	Suicide	Validation	Worden Task	Task 1 -AL	Task 1 Challenged	Task 2 - P	Task 2 Challenged	Task 3 - Adj	Task 3 Challenged	Task 4 - NR	Task 4 Challenged	Totals
Studies of Grief Narratives			2	20						21	21	1	6						7	11	20	18	9	10	7	5	158
Rage in the Cage			4	4		10				5	3		1						2	9	3	6	1	1	1	1	51
Mourning in Prison	3	2				1	2	8				8			1				2	1	4	3	2	1	2	1	42
Living with the loss of a child				2	2	1	3			3		9	3	5	17				2	11	4	11		10		9	92
Guided Imagery		1		3		1						1	13						1		3	2	7		8		40
Grief Interrupted	2	17					1	5			2	1							5	13	7	19	3	2	1	2	80
Grief Counselling	1			1		1		1				10	1				2		4	2	4	1	4	2	3	1	38
Exploring the Efficacy	2	5				3	1	5				1			1	1	2		3	2	8	2	5	2		1	44
Art Therapy		1		1				7				9	2						1	1	4	5	4		3		38
A Peer Support Group	4	4		1		1		2				4			5		1		3	1	4	2	3		4		39
Totals	12	30	8	32	4	16	6	28		29	36	50	14		24	1	5		30	51	61	69	38	28	29	20	

Code co-occurrence

	Belonging	Context	Coping/Distraction	Higher Power	Power and Control	Acting Out	Giving up	Trust	Type of Support	1 to 1	Alone	Group	Informal other(s)	Type of loss	Child Death	Suicide	Validation	Worden Task	Task 1 -AL	Task 1 Challenged	Task 2 - P	Task 2 Challenged	Task 3 - Adj	Task 3 Challenged	Task 4 - NR	Task 4 Challenged	Totals
Belonging		3		1				6				4			2		1		4	2	4	1	3		3		34
Context	3			1		1	1	5			1	2			4		2		6	9	4	16	3	2	2	2	64
Coping/Distraction				2		2	1					3			1				1	5	2	2	1	1	1		22
Higher Power	1	1	2			2		1		8	10	4	3		3				5	5	11	6	10	5	7	3	87
Power and Control						1													1		2	1					5
Acting Out		1	2	2				1		5	2	2			2				2	4	4	5	1	1	1	1	36
Giving up			1	1	1	1						4			2					4		4		4	4	3	25
Trust	6	5		1							10	2			1		1		4	4	4	9	3		4		54
Type of Support																											
1 to 1				8		5					3	3			2				4	6	14	6	5	1	3	1	61
Alone		1	3	10		2	4			3					8					17	4	23	3	9	2	8	97
Group	4	2		4		2		10		3			1		4		2		11	3	16	4	16	1	17	1	101
Informal other(s)				3				2				1			4				1	2	3	4	1	4		1	26
Type of loss																							1	1			2
Child Death	2	4	1	3		2	2	1		2	8	4	4				1		5	11	8	12	3	9	1	9	92
Suicide																											
Validation	1	2						1				2			1				2		2		1				12
Worden Task																											
Task 1 -AL	4	6	1	5	1	2		4			4	11	1		5		2			3	21	2	11	2	7	1	93
Task 1 Challenged	2	9	5	5		4	4	4		6	17	3	2		11				3		2	33	1	15		14	140
Task 2 - P	4	4	2	11	2	4		4		14	4	16	3		8		2		21	2		7	21	2	9	1	141
Task 2 Challenged	1	16	2	6		5	4	9		6	23	4	4		12				2	33	7		1	19	1	15	170
Task 3 - Adj	3	3	1	10	1	1		3		5	3	16	1	1	3		1		11	1	21	1		2	15	1	104
Task 3 Challenged		2	1	5		1	4			1	9	1	4	1	9				2	15	2	19	2		1	19	98
Task 4 - NR	3	2	1	7		1		4		3	2	17			1				7		9	1	15	1		1	75
Task 4 Challenged		2		3		1	3			1	8	1	1		9				1	14	1	15	1	19	1		81
Totals	34	64	22	87	5	36	25	54		61	97	101	26	2	92		12		93	140	141	170	104	98	75	81	

Word picture
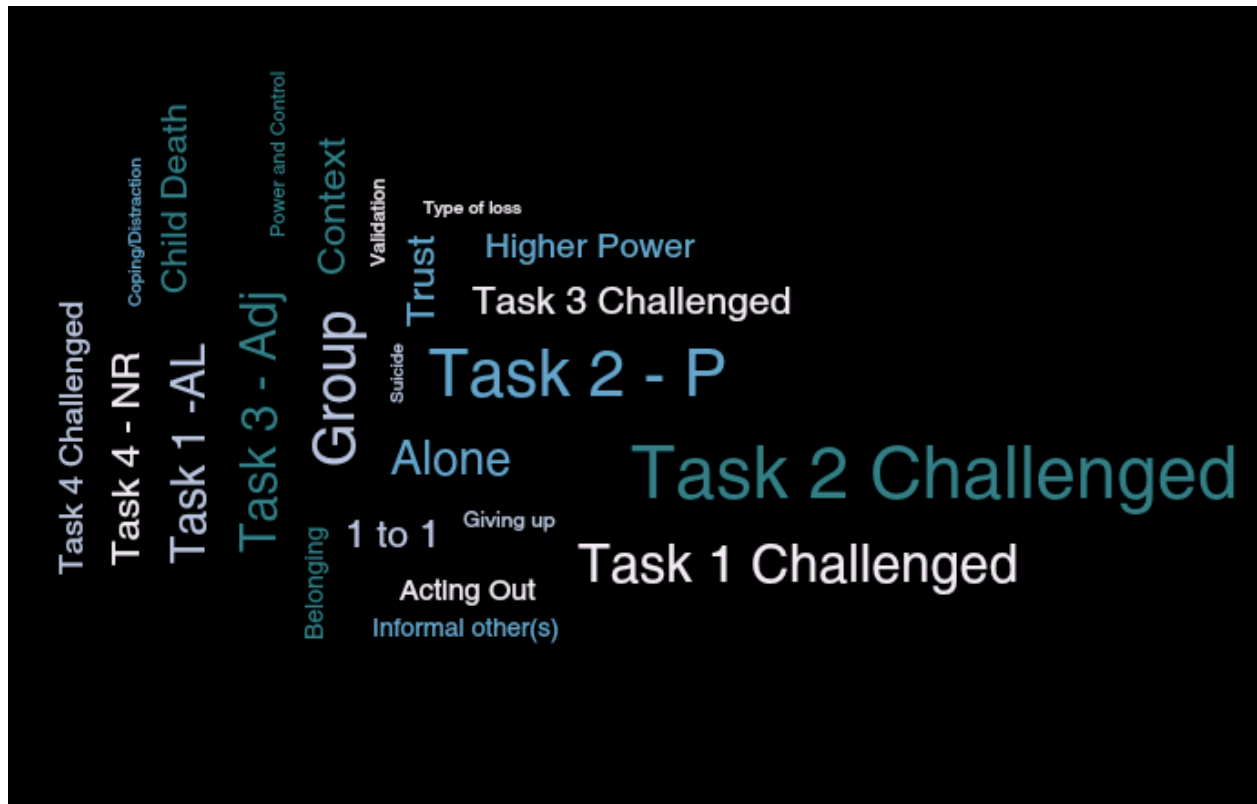
Appendix E

Narrative study notation system used in quotations

Idea Unit	=	one pitch glide or unitary contour; contains a single piece of information
Line	=	one or more idea units, each of which is numbered; each line has a central idea or topic; idea units are separate from each other by a slash (/)
Stanza	=	A group of lines about the central topic; captures a single vignette relatively short and pretty evenly balanced
Strophe	=	groups of related stanzas
Parts	=	make up the story as a whole

- Use CAPS for material that is focused or said with a prominent pitch.

- Underline the main parts of the plot.

Appendix F

Research Ethics Board approval from University of Wilfrid Laurier

From: calunt@wlu.ca
Date: January 26, 2017 at 4:06:13 PM EST
To: "Mr. J. Brad Shoemaker (Principal Investigator)" <Shoe0010@mylaurier.ca>
Cc: "Dr. Lund Kristine (Supervisor)" <klund@wlu.ca>, calunt@wlu.ca
Subject: REB #5196 Clearance Notification

January 26, 2017

Dear J. Brad Shoemaker

REB # 5196
Project, "Clone of Focus Group to discuss the findings of "A Meta-Synthesis of Beneficial Mourning by Inmates Who have Lost a Significant Person""
REB Clearance Issued:January 26, 2017
REB Expiry / End Date: September 30, 2017

The Research Ethics Board of Wilfrid Laurier University has reviewed the above proposal and determined that the proposal is ethically sound. If the research plan and methods should change in a way that may bring into question the project's adherence to acceptable ethical norms, please submit a "Request for Ethics Clearance of a Revision or Modification" form for approval before the changes are put into place. This form can also be used to extend protocols past their expiry date, except in cases where the project is more than two years old. Those projects require a new REB application.

Please note that you are responsible for obtaining any further approvals that might be required to complete your project.

Laurier REB approval will automatically expire when one's employment ends at Laurier.

If any participants in your research project have a negative experience (either physical, psychological or emotional) you are required to submit an "Adverse Events Form" within 24 hours of the event.

You must complete the online "Annual/Final Progress Report on Human Research Projects" form annually and upon completion of the project. ROMEO will automatically keeps track of these annual reports for you. When you have a report due within 30 days (and/or an overdue report) it will be listed under the 'My Reminders' quick link on your ROMEO home screen; the

Approval to do prison research as a Maplehurst Correctional Complex chaplain

Ministry of Community Safety
and Correctional Services

Maplehurst Correctional
Complex

P.O. Box 10, 661 Martin Street
Milton, ON L9T 2Y3

Telephone (905)   876-7357
Facsimile (905)   878-5363

Ministère de la Sécurité communautaire
et des Services correctionnels

Complexe correctionnel
de Maplehurst

C.P. 10, 661, rue Martin
Milton, ON L9T 2Y3

Téléphone (905)   876-7357
Télécopieur (905)   878-5363

Ontario

Thursday February 01, 2017

Kathleen Reed
Deputy Superintendent of Programs
Maplehurst Complex
661 Martin Street, Milton, ON, L9T 2Y3

To Whom It May Concern,

I am aware that Brad Shoemaker, a chaplain at the Maplehurst Complex is working on completing his dissertation for a PhD. The title of the dissertation is "A focus Group of Ontario prison chaplains to discuss the findings of 'A Meta-Synthesis of Beneficial Mourning by Inmates Who have Lost a Significant Person'"

To that end he has requested to facilitate focus groups, on his own time, with chaplains in Ontario corrections.

