

**The Grief Spiral:
Transformative Bereavement and the Power of Loss**

Sophia Lyon Fahs Lecture

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Sophia Fahs had the liberating thought that children develop their religious understandings from their interaction with the world—and not just certain aspects of the world pre-selected by those in authority, but all aspects, including death and grief. I think that people develop their understandings of death and grief from their interaction with the world—and from how they perceive that interaction. A profound loss affects all of who we are—including our thoughts, emotions, spirituality, physical health, relationships, and perceptions. So I would like to think that Sophia Fahs would have been interested in what I have to say because she would have recognized it as expanding the traditional approach to grief and loss, just as she expanded the traditional approach to religious education.

When people find out what I do, they often ask “Isn’t that depressing?” And I reply that I know from personal experience that the grief process can be transformative. A profound loss can offer much more than tears and pain. It can offer the opportunity to change your life for the better. And being an agent of that change is the most rewarding work I can imagine. So I approach my clients with empathy, but also always with hope.

Amy was a client of mine, and the story I’ll tell you about her is true although I have changed her name. Amy lost her baby when she was 19. He died minutes after he was born. Amy’s parents made all the arrangements for the wake and funeral, and when the funeral was over her family refused to talk about the death. Shortly after that, her marriage fell apart. The only way she knew to deal with her pain was to numb it and she soon became addicted to alcohol and drugs, and then attempted suicide. What changed for Amy after the death of her son? Everything. Then there was George, an only child who lost both his parents within a year;

Martha, whose daughter died quickly of an aneurysm as she sat by her hospital bed; Chloe, whose father died when she was 14; and Mark, a recovering alcoholic who lost his father and then went through a traumatic divorce. You'll hear their voices--and others--as I talk about the grief process.

My main objective today is to introduce you to a different way of thinking about the grief process—a way that may help you as you encounter those in your congregations who are grieving.

There are 5 main topics I want to cover:

1. What does our culture tell us about grief.
2. The medical model that influences the way we think about grief and loss.
3. Developmental differences between children, adolescents, and adults in relation to the way they grieve.
4. What is the transformative perspective and why does it work better than the medical model.
5. My own theory, Transformative Bereavement.

What does our culture tell us

Culture is like the atmosphere (Neimeyer, 2000). What it teaches us is as accepted as air and as automatic as breathing. But when there is a hole in that atmosphere, something about the way we function gets skewed. Like someone with a broken rib who compensates with shallow breathing that limits other aspects of physical functioning, we find a way to cope that limits our psychological functioning. We deal with loss and grief in a shallow way because of a hole in our cultural atmosphere.

Grief is the human response to change and loss. Even positive changes involve loss. Graduation means leaving school, friends, and possibly home; marriage means leaving a single lifestyle, etc. Loss and grief are experienced by 100% of the world's population, yet in our culture, we find it hard to teach or talk about it. On the one hand, we minimize or avoid it; on the other hand, we pathologize it. Our responses wander off into confusion and wander away into denial. Many of us declare that we can handle it alone, but handle what? If we do not understand the process, we cannot answer that question with any clarity.

Our society treats a death as an isolated, time-limited event (Cornell & Sheras, 1998). Well-intentioned friends and family members decrease their level of support after 3 to 6 months--sometimes because they believe it is no longer needed, and sometimes because they fear that talking about our loved one will make painful feelings resurface. We are told that we need to get on with our lives as they had been before the loss. But since our lives are forever changed, we often feel isolated or misunderstood--or even abnormal. Research shows that complications develop when our attempts to express our feelings to others are met with inadequate responses (Valentine, 1996), yet there is often considerable social pressure to not publicly express emotions that frighten other people--and may also frighten us. Experiencing a variety of overwhelming symptoms without social validation, we invariably ask, "Am I crazy?"

The costs of short-circuiting or bypassing the grief process are staggering to our society. Rather than seeing the reassuring outcome our culture encourages us to expect (a decrease in symptoms over time), studies show that we experience an increased rate of depression, suicide, smoking, alcohol drinking, illness, and hospitalization (Witztum & Roman, 2000). Ultimately,

grief can lead to death.