I am not aware of any conflicts of interest and he has completed a conflict of interest form. I am in support his efforts in this regard to further his education.

Thank you for taking the time to consider his proposal.

Kathleen Reed
Deputy of Programs

Approval from the Ministry of Community Safety and Correctional Services Research Committee

Ministry of Community Safety and Correctional Services	Ministère de la Sécurité communautaire et des Services correctionnels	
Strategic Policy, Research and Innovation Division	Division des politiques stratégiques, de la recherche et de l'innovation	**Ontario**
Research, Analytics and Innovation Branch	Direction de la recherche, de l'analytique et de l'innovation	
25 Grosvenor Street 9th Floor Toronto ON M7A 1Y6 Tel: 416 212-4221 Fax: 416 212-4020	25, rue Grosvenor 9e étage Toronto ON M7A 1Y6 Tél.: 416 212-4221 Téléc.: 416 212-4020	

January 3rd, 2019

Reverend Brad Shoemaker
Wilfrid Laurier University – Waterloo Lutheran Seminary
75 University Avenue West
Waterloo, Ontario N2L 3C5
shoe0010@mylaurier.ca

> **RE:** **"A focus group of Ontario prison chaplains to discuss the findings of 'A meta-synthesis of beneficial mourning by inmates who have lost a significant person'"**

Dear Reverend Shoemaker,

I am writing to confirm that the ministry has no concerns with the above noted research project.

If you have any questions, or should you wish to submit a research proposal in the future, please send it to MCSCSResearch@ontario.ca.

Yours sincerely,

Emad Khan
Director
Research, Analytics and Innovation Branch
Strategic Policy, Research and Innovation Division
Ministry of Community Safety and Correctional Services

Cc.   Karen Prokopec, Manager, Research and Strategic Partnerships Unit
       Sarah Khan, Team Lead, Research and Strategic Partnerships Unit
       Calder Naylor, Research Analyst, Research and Strategic Partnerships Unit

Conflict of interest for ministry employee approval


```
                                                Conflict of Interest (COI) Form
  Ontario                                                          Routine Stream

  Regional Office Use Only    COI #

  Section 1 (to be completed by Employee)
  Employee's full name         James Bradley Shoemaker    Work location  MECC   Maplehurst CC
  (First, Last)
  Employee's job title         Chaplain                   WIN ID                 396854
  Employee's status            ☑ Regular                  Subject of potential   Employee doing Research
                               ☐ Fixed-Term               conflict of interest
  Details of potential conflict (see instructions):
  I am a provincial chaplain serving at Maplehurst working on research
  utilizing Provincial Chaplains for my dissertation to earn a PhD
  Employee's signature                                                  Date (Mmm-dd-yyyy)
                                                                        2/2/17

  Section 2 (to be completed by Manager)
  Manager's full name (First, Last)              Issue(s) identified by the Employee
  REED   KATHLEEN                                ☐ Knows offender/inmate (negative)
  Potential conflict of interest ground          ☐ Knows offender/inmate (neutral)
  ☒ Disclosing confidential information          ☐ Knows offender/inmate (positive)
  ☐ Giving preferential treatment                ☐ Threatened by offender/inmate - no prior relationship
  ☐ Both                                         ☐ Threatened by offender/inmate - prior relationship
                                                 ☐ Other - specify under "Comments"

  Operational measure(s) taken: Community        Operational measure(s) taken: Institutional Services
     Services                                    ☐ Directed not to access/disclose confidential info
  ☐ Offender file transferred to another Probation and    ☐ Directed not to give preferential treatment
    Parole Officer                               ☐ Inmate moved to area employee doesn't work
  ☐ Offender file transferred to another Probation and    ☐ Inmate released from custody
    Parole office                                ☐ Inmate transferred to another institution
  ☐ Directed not to access/disclose confidential info     ☐ No supervision/decision-making over inmate
  ☐ Employee has no decision-making over offender  ☒ Other - specify under "Comments"
  ☐ Directed not to give preferential treatment
  ☐ Other - specify under "Comments"

  COI status                                     Was the HR SBU contacted?
  ☐ Handled operationally                        ☐ Yes
  ☑ Employee to file COI Declaration             ☑ No

  Manager's comments (see instructions):
  CONFIDENTIAL INFORMATION WILL BE PROVIDED IN FOCUS GROUPS, THERE WILL BE
  NO INMATE CONTACT. INFORMATION WILL BE CODED, NO CONFIDENTIAL IDENTIFYING
  INFORMATION WILL BE SHARED OUTSIDE OF FOCUS GROUP.
  Manager's signature        REED  DEPUTY OF PROGRAMS   Date (Mmm-dd-yyyy)  FEB 06 2017
  Superintendent's/AM's signature                      Date (Mmm-dd-yyyy)
```

Personal information is collected under the authority of the *Ministry of Correctional Services Act, R.S.O. 1990.s.30* for the purpose of documenting facts concerning a potential conflict of interest. Please direct any questions to an HR Business Advisor at 416-314-5413

CSD 050-082 (04/2014)   High Sensitivity – Contains Personal Information

Appendix G

Pre-focus group confidentiality script

Hello everybody, my name is Brad Shoemaker and I will be conducting the discussion. I invited each of you to read the summary and recommendations of the study on inmate grief support. I will ask you several open questions. Your personal opinions and views are very important. There are no right or wrong answers. Please feel welcome to express yourself freely during the discussion. You have the right to refuse to answer any and all questions. You have acknowledged that confidentiality during this meeting cannot be maintained but are asked to preserve confidentiality beyond the meeting discussion and not disclose any information obtained during it. Your quotations may be used in the final research report after you have had an opportunity to vet them. Only codes will be used in the publications. This conversation will be recorded only for purpose of the research, only my thesis supervisor and I will listen to the recording. No names or personal information will be used in the report. Some practical issues: the discussion will last for about 30 minutes. We ask you to please switch off your mobile phones. Please give everyone the chance to express their opinion during the conversation. You can address each other when expressing your opinion; I am only here to assist in the discussion.

Participants wanted

PARTICPANTS WANTED

Ontario Prison Chaplains who are willing to discuss over the phone for 30 minutes in a single focus group session their perspectives on effective grieving processes employed by adult incarcerated males.

The project is conducted by a PhD Student of Waterloo Lutheran Seminary part of Wilfrid Laurier University who is a Chaplain at Maplehurst Correctional Complex in Milton Ontario.

Please contact the Principal Investigator: Brad Shoemaker

directly at Shoe0010@mylaurier.ca

or 416 457-9496

Your participation can make a difference

REB #5196

Appendix H

Code frequency for each participant

	Barrier Overcome	Funeral Connection	Leverage Chaplain's Time	Policy Change	Repurpose Space	Context Barrier	Defeat	Logistical Issues	No Chaplain Time	No Privacy - No Safe Space	Security Barrier	Agree with Findings	Disagree with findings	Safe Space	Trusted Person	Follow up with inmate	Totals
Participant: 7	3			2	1	2		2						1	1	1	13
Participant: 6	2		2		1	2	1	1		1		1				1	12
Participant: 5	3		2		1	4			2	4	1	1		1	1		20
Participant: 4	1					4		1		1	3	2					12
Participant: 3	1	1				1			1			2					6
Participant: 2	1					1				1		2		1			6
Participant: 17			1			1					1						3
Participant: 16			2			5	1	3		1							12
Participant: 15						3	1						1				5
Participant: 14			1			3	1	1		1	1						8
Participant: 13	2	1	4			1			1				1				10
Participant: 12	2	2		1								1			1		7
Participant: 11	1	1		1		7	1	1	2	2	1						17
Participant: 10	4	2		2		1		1				1		1	1		13
Totals	20	7	12	6	3	35	5	10	6	10	7	11	2	4	4	2	

Code co-occurrence

	Barrier Overcome	Funeral Connection	Leverage Chaplain's Time	Policy Change	Repurpose Space	Context Barrier	Defeat	Logistical Issues	No Chaplain Time	No Privacy - No Safe Space	Security Barrier	Agree with Findings	Disagree with findings	Safe Space	Trusted Person	Follow up with inmate	Totals
Barrier Overcome		7	7	6	4	3			1	1	4	1		4	3	1	42
Funeral Connection	7		1	1													9
Leverage Chaplain's Time	7	1				1			1	1		1					13
Policy Change	6	1												1	1	1	10
Repurpose Space	4					1					2						7
Context Barrier	3		1		1		10	12	10	13	8			1	1		60
Defeat						10			1	2	2	1					16
Logistical Issues	1					12	1					1		1	1		17
No Chaplain Time	1		1			10	2				4	1					19
No Privacy - No Safe Space	4		1		2	13	2				4						26
Security Barrier						8	1	1	1								11
Agree with Findings	1		1											2	2		6
Disagree with findings																	
Safe Space	4			1		1		1				2			4	1	14
Trusted Person	3			1		1		1				2		4		1	13
Follow up with inmate	1		1	1										1	1		5
Totals	42	9	13	10	7	60	16	17	19	26	11	6		14	13	5	

Word picture

Appendix I

Informed consent statement – Wilfrid Laurier University

"What is a good grieving process for adult incarcerated males who have recently lost a significant person; a prison Chaplain's perspective?"

Principal Investigator: Brad Shoemaker, PhD Candidate, Faculty of Theology, Wilfrid Laurier University, shoe0010@mylaurier.ca

Supervisor: Dr. Kristine Lund, Faculty of Theology, Waterloo Lutheran Seminary, klund@wlu.ca

You are invited to participate in a research study focus group. The purpose of this study is to explore Ontario prison Chaplain's perspectives on the findings and outcomes of a meta-synthesis of beneficial mourning by inmates who have lost a significant person. By perspective, I hope to learn of your experience, insights and viewpoint of what can allow effective grief to occur despite incarceration.