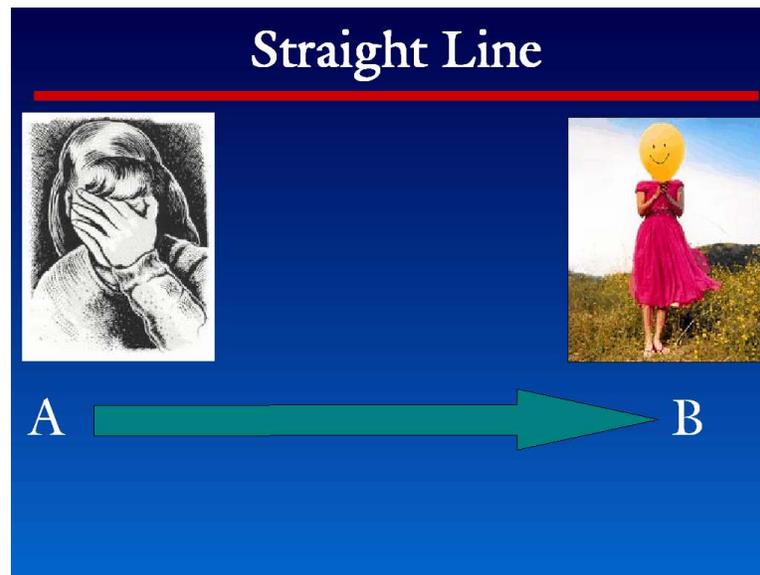
Our culture tells us we must be self-sufficient, in control, and focused on others. How can we be self-sufficient and require support? How can we be in control and unable to fix our own or another's pain? How can we focus on others when our pain is so intense that it demands all our attention? Death is something we cannot control and we feel helpless; we cannot make the death not happen, we cannot heal those we care about, and we feel inadequate to deal with our own fears of death or loss that often surface on hearing about someone else's. Progress is perceived as an absolute good in our culture; so when we experience a loss and get stuck in the past or sense ourselves unable to move forward, we feel dysfunctional--or even defective.

As an aside, I find it interesting that sometimes we are more able to deal with loss when it occurs on a national or global scale. The death of a celebrity or esteemed leader often elicits an outpouring of grief that on the surface seems all out of proportion to our actual personal connection to the deceased. When everyone seems to be feeling the same pain for the same loss, we feel safe to release our own grief and share openly, receiving the support and validation we crave without risking rejection or denial. However, when we are encouraged by society to focus on fear, anger, and blame--as we were on September 11, 2001--everyone runs the same risk of getting stuck at that point in the grief process. As a nation, we still have not dealt with it. We often say "9/11 changed everything." But instead of using that change constructively, we have allowed ourselves to become its victims.

The medical model

Our society's perspective on mental health is rooted in the medical model. The study of

loss has been approached in much the same way as has the study of illness.



This is a linear approach that starts with identifying a problem (Point A) and fixing on a solution, or cure (Point B) as the goal. Most mental health professionals focus on the symptoms of loss as the problems--which is analogous to saying the bleeding is the problem, not the wound. Anxiety, depression, anger, substance abuse, delinquency or ADHD in children, spiritual visions, suicidal ideation, disorientation to reality, and Post-Traumatic Stress Disorder are symptoms of grief that are treated as discrete pathologies. For example, profound sadness along with thoughts about death may be part of clinical depression, but they are also symptoms of grief. And while clinical depression is a disorder, grief is a normal indicator of living (Reynolds, Pasternak; Frank, Perel, Cornes, Houck, Mazumdar, Dew & Kupfer, 1999).

We turn to our physicians first in times of crisis. They offer us medication in a well-meaning attempt to help us return to a "normal" life as quickly as possible (Buelow &

Chafetz, 1996). Grief is intensely painful, so when we are reluctant or afraid to allow the pain to take its course, the goal is to be cured, and relief is readily available in pill form, its attraction is obvious—especially when we are encouraged by concerned friends and family members (Rando, 1993). But when we are medicated, not only are symptoms diminished, but also the need for transformative change (Cordoba, Wilson & Orten, 1983). Moreover, when the long-term pain of grief leads to an attempt at avoidance through medication, we are vulnerable to addiction (Halleck, 1974).