The study is conducted by Brad Shoemaker, D.Min Candidate at the Faculty of Theology, Wilfrid Laurier University, under the supervision of Dr. Krsitine Lund, Faculty of Theology, Wilfrid Laurier University, for the purposes of completing a D.Min Dissertation and defence.

INFORMATION

You are asked to participate in a focus group and share your insights through working with inmates who encountered the loss of a significant person while incarcerated. Nine to fifteen Ontario prison Chaplains will participate in this study.

You are asked to participate in a pre-interview telephone session, a focus group over the phone and an email to review the transcript of your interview to ensure its accuracy at mutually

convenient times. At the end of the study the researcher will share the findings and interpretation with the participants. You can choose whether or not you want to participate in this final meeting. If you choose to, your feedback on the research findings will be incorporated into the final research report.

During the pre-interview session you will receive the explanation about the study, its goals and the researcher's motivation to conduct it. Possible benefits of your participation will be explained to you by the researcher. You will have a week to make a decision on your participation and consider what you want to share during the interview. You will be provided with the a summary of the meta-synthesis and potential questions for the upcoming focus group.

The focus group will be conducted by the researcher over the phone. During this focus group you will be asked to discuss your experiences of working with grieving inmates, changes/transformations/challenges of the process and how these impact the inmates in light of the meta-synthesis. You may omit any questions that you do not want to answer or discontinue the interview at any time without penalty. In order to honour your busy schedule, the focus group will be thirty to sixty minutes. The focus group will be audio -recorded and transcribed by the researcher (Brad Shoemaker)

You will be asked to review the transcript of your interview to ensure the accuracy of the transcription.

At the end of the study, approximately AUGUST 2017 (Revision 14), a meeting with all the participants will be organized. You can choose whether or not you want to participate in this meeting. During this meeting you will receive the description of the research findings and interpretation and will be asked to provide your feedback on these findings and interpretation. The researcher will take handwritten notes during the discussion to ensure no information is lost or forgotten. Your feedback will be incorporated into the final research report.

USE OF AUDIO RECORDING

Only the focus group will be audio recorded. The recording is made for this research purposes to ensure that all the information provided by the group is accurately used for research analysis. The recordings will be transcribed by the researcher (Brad Shoemaker) after the end of the interview and you will be asked to review your transcript. The recordings will not be used for any other purposes. Only the researcher will have access to the recordings. The researcher has the obligation to keep the information shared during the interview confidential.

After the transcription of interviews, the digital recordings will be encrypted, password protected and destroyed after the completion of the study. If you choose to withdraw from the study, the recording with your interview will be destroyed.

I agree to the use of audio recording during my interview.

Participant's signature_____ Date _____

Investigator's signature _____Date _____

BENEFITS

Participation in this study provides you with the opportunity to share your understanding of your experience in working with grieving inmates and how these experiences impacted the inmate. As a result, new understanding of the experiences may be achieved.

Your participation is important as it leads to the inclusion of prison Chaplains' voices, which have hitherto been unrecognized, into the academic understanding of inmate grief. Your personal knowledge and your lived experience will be used to educate professionals and academics, working directly with grieving inmates or indirectly on policy to minimize the challenges inmates

experience while grieving and to bring to light the agency, creativity, and coping skills used by inmates to address grief while in prison.

The findings of the study will describe Chaplains' perspective on inmates who effectively grieve the loss of someone significant. This is a position that is relatively new in the Chaplaincy field and academic literature and is expected to encourage shifts in policies and practices related to inmate grief and coping. It will also allow for the inclusion of various Prison Chaplains experiences thereby raising prison Chaplain's profile.

CONFIDENTIALITY

I understand that the information I provide is confidential, and will never be revealed to anyone except under the following circumstances: if I disclose information about plans to harm myself or others, information concerning any unknown emotional, physical or sexual abuse of children, or information about any other criminal activities not already known to authorities, the researcher is required to report this information to the appropriate authorities.

If you agree to participate in the focus group, it is important for you to know that your confidentiality during this phone meeting cannot be maintained. However, all the participants in the meeting will be asked to maintain confidentiality beyond the meeting discussion and not disclose any information obtained during it. The information provided by you during your participation in the study will otherwise be confidential. You will be assigned a code that will be used in the research report or any publications/presentations of the study. All identifying information (e.g. your names, address, workplace), if shared during the interview, will be omitted from transcripts and reports; names will be replaced by codes. The stories on your personal experiences will be reported in an aggregate way to ensure that you are not identified through the story.

A master identification file that links names and socio-demographics to codes and permits the researcher's later correction of missing or contradictory information will be created, but will

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remain in the researcher's possession only, kept in a secure locked file and destroyed once the study is completed and the dissertation defended. Only the researcher AND THE RESEARCHER'S SUPERVISOR (Revision # 16) will have access to the data.

The quotations from your interview, once vetted by you, may be used in the final research report. Only participants' codes will be used for quotations in the publications. The results of the study will be presented in the researcher's assignment paper, thesis paper, mental health, spirituality, and Multifaith conferences, published in professional journals/books and may also be used for professional workshops or for teaching purposes. If you do not consent to having your quotations used in the final report, you may choose participation only. In this case, the information provided by you will be used by the researcher for developing interpretation only.

I agree to the use of my quotations in the research report and further publications/presentations of the study.

Participant's signature_____ Date _____

Investigator's signature _____Date _____

If you want to participate in the final meeting, where the findings of the study will be shared, in AUGUST 2017 (Revision 14), it is important for you to know that your confidentiality during this meeting can not be maintained. However, all the participants in the meeting will be asked to maintain confidentiality beyond the meeting discussion and not disclose any information obtained during it.

I want to participate in the final meeting with the rest of participants, where the findings of the study are presented.

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Participant's signature_____ Date _____

Investigator's signature_____Date _____

CONTACT

If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study) you may contact the researcher, Brad Shoemaker at shoe0010@mylaurier.ca

This project has been reviewed and approved by the University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Robert Basso, Chair, University Research Ethics Board, Wilfrid Laurier University, 519-884-1970, extension 4994, rbasso@wlu.ca

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed your data will be returned to you or destroyed. You have the right to omit any question(s) you choose.

FEEDBACK AND PUBLICATION

The findings of the study will be presented in the researcher's dissertation, mental health, spirituality, and multifaith conferences, published in professional journals/books and may also be used for professional workshops or for teaching purposes, applications for funding proposal and/or other professional/academic research interests.

If you are interested in this study's findings, you will receive the summary of the final research report. The approximate date for the final report is September 2017.

I would like to receive a summary of the final research report. I understand that the approximate date for the final report is Sept 2017.

Participant's signature_____ Date _____

Investigator's signature_____Date _____

CONSENT

I have read and understand the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature_____ Date _____

Investigator's signature_____Date _____

Pre-Interview telephone script

Hello I am Brad shoemaker and I will be conducting the focus group in which you have expressed an interest in participating. This portion of the study is to discuss over the phone with a focus group the summary results of a meta-synthesis on inmate grieving. Essentially ten studies were sought out and examined to determine opportunities where inmates could grief effectively while incarcerated. The group will focus on the recommendations and share their insights, views and perspective. You may benefit from the insights and recommendations of the study and those of your peers and participants can receive a summary of the final document. You may choose the portions of the discussion in which to participate, if any, and may leave at any time. The focus group questions will be shared in advance of the session. You will have a week to make a decision on your participation and consider what you want to share during the interview.

<center>**Appendix J**</center>

Research proposal for community safety and corrections

Identification

❖ Principal Researcher

    o Brad Shoemaker

❖ Organization

    o Wilfrid Laurier University - Waterloo Lutheran Seminary

❖ Positions and Titles

    o PhD(c) Human Relationships, Chaplain MHCC, Reverend, Chaplain Specialist

❖ Address

    o 75 University Avenue West, Waterloo, Ontario, Canada N2L 3C5

❖ Telephone, Fax and email Addresses

    o Brad Shoemaker – 416 457-9496 shoe0010@mylaurier.ca

❖ Name, Position, Title & Contact Information

    o Research Advisor - Dr. Kristine Lund klund@wlu.ca 519 884-0710;2246

        ▪ Professor, Assistant Principal, Waterloo Lutheran Seminary; Alfred J. Datars Chair; Director of Spiritual Care and Psychotherapy; Clinical Director, Delton Glebe Counselling Centre

❖ Funding Agency

    o NA

❖ Curriculum Vita

    o Attached

Research Proposal

1. Title of Research Project

    a. "A focus Group of Ontario prison Chaplains to discuss the findings of 'A Meta-Synthesis of Beneficial Mourning by Inmates Who have Lost a Significant Person'"

2. Objective of the Research/Major Hypothesis

    a. Better grief support while incarcerated may reduce the development of complicated grief[2] for at-risk inmates and consequently avoid functional consequences which may lead to recidivism.

3. Background Literature Review

    a. Review Attached.

4. Benefit(s) to the Ministry of Participating in the Research

    a. From the literature review it is apparent that inmates are able to grieve the loss of a significant person more readily in some jails than in others. Moreover the means by which this occurs is unique to each location. Assuming for a moment that we want to support grief as effectively as we are able, it behooves us to adopt better standards of care in aggregate. The focus group is a means of gaining insight and perspective from key people while generating awareness of these grief methods for likely adoption.

    b. Also the literature review suggests that jails hold a greater percentage people who are at higher risk for complicated grief. Some for the causative factors may result in repeat offences and consequently recidivism. Better care for grief for this at-

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[2] Referred to as Persistent Complex Bereavement Disorder in conditions for further study in the DSM-5; also known as prolonged grief, or pathological grief and sometimes conflated with traumatic grief.

       risk population could reduce the development of complicated grief thereby

       reducing recidivism.

5. Type of Research Design

    a. Qualitative – Focus Group

6. Number of Research Subjects/ Total Sample Size Required

    a. Nine to fifteen (three separate focus groups of three to five participants)

7. Criteria for Identifying and Selecting Subjects

    a. Identified participants will be male and female Chaplains of Ontario adult male correctional institutions – expected age range 45 – 65.

8. Proposed Research Sites

    a. Telephone/conference call(s) to the office or homes of each of these Chaplains

9. Impact on the Ministry Resources of Sample Design/Selection of Subjects

       i. I would like to use my ministry email to identify and send out eflyers to all Ontario Chaplains.

           1. The Chaplains may use their physical space and telephone

           2. It will require the voluntary cooperation of Chaplains for

               a. A pre-interview phone meeting of approximately 15 minutes

10. Samples of Proposed Instruments

    a. Focus Group Questions

11. Samples for Recruiting Research Subjects

    a. attached

12. Samples of Consent to Participate In Research Forms

    a. attached

13. Provision for Debriefing Research Subjects

    a. N/A

14. Provision for Informing Research Subjects of the Results of the Research

    a. A conference call with all the participants interested in the research findings will

        be organized by the researcher in august 2017

15. Impact on Ministry Resources of the Measurement/ Data Collection Procedures

        1. The cChaplains may use their physical space and telephone

        2. It will require the voluntary cooperation of Chaplains for

            a. A 30-minute focus group

            b. A voluntary feedback telephone conference call of 15

               minutes

16. Strategies to be Employed to Protect Confidentiality/ Anonymity of Research Participants

   and Data

        i. Free and informed consent to participate in the study will be secured from

         the participants. Participants have the right to refuse to be interviewed or

         to refuse to answer any and all questions of their choosing. The quotations

         from the participant's interview may be used in the final research report

         after the participant has had an opportunity to vet them. Only participants'

         codes (e.g. Ch01) will be used in the publications. Identifying information

         will be changed to ensure anonymity of the responses. As the community

         is small, the quotes chosen to be used in research

         report/publication/presentations will be first vetted by the participants to

         whom they belong. Any other potentially identifying information will be

         used in aggregated form, so no participants would be identified from this

         information. If the participant has not given consent to having their

         quotations used in the final report, they will not be included. In this case,

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the information provided by the participant will be used by the researcher

for developing interpretation only. A master identification file that links

names and socio-demographics to coding and permits the later correction

of missing or contradictory information will be created, but will remain at

the researcher's possession only, kept in a secure locked file and destroyed

once the study is completed and since this study may be incorporated into

my dissertation it will be retained until the dissertation is defended.

Hardcopies will be stored and locked in a secure file; digital recordings

and files will be encrypted, password protected and maintained on one

computer. The master identification file that links names and socio-

demographics to coding will be kept in a separate secured and locked file.

Everything will be destroyed by the researcher when the dissertation is

defended.

17. Proposed Techniques for Analysis of Data

    a. Focus groups session recordings will be transcribed and encoded

    b. Themes, patterns, context, perspective and deviations will be considered

18. Constraints/Limitation of the Research

    a. Because this research only considers Chaplains' perspectives it is limited by

professional viewpoint. While the Chaplains may provide valuable insight into the

connections between observable coping behaviours and healthy grieving the

Chaplains have not lived out grieving as the inmates themselves. Also this

research does not distinguish between a remanded and sentenced inmates and it is

possible that these groups are quite unique. This report also does not consider

differences of types of loss such as timely or traumatic, and their impact on the

inmate's grief. Future research may include other grief supporting professionals

within the prison and research with inmates who have experienced the loss of a

significant person while incarcerated.

19. Time Line for Completion of the Research

    a.   The final paper will be submitted in Dec 2017.

20. Plans for the Communication/ Dissemination of The Research Results

    The results of the coded study will be presented in the researcher's assignment paper and

contribute to the thesis paper. It may also be presented in mental health, spirituality and

Multifaith conferences, published in professional journals/books and used for professional

workshops or for teaching purposes.

    Additional Requirements

21. If the Offenders are to be Reimbursed for expenses, description of type of reimbursement

    and procedures

    a.   There will be a symbolic gift, valued at $15 or less, <u>provided to the Chaplains</u> in

       appreciation for their support. Offenders are not involved in the focus groups

22. If there is a risk that participation may result in emotional discomfort, plan for debriefing

    procedure

    b.   N/A

23. Copy of Research Ethics Board Approval

    c.   Attached

24. Ensure that the 'Consent to Participate in a Research Project' forms are composed at an

    appropriate reading comprehension level

    a.   This has been considered

25. Inclusion of 'Statement of Disclosure' on ' Consent to Participate in a Research Project'

    forms

    a. Added as required – though wording is designed for inmate study and therefore not applicable – could this requirement be waved? It has been added in caps so you can see its placement easily.

26. If one or more of the researchers is also a Ministry employee, supervisors have been made aware of the involvement in research and steps have been taken to avoid any conflict of interest.

Appendix K

Summary document provided to chaplains for feedback

Contents

Summary Points

    The literature review concluded that the 4 tasks of grief are unlikely to occur while incarcerated since the priority placed currently on grieving is insufficient. However, the meta-synthesis provided a number of isolated examples across a wide variety of institutions that proffered support and validation for inmate grief. Moreover the participants in the focus groups identified several means to utilize current resources in different ways to improve bereavement care in their institutions. Certainly the four tasks of mourning could be more readily processed for willing inmates as a consequence of these new insights.

Cross-Task Influences

    Several elements had a large impact on each of the tasks. For example the disenfranchisement of grief hindered each task, while the provision of safe private space, caring groups or individuals and the use of art, poetry and parallel stories supported each task of mourning.

    Disenfranchised Grief

    One of the Chaplains noted that grieving in jail occurs to a schedule, a sentiment that was supported by Ferrera-Pena (2010) and Ferszt, Hayes, DeFedele and Horn (2004) and most of the Chaplains noted that inmates are not safe to mourn publicly and they cannot mourn safely in their

shared cell unless they are quiet. The meta-synthesis illustrated that inmates have limited opportunity to grieve, have their grief openly acknowledged, publicly mourned, or socially supported and because of this Ferszt (2002) concluded they are disenfranchised mourners. She added, "disenfranchised grief can have a serious impact on their ability to cope and successfully adapt to the multiple challenges that confront them" (p. 251). Olsen and McEwan (2004) consider the contributors to disenfranchised grief from a different perspective when they wrote,

> Prison inmates and their relationships often are not well regarded by others. They may be considered disenfranchised grievers, because they are removed from their natural support systems. The secondary losses resulting from their incarceration, such as loss of freedom, privacy, and family contact, are disenfranchised losses. Very little information can be found in the literature on bereaved prisoners, and it appears that their grief may not be of great concern to others. (p. 226)

To overcome the disenfranchisement of grief Doka (2008), Ferszt (2002) and Olsen and McEwan (2004) each stress the importance of support and validation.   Each Chaplain shared methods of overcoming barriers in an effort to find ways to provide better support for grief and through this support validate the inmate's right to grieve, have their grief openly acknowledged, publicly mourned, and socially supported.

Safe, Private Space to Mourn

Inmates spend a great deal of their day in a room surrounded by other inmates and at meal times and in the evening they are locked in a cell with another inmate. The Chaplains concurred with the meta-synthesis there is no privacy (Ferrera-Pena, 2010; Ferszt, 2000; Harner, Hentz, & Evangelista, 2011; Kola, 2005; Woolfenden, 1997; Young Jr., 2003) and it's not safe to express their grief under these conditions (Ferszt, Hayes, DeFedele, & Horn, 2004; Woolfenden, 1997). Nevertheless the meta-synthesis suggested that safe space to mourn is a basic necessity for any grief work to begin. The Chaplains spoke of interview rooms that qualify as private space for inmates to grieve. However they noted that these few spaces are often overbooked with lawyers, immigration, police, social workers, medical staff or mental health care. Most Chaplains noted that there are chapels on most units and Wilson (2011) saw these as an effective place to grieve. However, the Chaplains have had difficulty maintaining the sacredness of these chapels. They noted that in some Ontario prisons the chapels have been reduced to multi-use rooms that house weight-lifting and provide space for cavity searches, haircuts and other non-sacred activities. They have become another overused space that avails little room for the inmate who needs a safe private space to mourn. Advocacy is required on the part of Chaplains to maintain chapels for their intended purposes, which includes the spontaneous need to grieve.

Groups Who Listen, Care and Understand

Prior to the meta-synthesis a leading misconception was that groups, designed to promote the sharing of grief thoughts and emotions, are ineffective in jail. Instead the meta-synthesis has shown these types of groups are effective and the curriculum of the program itself was less significant. The studies reviewed included art therapy, guided imagery and bereavement therapy groups and each provided the time necessary to build trust, caring and a sense of safety among group members. Once trust was established, sharing occurred and this was helpful in all four tasks of mourning. It was interesting, to listen to Chaplains answer the question "Please describe how your experience is consistent or inconsistent with the finding with respect to groups." The question was only answered by one Chaplains who said they provided a program that educates inmates on the process of grieving. Instead the programs described in the meta-synthesis were about sharing thoughts and emotions among the group and according to Doka (2008) this validation is helpful to

alleviate feelings of disenfranchisement. The reason integrating groups that share were not discussed among the Chaplains may be because the Chaplains perceive the risk to each group participant to be too high in their institutions. Even if the risk could be mitigated somewhat, utilizing groups that share might result in severe consequences for an inmate; a risk too high to bear. Schetkey (1998) acknowledged that the risk to the mourning inmate is high unless the groups are classified in a similar manner that is conducive to safe sharing and the group has enough time to develop trust. The meta-synthesis showed that when trust had enough time to develop sharing groups were effective in minimum to medium security facilities with women and men but only those men in protective custody units. Trust would be difficult to establish in a remand centres as turnover and inmate movement across units does not provide the months of time together necessary. Nevertheless, one of the Chaplains in the focus group mentioned successfully providing funerals for female inmates in a maximum security sentenced facility and this would be a proxy for a group sharing setting. So it is possible that with careful thought and preparation group sharing bereavement groups could be effective in other types of correctional settings. Groups are effective in jail providing enough members reside for a longer period of time on the same unit and have similar classification and consequently bereavement groups should be more widely used.

Individuals, Trained or Untrained, Who Listen Care and Understand

The meta-synthesis also showed that one to one interactions were helpful even when the person was a researcher and not specifically offering bereavement counselling. The challenge repeatedly noted by the Chaplains was a lack of time for Chaplains to provide bereavement care alongside their many other priorities. The Chaplains therefore can only see a relatively small number of those grieving and their availability for repeat sessions are rare. The Chaplains suggested reaching out to the multi-disciplinary team but Ferszt (2000) noted how challenging it is for inmates to receive mental health care which suggests that the multi-disciplinary team also has crisis priories which would take them away from providing ongoing 1-to-1 support. While the multidisciplinary team of professionals may not be a viable alternative, the Chaplains also suggested recruiting bereavement trained volunteers. The insight from this research is that another caring individual listening and caring for the grieving inmate is effective in supporting the inmate's grief work. For this reason the Chaplains suggested that a program of caring volunteers could be developed to listen to the inmate and care for them throughout their grief work.