Most of the experts who have given us the classical theories of grief that have become culturally accepted have come from a medical background. They tell us that recovery is the absence of pain. They tell us that grief work is done internally. They tell us that healing is about recuperating, or getting back to who we were before the loss. They tell us there are stages we need to go through and that we need to go through all of them in a prescribed order. They tell us that if we do not—or cannot—renounce our connection to our loved one, we will suffer and be perceived as pathological (Hagman, 2001). They tell us the pain will end within a limited time frame, after which we will resume living happily and form new relationships. Most of us expect that when we suffer a loss, we will experience it in this way. The result is that we are unprepared for the reality of grief and view it from a perspective that inhibits healing instead of facilitating it. The fact that grieving can be a positive growth experience is not part of this cultural atmosphere.

Adolescents and children

Now, let's talk briefly about adolescents and children. You might be wondering how they experience grief and whether it's the same for them as it is for adults. The answer is yes and no.

Let's start with the statistics. Grief does not usually come to mind when we think about childhood but, according to the U.S. Bureau of the Census, one out of every 1,000 U.S. high school students dies each year. One out of every 20 experiences the death of a parent, and many adolescents are affected by the death of a grandparent, sibling, celebrity role model, or teacher. A study found that 73% of college students recently experienced a major loss (Rickgarn, 1996).

Adolescents--and I use the definition of adolescence as ages 14-20--experience the same feelings, symptoms, thoughts, and fears as adults. But there are significant developmental differences. Adolescents are by definition grieving--mourning the loss of childhood, and dealing with many physical, social, and emotional changes. They aren't quite sure yet who they are apart from their parents or how they fit into society. Their uncertainty and self-consciousness often lead to their repression of responses. Feeling vulnerable yet struggling to maintain control, they may not have any visible emotional reaction at all (Stevenson, 1989). They are at higher risk for failing to grieve a loss, both because of their inability to reach out, and because adults interpret their restraint as meaning they are cold, unfeeling, uncommunicative, or undemonstrative ((Toubiana et al, 1988; Lattanzi-Licht, 1996). The depth of their grief often goes unnoticed when adults are in shock and/or focused on those who express grief more overtly (McConville, 1990).

Adults often misperceive the adolescent's expression of grief as a developmental problem or as acting out (Podell, 1989). Their symptoms include a drop in grades along with difficulty in

concentration and memorization, and a resultant lowering of self-confidence. Behavior may become disruptive or even violent, and accidents and illnesses more frequent. Withdrawal from school and social activities, apathy, lack of energy, increased attention-seeking, perfectionism, overachieving, regression, anger, excessive guilt, and sadness are all symptomatic of grief (Stevenson & Stevenson, 1996; Toubiana et al, 1988). Males may initially react with aggressive antisocial behavior and females with self-injurious behavior, including sexual promiscuity (Tedeschi, 1996). Adolescents who have lost a parent, sibling, or friend to suicide are at risk of suicidal ideation or attempts (Valentine, 1996). And a symptom of having these symptoms is often a sense of being abnormal, and a fear of going crazy or being perceived by others as crazy (Podell, 1989).

Many adolescents turn to alcohol or drugs to medicate their pain (Podell, 1989; Stevenson, 1989). 86% of alcoholics who begin to drink in adolescence (as most alcoholics do) started drinking following a loss. Addiction in both adults and adolescents is often the outcome of unresolved grief.

Adolescents need active adult support and they need information about grief so they know that what they're experiencing is normal and that the grief process is hard work for everyone (Podell, 1989).