Art, Poetry, Parallel Stories

Art, Music, Poetry and Parallel Stories. Robinson (2004) points out music, art and parallel stories like poetry have the power to bring forth thoughts and feelings and Partis (2002) observed that this has the power to relieve the pain of bereavement supporting each of the four tasks. Both the meta-synthesis and the Chaplains in the focus groups agreed that these tools are an aid to supporting grief. At the same time the Chaplains were not using these tools on a regular basis. Certainly one recurring theme is the lack of available time for Chaplains to commit to programming but there are also security issues. For example a standard pencil crayon could be used by an inmate as a weapon. The Chaplains would need to consider alternatives, such as shorter pencil crayons and submit their ideas to security for approval, then catalogue materials to ensure none go missing during a program. Despite these impediments, it was agreed by all of the Chaplains that it would be beneficial to place a priority on incorporating these tools in their bereavement care. Art, music, poetry and stories proved to be invaluable tools in the meta-synthesis and they need to be incorporated into prison bereavement programs.

There wasn't any research on the essentials required to support grief. Concepts identified such as safe private space, the presence of supportive family and/or friends, social rituals, art

expression, poetry and access to helpful grief literature were explored but only in the context of available supports not whether they are necessary in the support of resiliency as described by Bonanno (2004). These simple but frequently used foundations for mourning are often not available to inmates.

In an effort to consider the unique needs and support required in each tasks as determined by the meta-synthesis, Worden's (2009) four task of mourning have been set apart.

Task 1 – Accepting the Reality of the Loss

Context – Right in Front

The best way to deliver the news of the loss of a loved one has not been researched either. Compassion and common sense would suggest that the recipient be sitting down in a safe, private space, have the news delivered by someone with empathy and be provided as much time as necessary to process this new information. Despite the serene tone, the news itself can be quite chaotic. Becvar (2001) describes a situation where the news of an unexpected loss is delivered.

> "Survivors confront the pain of the loss at the same time they must deal with the shock, disbelief, in extreme disruption which suddenly are manifest in all areas of their lives. It is in such a state that they must make decisions regarding essential issues such as organ donations funeral preparations, and burial arrangements. In addition, they must contact family and friends, who are shot, and are faced with the necessity of recounting the details of what happened over and over. And they also must respond to the grief as well as to the daily needs of other family members" (p. 48)

However, unlike this situation occurring outside of jail, Potter (1999) and Worden (2009) observed that the inmates do not have the opportunity participate in family decisions in any meaningful way. For example the Chaplains shared that the inmates find it difficult to contact family and friends or spend time processing with them and they cannot attend to the daily needs of family members. Kola (2005) plainly saw that incarceration removed them from sharing in the grief experience of family and friends.   Instead the news is sometimes delivered coldly as described by Harner (2011), Kola (2005) and many of the Ontario Chaplains in open non-private space in an unsafe environment where inmates must appear strong and composed to avoid conflict with other inmates.

While social rituals such as the funeral were often unavailable (Potter, 1999; Worden, 2009) they are important. Doka (2008) points out that, "as an interpsychic process, mourning refers to the ways that grief is socially acknowledged, for example, accepted behaviours, such as mourning dress, that signify a person has experienced a loss. Rituals that connote loss are critical to mourning. These rituals allow structure and support the expression of grief." (p. 226)   Worden in agreement wrote "Although addressing this first task of mourning takes time, traditional rituals such as the funeral help many bereaved people move toward acceptance. Those who are not present at the burial may need external ways to validate the reality of the death" (p. 43). Potter (1999), the meta-synthesis and the Chaplains all agreed that attendance at the funeral was unlikely to occur in person due to a host of security and logistical issues. The Chaplains identified methods for providing some connection to social rituals such as participating through a streamed funeral in the same manner as video court occurs today. Another method was sitting in the chapel with someone like the Chaplain and watching a recorded funeral.   Both of these require digital resources and security approval and neither are available to most inmates in Ontario jails at the moment. Also research is needed to determine if these modern methods facilitate the acceptance of the reality of the loss. Holding a memorial for significant losses for a group of inmates was also recommended by the Chaplains though this may only be safe in certain environments as was

suggested by Schetkey (1998). Each of these methods require people to facilitate them which the Chaplains noted was a problem.   However, with more volunteer access and recruitment and selection of volunteers with specific training and experience in bereavement support the Chaplains were hopeful that each of these methods could be supported

Worden (2009) recognized that acceptance of reality of the loss takes time and is not simply a cognitive function because it also requires emotional acceptance (p. 42). Viewing the body, hearing about the loss or seeing the obituary supports the intellectual aspect but the emotional aspect requires different support. Lewin and Farkas (2012) provided an example when they observed an inmate saying "I feel like I need to talk about it. It enters my mind and I just shake it off because I believe I don't want to accept it" (p. 268). This person has the insight to recognize that they intellectually accept the loss but cannot emotionally accept the loss until they can process it out loud with someone they can trust.

Kaplan (1989) spoke of how sharing dreams in group supported the grief process. Worden (2009) also found that there was "a strong relationship between the sudden loss of a spouse and the dreams of a surviving spouse in the early months after the death. It may be that dreaming the spouse is alive is not simply wish fulfilment but rather the mind's way of validating the reality of the death through the sharp contrast that occurs when one awakens from such a dream" (p. 43). Given the earlier mentioned need to find other ways to validate the loss it would seem that the sharing of dreams in group may be something that should be further explored for the majority of inmates who find validation of grief difficult while incarcerated.

Distractions

Distractions were commonly mentioned in the meta-synthesis and while some were healthy such as yoga and other programs, drug use was a frequent form of distraction. Worden (2009) and Stroebe and Schut (1999) attest to the notion of taking some time away from grieving by use of distractions. Stroebe and Schut (1999) note that distraction is necessary because the person may find that some aspects of grief are too painful to confront and the person may need to step back to strengthen themselves before readdressing it.   Stroebe and Schut (1999) add the cautionary note that distracting oneself or taking a time out should not be extreme and/or persistent (p. 216). When inmates have few other options and no safe space, then distractions become persistent as a means of not becoming overly emotional and maintaining a persona of strength. However by engaging in these distraction repeatedly they suspend efforts to accept the reality of the loss.

Accepting the reality of the loss required the additional supports of seeing the deceased's body, attending the funeral in some fashion, sharing dreams and utilizing healthy periodic distractions.

Task 2 – Processing the Pain of the Loss

Ferszt (2000) and Harner, Hertz and Evangelista (2011) found that it was often not safe to mourn and consequently inmates would suspend grief.   Worden (2009) observed people defer grief by cutting off their feelings and denying the pain that is present or they may use thought-stopping methods to keep themselves from feeling the sadness associated with the loss. Still others according to Worden (2009) handle it by stimulating only pleasant thoughts of the deceased, which protect them from the discomfort of unpleasant thoughts or by idealizing the dead, avoiding reminders of the dead, or using alcohol or drugs dealing with the pain (p. 45). However this behaviour is not healthy and Bowlby recognized, "Sooner or later, some of those who avoid all conscious grieving, breakdown – usually with some form of depression" (Bowlby, 1980, p. 158). For this reason it is important to make safe and private space available and prompt the individual to engage in grief work.

Prompting

Providing a trusted and caring person and a safe private space to grieve is only effective if the mourning inmate agrees to participate. The meta-synthesis revealed that inmates needed prompting (Ferszt, 2000; Ferszt, Hayes, DeFedele, & Horn, 2004; Harner, Hentz, & Evangelista, 2011; Kola, 2005). Prompting may be necessary because as Kola (2005) observed the permission seeking nature of an authoritative environment (p. 140) or it may be due to the need for an inmate to keep up the persona of one who is not weak (Ferszt, 2000; Ferszt, Hayes, DeFedele, & Horn, 2004; Harner, Hentz, & Evangelista, 2011; Kola, 2005; Schetkey, 1998), but what is evident is that inmates need greater effort from support staff. While a challenge is limited resources, here again the Chaplains identified that greater use of volunteers to follow up with inmates and essentially prompt them into engaging in grief work would be helpful.

Task 3 – To Adjust to an Environment in which the Deceased is Missing

As a reminder Worden (2009) in defining task 3 noted that,

There are three areas of adjustment that need to be addressed after the loss of a loved one to death. There are the external adjustments, or how the death affects one's everyday functioning in the world; internal adjustments, or how the death affects one's sense of self; and spiritual adjustments, or how the death affects one's beliefs, values, and assumptions about the world" (p. 46).

One of the challenges inherent in this task is, unless the inmate spends most of their life in jail, Ferszt (2000) observed jail is not their everyday life. While the meta-synthesis noted that this task could be addressed while in jail through guided imagery, art therapy, stories and dream discussion in groups the Chaplains in the focus groups were less convinced. The reason for this discrepancy might be because the majority of Chaplains were working with inmates with short durations and they did not run bereavement groups so their experience covered personally caring for inmates with relatively new grief. Nevertheless Rosenblatt (1996) wrote that grief has a multiplier effect so when new grief occurs, past grief is remembered and grieved again along with the new. The Chaplain's recommendations about having volunteers trained in bereavement support would be helpful in, possibly through the use of art, poetry, guided imagery and parallel stories, helping inmates adjust to an environment in which these deceased people are missing.

Finally Chaplains are particularly qualified to support spiritual adjustments. For example Worden (2009) has often heard, in the face of sudden and untimely deaths, the comment, "why God allowed such a thing to happen. One told me, 'I must be a bad person for this thing to happen'" (p. 49). The difficulty noted by Chaplains was in having the time to support ongoing bereavement care directly. However, the recommendations by the Chaplains to recruit bereavement care experts who would also be well versed in supporting spiritual adjustments would resolve this issue.

Delayed Rituals

Delayed rituals by definition require a location where people have been sentenced for some time and therefore provincial remand centres with short stays would not be ideal.

Kaplan (1989) found that delayed rituals supported by a group of inmates were effective in easing some of the pain surrounding loss on anniversaries, birthdays and holidays. (p. 266) However, delayed rituals could be also performed one-on-one and would as Kaplan (1989) noted also ease pain and suffering. This is an area that could better support inmates working on task 3 and Chaplains could find ways to incorporate it with volunteer support.

The meta-synthesis revealed that spiritual care and delayed rituals were additional supports necessary to work on task 3 of mourning

Task 4 – To Find an Enduring Connection with the Deceased While Embarking on a New Life.

Higher Power

Task 4 Worden (2009) defined as "to find an enduring connection with the deceased in the midst of embarking on a new life" (p. 50). While faith was also a constant thread through each of the tasks it was of particular importance to Worden's (2009) task 4 of mourning and this was because most inmates found an enduring connection by relocating the deceased to heaven where they would connect through thoughts and prayers. The meta-synthesis illustrates that sessions with group or an individual resulted in twice as many grieving inmates finding solace in their faith. In part, this was because the inmates' healthy and unhealthy thoughts and emotions were validated and explored by the group. Embarking on a new life in the meta-synthesis involved either establishing new relationships in the jail or outside of the jail by reaching out to family and friends. As this task, like task 3 is engaged more frequently after the first two tasks, the Chaplains in the provincial system with briefer incarcerations, had little to say on the subject.

What if these same people were not in prison?

Ferszt (2000) raised an important point when she wrote, "It is questionable if Christine would have been able to cope better if this loss had occurred out of prison." The focus of this dissertation was specifically about the positive things being done to support grief in prison. Methods of distractions through use of addictive substances, which were prevalent in the meta-synthesis wouldn't appear to support healthy grief. Worden and Stroebe and Schut (1999) note that distractions are only to offer a breather from more painful or tiring aspects of grieving. For the many inmates who would be potentially resilient as Bonnano (2004) described, outside of the jail would they continue to be resilient inside the jail? Moreover for those who are at high risk for PCBD, how might they manage outside of the jail? The literature review identified inmates as high risk for PCBD. Better support may be able to avoid inmates developing this disorder. Treatment methods for PCBD have been identified and they require delivery by trained professionals. While existing health care staff could be trained to deliver it, with current resources they do not have the time to administer this therapy. A better option is to find methods to validate and support inmate grief to mitigate the chance that these inmates that are high risk for developing PCBD, develop it in the first place.

Conclusions

As a final point, despite the many challenges that packed each of the individual studies, this meta-synthesis determined that some inmates are able to complete each of the four tasks of mourning while incarcerated. Expanding the prevalence of effective mourning among inmates requires support-staff and administration to systemically integrate through provincial policy some initiatives. Despite overcrowding, maintaining safe, private, sacred space to mourn is a necessity. Bereavement groups are effective in some prison environments; where possible they should be promoted. Volunteers who offer one-to-one bereavement support through listening, caring and understanding should be utilized in all locations and especially those places where bereavement groups are not feasible. Art, music, poetry, stories, rituals and spirituality are tools that should be incorporated into these groups and individual programs. When support systems are in place grief support workers need to place greater emphasis on prompting and encouraging inmates to grieve. This meta-synthesis shows that inmates, who are able to grieve effectively, offer support to others, engage in more educational programs, grow emotionally and act-out less. Moreover, the literature review shows that effective grieving reduces the occurrence of complicated grief and its inherent recidivism (Leach, Burgess, & Holmwood, 2008; Walker & Shaffer, 2007; Wilson, 2011). It

therefore provides evidence that including provisions for inmates to do grief-work is beneficial economically and from a health and safety standpoint due to a reduction of resources absorbed in prison assaults and recidivism.

Theological Reflection

When studying mourning by inmates who have lost a significant person it begged the question, for those outside of jail is bereavement support essential and if so what pastoral response is required? When alone, people grieve by reflecting deeply in thought and emotion and some may put this to pen. Others may watch a movie or TV program or read a book or poetry, or listen to music or create something to elicit thoughts and emotions or to seek guidance. After the recent loss of my brother-in-law, I took the time to reflect in writing on the experience, noting, observations, thoughts and feelings surrounding the event and this will form the content of my experience for this spiritual reflection. Reflective writing was a skill developed in seminary that was honed through crises and often involved writing to God or with God. It was helpful in organizing my thoughts and discerning the sources of pain and it was through writing that my raw thoughts and emotions could be explored privately. Others may find guidance through the lessons of a Disney box office hit such as Coco (Unkrich, 2017), a Disney Pixar movie about what it means to be dead. The final song titled 'Remember Me' (Anderson-Lopez & Lopez, 2017), emphasizes the significance of music "a sad guitar" triggering memory and relocating the dead to a part of those that remember them. This movie has been adopted by families as a way of helping one another cope with loss as shown in the example of a child singing to his deceased sister (Hollywood Scoop, 2018). Finding ways of remembering my brother-in-law was also common during and after the funeral. My father asked me how he could 'fix this' because he was concerned about the depth of grief affecting my mother and sister. Since there is no way to "fix" the death of a loved one, he began to fix the house. This was a tangible & metaphorical way to fix the broken home and a way of memorializing as my brother-in-law started many jobs but always left something to be finished later. The words "it is finished" John 19:28-30 rang in my mind as I saw one room after another come to completion. One of my sons was also deeply affected by the loss and wanted to memorialize the death through a tattoo. This brief paragraph was in no way intended to span the scope of ways that people grieve alone as there are many helpful books on this topic. Rather it was to begin to illustrate that culturally and experientially people do find ways to grieve alone.

Grieving can be quite painful, and in the absence of community support it is unclear how people manage it. For example, Wordsworth (1909) in his classic poem "Surprised by Joy" vents about memory being quite painful. In the first part he feels joy about something unmentioned and wants to share his joy but realizes that the one he loves, the one he would share his joy with is dead.

Surprised by joy—impatient as the Wind
I turned to share the transport—Oh! with whom
But Thee, long buried in the silent Tomb,
That spot which no vicissitude can find?
Love, faithful love, recalled thee to my mind—

Then he admonishes himself, for feeling joy because in doing so he forgot his grief and loss and a terrible pain returns, a pain surpassed only by the first moment he knew his love was gone.

But how could I forget thee?—Through what power,
Even for the least division of an hour,
Have I been so beguiled as to be blind
To my most grievous loss!—That thought's return
Was the worst pang that sorrow ever bore,
Save one, one only, when I stood forlorn,

Knowing my heart's best treasure was no more;
That neither present time, nor years unborn
Could to my sight that heavenly face restore.

Wordsworth chooses to suffer in the misguided belief that continuing to feel this pain was necessary to honour his dead wife. With only his own thoughts and feeling to reflect upon, he is stuck.

Is it necessary to experience this pain, if ultimately the bereaved want to move to a state of remembering the loss in a more positive way? The Psychiatric community, as expressed in the DSM V (2013) would argue that enduring pain is not compulsory and it could be life threatening. Pies (2014) wrote,

> The bereavement exclusion was eliminated from the *DSM-5* for two main reasons: 1) there have never been any adequately controlled, clinical studies showing that major depressive symptoms following bereavement differ in nature, course, or outcome from depression of equal severity in any other context—or from MDD appearing "out of the blue;" and 2) major depression is a potentially lethal disorder, with an overall suicide rate of about four percent (p. 19).

While Pies (2014) also noted that bereavement and major depressive disorder are distinguishable, only five of nine criteria must be met to qualify for medication. Someone that is sad most of the day, does not experience much pleasure, is tired, has inappropriate guilt and cannot concentrate is considered grieving by Granek, Ben-David, Shapira, Bar-Sela and Ariad (2017) in their paper about Oncologists whose patient's died. Yet those same five symptoms if sustained over only two weeks following the death of a significant person could result in a major depressive disorder diagnosis and medication to help alleviate the symptoms. Though medication can alleviate pain, Bonhoeffer (2009) emphasizes that feeling pain is necessary when writes,

> There is nothing that can replace the absence of someone dear to us, and one should not even attempt to do so. One must simply hold out and endure it. At first that sounds very hard, but at the same time it is also a great comfort. For to the extent the emptiness truly remains unfilled one remains connected to the other person through it. It is wrong to say that God fills the emptiness. God in no way fills it but much more leaves it precisely unfilled and thus helps us preserve — even in pain — the authentic relationship. Furthermore, the more beautiful and full the remembrances, the more difficult the separation. But gratitude transforms the torment of memory into silent joy. One bears what was lovely in the past not as a thorn but as a precious gift deep within, a hidden treasure of which one can always be certain. (p. 289)

Bonhoeffer (2009) endures the pain and emptiness of the loss for the explicit purpose of preserving the authentic relationship with the deceased.

Experiencing the pain of loss was seen as necessary by Wordsworth (1909) to honour the dead, and as a negative by the American Psychiatric Association (2013) community because it can lead to suicide, but as positive by Bonhoeffer (2009) as necessary to move through grief and as positive through the music of Wiz Kahlifa (2015) and Anderson-Lopez and Lopez (2017) as a means to relocate the deceased to memory.

While Disney (Unkrich, 2017) promotes and Wordsworth (1909) explores the notion of being alone with ones thoughts, the Bible encourages people to be with God. Boyd and Boyd (2003) explore this idea when Greg responds to his father's long-held undisclosed grudge against God. Edward, Greg's father writes,

> When Arlyle was dying, we all prayed till we were blue in the face. Even you kids prayed. Maybe God doesn't listen to the prayers of sinful adults, but he should have at least heard the cries of you kids! Instead you kids were left motherless and that set in motion a rather unfortunate history you yourself know only two well. If God had been personally concerned about us, Greg, He'd have spared your mother and spared all of us a tremendous amount of pain. You can try to explain this, I suppose, with your cosmic warfare theory, but it seems easier to simply conclude that He doesn't give a damn. Whatever his personal agenda is in the universe, I don't see that has a lot to do with our little earth. There you have it straight from the gut (p. 59)

Edward, alone with his thoughts reaches out to God but in the absence of a feeling or experiencing answers to prayers he concludes God is callous and remains stuck. Greg came to quite a different conclusion.