The good news: The experience of grief can, lay the foundation for resilience (Hill & Foster, 1996). Learning to deal with change can result in increased self-esteem, empathy, self-awareness, and a more realistic view of life (Valentine, 1996). It also offers the opportunity for identity formation. Most of us think adolescents automatically form an identity, but sometimes it does not happen. Identity formation is achieved through facing a crisis, questioning identity and values, weighing alternatives, and consciously choosing a set of personal values. The grief process can

foster this essential task.

Now, about younger children. In general, children understand the world in more concrete terms, and see themselves as not separate from their family. When someone in their immediate family dies they interpret it as a punishment, feel responsible, and become fearful of bodily harm and mutilation. They usually have endless questions and a desire for details about the death and the physical process of dying. They usually want to see the dead body. Their imaginations may conjure up all sorts of scary or unrealistic scenarios about what happens when they don't have accurate information. They are concerned with the "right" way to respond and with how others respond, and will see grieving adults as role models. Their symptoms include regression, clinginess, school problems, withdrawal from friends, acting out, irritability, nightmares, sleep and eating disturbances, a desire to join their loved one which may appear suicidal, increased conflict with siblings, poor concentration, and confusion about their role in the family.

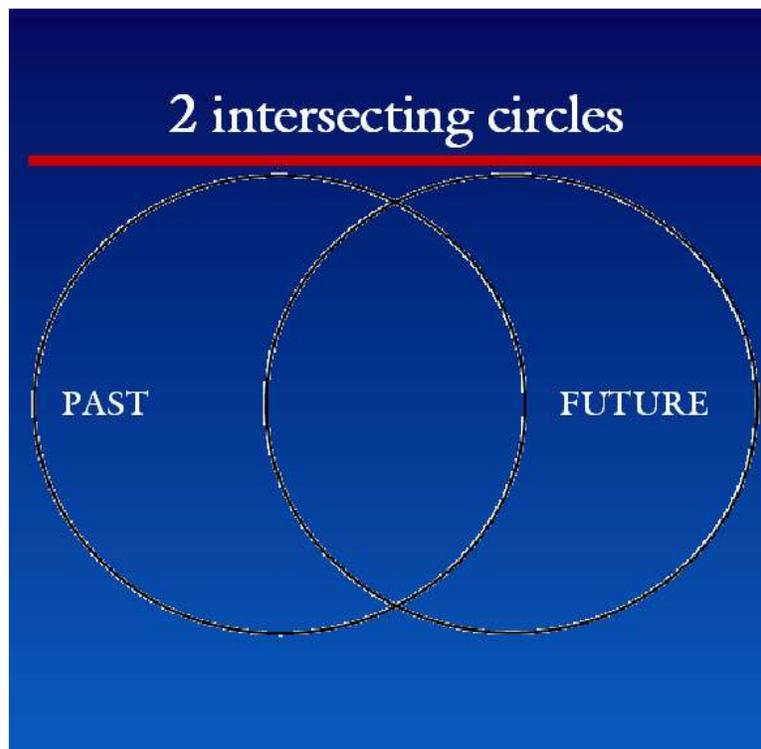
What is the transformative perspective

We've discussed the influence of the medical model on our cultural view of grief. Professional counselors and theorists are moving away from the medical model toward the transformative perspective (Neimeyer, 2000). This is a paradigm shift. The transformative perspective says that loss can be an opportunity for development and a catalyst for growth (Tedeschi & Calhoun, 1995; Davis, 2001; Frantz, Farrell & Trolley, 2001; Richards, 2001). It says that loss can free us--not from the past, but from old ways of organizing and perceiving the world while we integrate the past into the present in a new way (Lieberman & Peskin, 1992). And it says that grief is not an isolated event, a medical condition, or an illness that is responsive to a standardized