> What I also experienced, dad, and what is shown throughout the New Testament, is that Jesus suffers with us in our suffering. That's how he heals us of our suffering. One of his names in the New Testament is "Immanuel," which means God is with us. However low we sank, God is with us. He's there at the bottom waiting for us! God was suffering with you, and me, and Arlyle, throughout the whole affair. He cries too. And through His participation in our pain, He wants to redeem it. He wants to bring out whatever healing is possible to you, and to me, and to all involved. His healing strength is in His vulnerability to pain. (p. 61)

In this example left alone with one's thoughts or with God can result in very different perspectives. Edward left the church and long after the death of his wife remained bitter. Through his relationship and grief support of Greg, Ed's narrative changed and he regained hope and joy (Boyd & Boyd, 2003). How can two very different perspectives align with the Bible perspective of God's support? The Bible reveals in Psalm 23:4, Psalm 34:18, Lamentations 3:32-33, Matthew 5:4, Rev 21:4 that God is compassionate and will comfort us? More succinctly, MacLaren (1859) wrote God is "bearing grief for us, bearing grief with us, bearing grief like us" (p. 93) and according to the Bible this occurs through God sustaining Deut 10:18, Psalm 10:14, Psalm 55:22, Psalm 68:10, John 14:27, healing, Psalm 147:3, Psalm 147:9, Jer. 49:11 and restoring Psalm 23:1-3, His people. The Bible asserts that God will turn mourning into gladness and replace sorrow with comfort and joy Psalm 30:11, Psalm 61:3, Jer. 21:13 & John 16:20. Note that it does not suggest that the bereaved will not experience pain, instead God is present with them in their suffering; sustaining, comforting, healing and restoring them and ultimately returning them to joy. It is through Edward's son that God provides bereavement care.

Even with faith in God some people like Edward (Boyd & Boyd, 2003) can feel and be very alone. Following the service for my brother-in-law an internment for the family was held and despite the cold my sister did not immediately leave though she wanted others to take shelter in their vehicles. In a moment of reciprocal caring, most braved the cold until my sister could no longer bear to let them. It was in trying to walk away that the gravity of the loss seemed to affect

her most and she received many hugs in support. It was in this moment of ultimate pain that she disclosed feeling the full reality of the loss. The opportunity to experience this moment would be repeated many times in the near future. For example, after the formal events our family settled in, continued repairs, tidying and to turned financial issues. We met with advisors and began the process of renaming items from joint name into my sister's name alone; each signature, a reminder that her husband was gone and not returning. In each of these moments despite being surrounded by caring friends and family, my sister was very much alone. Grief can be so overwhelming that it isolates a person from those who love them most; family, friends and God.

Just as Edward Boyd had difficulty being alone with his thoughts and feelings, for some it is chaotic and nothing may bring comfort as the following piece written by Noorchashm (2017) would confirm.

"BELIEVE", read festive signs all around us. "Joy", read others. The call is to believe in a God who loves us, sees us, guides us, protects us and intervenes on our behalf with Mercy and Justice— in a world of uncertainty and rancor. "The Big Guy is in charge, so don't worry—have faith!", they say. But when you are touched by raw tragedy, by senseless loss, by youth destroyed, by potential dissipated, by heartless human travesty….It's not so easy to sit back and just "believe"—in anything, much less an interventionalist, benevolent and merciful God, unseen. When the brutal emptiness of life becomes 100% clear, when the death of your beloved tears your bones apart, it's not so easy to just "believe"—no matter how fancy and well-decorated a church altar the "believe" menu is being served on. Add to that a life spent in scientific, intellectual and logical pursuits—and the kind of rote and passive belief many "faithful" promote, in the face of senseless injustice, brings the whole idea of "believing" to a profound low. The benevolent and merciful "God" who intervenes personally on our behalf, starts to look like a flimsy man-made idol designed to sugarcoat shit. I know I'm not alone in this—and maybe I'm in good company…In the Bible, Job is said to have lost everything—but the bible says that he kept on believing and so God restored him. I guess that's why he ends up being a character of biblical proportion—and I never will, because in the face of Amy's death, I do not have Job's faith in merciful benevolence. The truth is that the manner and timing of Amy's death has not only caused me to question my faith in the idea of a merciful and benevolent God who looks after us personally, it's caused me to lose faith in our medical institutions and leaders and in the whole ethically unhinged utilitarian construct on which our society is being operated. And this loss of faith is no trivial matter—I assure you that it's been well thought out and analyzed. Those who know how and why Amy died, and what man-made monster she fought, will know what I mean.

This man left to his thoughts sees posters urging the reader to 'believe', he's heard the sermons exhorting God's sovereignty, benevolence and mercy, he's read the bible and knows the stories intimately, and all of this infuriates him. He is extremely angry at God for not intervening and it must have been difficult to want or even believe in God's comfort or experience God's presence. C.S. Lewis (1961) after the death of his wife similarly wrote "Meanwhile, where is God? This is one of the most disquieting symptoms. Go to Him when your need is desperate, when all other help is vain, and what do you find? A door slammed in your face, and a sound of bolting and double bolting on the inside. After that, silence. You may as well turn away" (p. 57495) Even King David felt this way when he wrote, "How long, Lord? Will you forget me forever? How long will you hide your face from me? [2] How long must I wrestle with my thoughts and day after day have sorrow in my heart?" Psalm 13:1-2. At a time of great need, to be alone and without

God can add to his suffering. However Noorchashm (2017) is also a learned man, who has tried to understand the scientific, medical and ethical response and is equally enraged. He is angry at the world for not healing his wife. He has done about as much as a person can do on their own, including reflecting in this blog but where is he left? He is alone and not even his capacity to think through his problems provides any comfort. He is stuck in this nebulous place that he refers to as 'suspending disbelief.' Unlike Edward, he was willing to look for answers in God and science but at this point in his grief he came up empty. Would enduring this pain in solitude lead to an authentic relationship with the deceased as Bonhoeffer (2009) espouses or would he allow others to help him change his narrative as Edward Boyd's son (Boyd & Boyd, 2003) did for his father? On the other hand despite the early support of Job's friends their form of 'help' would only lead someone like Noorchashm (2017) into deeper anger.

While Noorchashm (2017) seems to be looking for definitive answers, it is likely that someone being with him in the depths of his pain would be helpful. Consider the funeral for my brother-in-law which was well attended with satellite screens in other rooms to accommodate and care for a large gathering. The music provided by local talent, was interlaced with Christian hymns that spoke of the afterlife, God's sovereignty and grace. The eulogists shared their love for the deceased, celebrated his life, eccentricities and moments of laughter, working out some of their own pain in the process. People cried openly in the loving presence of family, consoling one another and they cried privately in the safe sacred spaces of the funeral home and church. The readings were all from scripture and supported a highly therapeutic meditation that cautioned people to take time to mourn, avoid taking shortcuts and made explicit the impact of the loss to individuals and the community. This was an important message to share with everyone so that the supportive listener could later share it with my sister and those closest to his loss who didn't retain a word. To be alone with one's thoughts misses the opportunity for shared wisdom and expertise. There certainly would be plenty in this example that might give someone like Noorchashm (2017) material to rail against, but the sermon did not focus on a benevolent God but instead encouraged people to comfort one another over the weeks and months to come. Greg Paul (2004) wrote "I have learned too well the bitter emptiness of chirpy gospel-talk to ones so deeply wounded" (p. 28). Greg instead simply listens to the suffering and gets to know them and through Greg's presence, they experience Christ. People in PEI do provide ongoing support, being with one another long after the loss. It's been 2 years since my brother-in-law died and people still arrive with food and offer childcare and a listening ear. The community also memorialized the loss through an annual charity run and golf tournament in memory of him. Community support and presence was culturally new to me, having grown up in the suburbs of Toronto. This notion that God is with us in our suffering that permeates the bible and often dominates funeral hymns was contested by none-other-than King David (Psalm 13:1-2), and C.S. Lewis (1961). It is interesting to note that King David, and C.S. Lewis each attributed a purpose to God's apparent absence. In like manner I propose that God is present with the suffering, but just as my sister saw past me in the depths of her grief, how much easier is it to be unaware of the presence of God? Greg Paul's (2004) incarnational theology places God in the flesh through His people.

This theme of family/friend care and presence with the bereaved continues through Wiz Khalifa's hit song "See You Again" (Cedar, Franks , Puth, & Thomaz, 2015) dedicated to the late Paul Walker from the movie the "Furious 7" (Wan, 2015). According to Funeralcare (2016) pop music is the most popular funeral genre today usurping contemporary and traditional hymns. This suggests that even as people move away from their faith, there is still a need to get together in bereavement for a ritual. "See You Again" (Cedar, Franks , Puth, & Thomaz, 2015) is one of the

most requested pop songs for funerals according to Funeralcare (2016). One of the stanzas in this song is, "How could we not talk about family when family's all that we got? Everything I went through you were standing there by my side. And now you gonna be with me for the last ride." This verse illustrates the importance of family, simply being there for one another. In this case family refers to his tight knit group of actor friends that made six movies together being with one another through difficulties including the bereavement of Paul. In like manner philosopher Francis Bacon wrote "The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing… not healing, not curing… that is a friend who cares." To explore this notion of family support further, my family have been though much together. When my sister's husband was in-hospital dying, my parents flew over to be with them. My brother and I joined for a week after his death. At the visitation, my father noted how it should be a time of support for the widow and yet time and time again he saw grieving people receiving support from her. However it is in my sister's nature to help others. As a business partner with her physiotherapist husband she was in a healing field. Helping them through their loss may have helped her come to terms with the reality of the loss. There were concerns that deep bereavement could affect my sister's health and the safety or development of the unborn twins, so my mother remained weeks after the funeral. The depth of loss for my mother and sister was debilitating and each found themselves remaining strong for the other; my mother out of concern for her daughter's health and my sister out of concern for her aging mother's health. My father and mother have had a long and close relationship and now my dad found himself alone, sacrificing time with his wife so that she could care for their daughter. Eventually my mother returned home, seeing my sister's strength returning and noting her need for aloneness to fully come to terms with the loss. Regular phone calls continued and video chat where body language and fatigue could be more readily assessed. Family and close friends in going through the everyday crises of life come to know one another intimately and should be aware of signs for concern. In being close by they can monitor mental and physical health, protect the vulnerable from harm and seek outside support when necessary. In the example of my brother-in-law's death, my sister received a lot of support early on and as her strength improved support was reduced, not by a timetable, but by careful consideration of her needs.

Caring for someone grieving may not be enough, as will next be explored through the story of Job. The book of Job which begins by disclosing his multiple losses on many fronts. Job's livelihood of oxen, camels and donkeys were taken, his servants and sheep killed, his good health ruined and all of his children tragically murdered Job 1:13 - 2:7. There is no mention of a funeral ritual but instead a form of Jewish Shiva was observed,

"[11] When Job's three friends, Eliphaz the Temanite, Bildad the Shuhite and Zophar the Naamathite, heard about all the troubles that had come upon him, they set out from their homes and met together by agreement to go and sympathize with him and comfort him. [12] When they saw him from a distance, they could hardly recognize him; they began to weep aloud, and they tore their robes and sprinkled dust on their heads. [13] Then they sat on the ground with him for seven days and seven nights. No one said a word to him, because they saw how great his suffering was. Job 2:11-13

However after this period of being present, listening and not saying a word, his friends attempted to explain Job's losses by blaming him for bringing on these losses through personal sinfulness Job 5:26, 8:2, 11.3. Job shows us that friends can also have a downside when he writes,

"I have heard many things like these; you are miserable comforters, all of you! [3] Will your long-winded speeches never end? What ails you that you keep on arguing? [4] I also could

speak like you, if you were in my place; I could make fine speeches against you and shake my head at you.[5] But my mouth would encourage you; comfort from my lips would bring you relief. These are the close friends that come to be with him. Many of his other friends do not even take the time to be with him and Job writes "I have become a laughingstock to my friends. Those who are at ease have contempt for misfortune" Job 12:4-5.

From the lesson of Job, it is important to be present with the suffering and provide comfort as his close friends did at the onset of his suffering but what followed did not support his grief and in fact may have exacerbated it. Nonetheless community presence in the mourning of the individual is important according to theologian Abigail Rain Evans (Evans, 2011) who wrote,

With the central focus of most churches on the funeral service, what happens afterwards is often left to chance. It is even more difficult to find the right word to describe pastoral care after the funeral service. The book of common worship seems to have no particular instructions. The Jewish custom of "sitting shiva" is a rite for aftercare from which Christians can learn. The seven intense days help survivors face the reality of a loved one's death, and help them move from mourning to living. (P. 419)

Community presence is supported by the mainline religious community. For example Lamm (2000) points out that Jewish mourning does not end with the Shiva, rather a second period of mourning can last up to eleven months. During this period a prayer is recited daily with at least ten people present. This is then followed by a family gathering within the first year for the unveiling, or placing of the tombstone. It is not necessary for Rabbis or Cantors to be present as this is a spiritual time for the family to comfort one another and remember their loved one. Then each year on the anniversary of the death a candle lighting ceremony takes place – once again bringing the family together. The Christian practice in bereavement support as Evans (2011) observed is less structured but is the Church to be any less supportive? In 2 Corinthians we read, [3] Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, [4] who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God" 2 Cor. 1:3-4. In writing this verse, Paul argues that we are to comfort people, not for a specific period of time but for as long as they are troubled, just as God comforts us until we return to joy. As a disciple of Christ, Paul and the others were to emulate their teacher who "cared for the bereaved" 1 Thess. 4:14. Christians also believe the Jesus is the earthly revelation of God as shown in the book of Matthew "[22] and they will call him Immanuel (which means 'God with us')" Matt 1:22. Consequently all of the ways of caring for the bereaved that earlier were attributed to God, should also be carried out by God's people. We therefore should be, as noted earlier, sustaining, comforting, healing, and restoring the bereaved until the mourner returns to joy. Evans (2011) sees bereavement care as a shared mission of people and God, maintaining that just as God accompanies us all through our bereavement, our Church made up of the pastor and the faith community should endeavour to also provide pastoral care and we therefore need to "teach and equip the church for a condolence ministry" (p. 379). Riggs (2006) observed that the Eastern Orthodox Church prescribes a mourning period that lasts 40 days, with memorials that occur at regular intervals including the anniversary of the death for at least seven years. Similarly the Shiite Muslims hold special ceremonies at regular intervals including the anniversary, while Sunni Muslims have a mourning period that lasts up to four months and ten days in the case of a widow. Correspondingly Hindus consider the post-death period a state of pollution for the family and therefore live together for up to a year with frequent visits from friends. On the other hand for Sikhs structured bereavement support is quite brief (pp. 326-513). The notion of checking in on family through

regular rituals that is observed by the Jewish, Easter Orthodox Christian, Shiite Muslims, and the period of pollution for the Hindus appears provides a better chance to discover those who are struggling and ensure they receive care. While Christians are called to care for the bereaved, Evans (2011) points out they need condolence ministry training and this would help all people who care for the bereaved.

Evans (2011) also believes that one way to care for people is through the practice of rituals which "can help us recognize the ongoing nature of grief and mark those passages and embrace the different stages of the bereavement process" (p. 389). Peter VanKatwyk (2003) went into more detail about the potential make-up of these rituals. Peter writes,

> Pastoral care is expressed in the public ministry word and ritual; facilitates life's common transitions and marks the endings and beginnings in our lives. There are the rituals of remembering: a memory book, garden sculptures symbolizing an ongoing presence, anniversary days of gathering wildflowers and meeting at the gravesites. There are rituals of endings and the beginning: the transformation of Martina's room into a study and workplace, the memorial celebration marking re-entry into life with friends and relatives (p. 122).

Given the expanse over time of the rituals noted, bereavement support is not seen here as something that stops even when a person returns to joy but continues in those momentary lapses that often reoccur around transitions or anniversaries. For example while the funeral for my brother-in-law was a prescribed ritual we often have everyday rituals; notable moments in life which when passed through also change us. My sister had time in the hospital with her husband as he was dying and the moment of death. At the visitation she experienced her husband through the eyes of others who loved, respected and admired him. She cared for them as they grieved their loss. My sister heard the words from scripture, the words of the eulogies, and the words of the sermon and finally walked away from the casket in the cemetery. Then returning to her daily life she was reminded of the loss when changing property for joint name to her name alone. She was reminded of him every time her husband was not there in the routine of their seventeen year marriage. She was reminded of him at the birth of their twins when he was not there to hold her hand and let her know it would all be alright and again at Christmas and each of the children's birthdays. Rituals seem to work in tandem with life or may act in their stead.

Consider the following assumptions; a situation where a person, grieving the loss a significant person, was unable to attend the viewing or the funeral and could only visit with family twice a week for 20 minutes in a location that wasn't safe to grieve. Furthermore, they could only express grief quietly at night because it wasn't safe during the day. Is it possible with these assumptions, to grieve the loss of a significant person in a way that will lead to recovery? The answer to that question is quite complicated because it seems to come down to the personhood of the individual as a consequence of nature and nurture. Since we cannot assume that all people that find themselves in those circumstances can go it alone, bereavement support would be necessary. Bereavement support could be provided through medication and in extreme instances medication may be required to ensure the safety of the individual. However, the bereavement exclusion was only removed in the DSM V (2013) and therefore the long term impact of widespread use of depression medication on bereavement is as yet unknown so it is unacceptable to use as a general treatment. The need for bereavement support is reinforced by current music and movies and the mourning rituals found in contemporary secular society and in the ancient world religions. In Judaism, Christianity, Muslim and Hinduism family and friends and those grieving are brought together for extended periods of time or at regular intervals. During a Christian funeral ritual

words of hope are found in hymns and ancient scripture readings, bereavement counsel may be provided through a sermon, meaning is attributed to the dead through eulogies, grief is normalized through the sharing of pain, people offer support through prayers, gifts and labour, and death is faced. Consider how much is lost in the absence of just the funeral, never mind returning to a life lived without the individual, or the follow up rituals held by some mainline religions. Then again, not all outside support is helpful as Job's scholarly friends learned. It is difficult to extract the individual from the grieving community and while there are times of absolute aloneness these are broken up by caring people.

So what should be the pastoral response for those inmates who are mourning the loss of a significant person? There needs to be a way to change the assumptions. Attending a funeral ritual and the visitation is an important part of grieving. While approved federal and provincial inmates can attend the viewing, only federally convicted inmates in Canada are able to attend the funeral. Remanded inmates should also be able to attend the funeral given the same security screening. Inmates who are in bereavement should be allowed greater access to family and friends in the early weeks of loss. This could mean extended phone calls in a safe space and family visits could be significantly lengthened. Finally there should be cell space that is classified for those grieving where inmates who get along could be combined and inmates who want individual space could grieve in isolation.

However changing these assumptions might not be possible as they have been put in place for security reasons but they must be challenged. Nonetheless in the meantime, families could be encourage to record the funeral and the Chaplain or condolence ministry trained volunteer could watch it with the inmate in a safe space such as the chapel. The inmate could be encouraged to write their own eulogy and pause the funeral to allow them to read it. Support could be provided in this place and follow up should occur at regular intervals. However follow up may not be welcome without some explanation. Inmate grief is disenfranchised and consequently they often want to avoid or at least defer grief until released. It may be worthwhile to develop a course that informs the inmate population of the importance of grieving and how it can be safely engaged while incarcerated. Then with their permission they could be followed up with on holidays, anniversaries or other significant dates. Families can forget the incarcerated at times of grief and contacting family and including an informational pamphlet describing the importance of family support may be helpful. Willing families could then be encouraged to write the allowing the inmate to offer written or phone support and share their grief. Writing is a wonderful tool in jail as it can be read, reread and answered in those safe moments. For the same reason letter writing could utilize volunteers trained in bereavement support who engage in a written conversation. While bereavement books are often a staple in prison library, poetry or fiction books or short stories could be added that help a person enter a bereaved space or subtly explore their grief issues. Books maximize the utility of the limited safe space that is available by putting the timing of their use in the hands of the inmate. A library of movies and music that help inmates explore grief issues could also be maintained and used by trained volunteers on an individual basis or ingroup where appropriate. In this same vein, rituals could be designed and performed that mark transitions and the endings and new beginnings common to the bereaved. Safe sacred space such as chapels must be maintained and protected, as much of grief support is spiritually centered. Properly facilitated bereavement groups that encourage support for another one another are appropriate in some institutional settings as are groups that utilize arts and crafts to help the bereaved memorialize grief. Some of the ways people grieve outside of the jail such as organizing and attending a funeral, preparing and offering a eulogy in the midst of loved ones, preparing food, caring for those in grief

through a ministry of presence or fixing a house and checking on the bereaved until they are restored simply are not available to the incarcerated. However the suggestions in this pastoral response will better support those who need safe sacred space to think or feel their loss, family and friends to share their loss, bereavement counsel to explore their loss and the time and space to create to memorialize their loss.

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