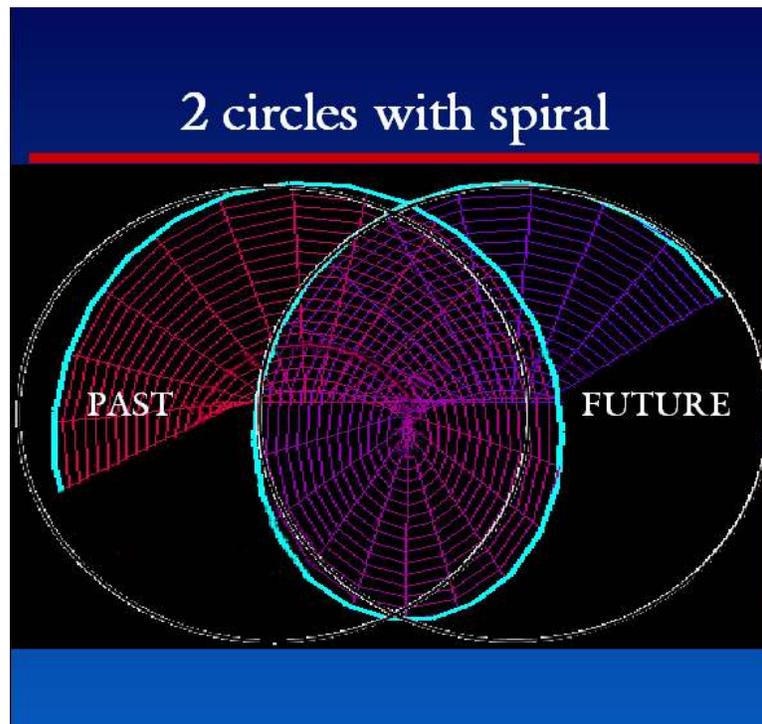
treatment of its symptoms (Rubin, Malkinson & Witztum, 2000).

The grief process is not a straight line leading directly from Point A to Point B.

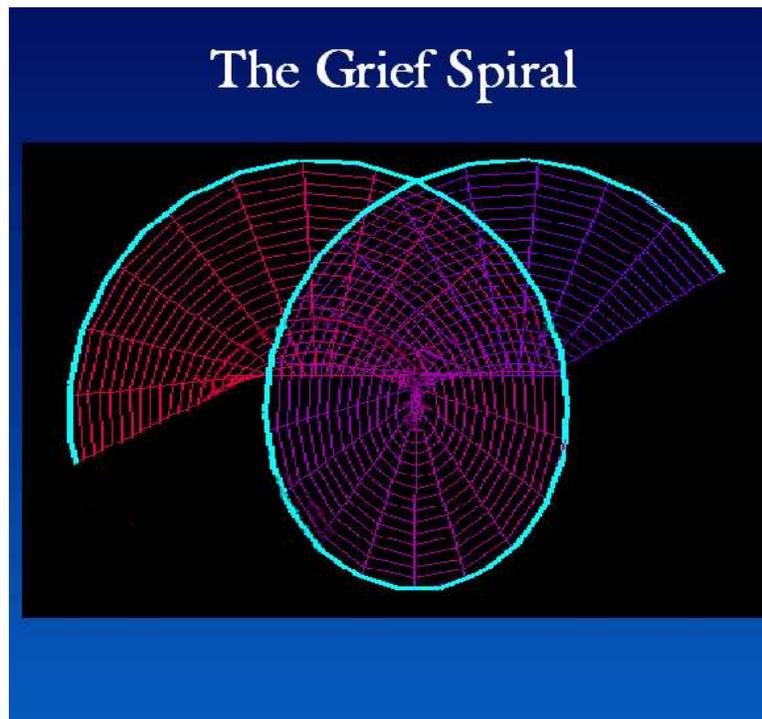
I visualize the transformative process in terms of 2 intersecting circles: Circle 1 represents our past reality, part of which is now changed; Circle 2 represents our future reality, part of which is unknown. The area where the circles intersect represents that which persists.



The transformative process is the gradual spiraling movement from living in Circle 1 to accepting and learning to live in Circle 2.

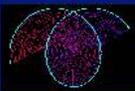


In the grief spiral we move in all directions and in multiple dimensions. It is not the stages themselves that are important, but the *momentum*. Sometimes we move ahead only to find ourselves feeling we are regressing to an earlier stage, or to a point in the past which we thought we had dealt with or resolved. This can be confusing and discouraging, but it is a normal part of the process, and sometimes we need to revisit the experiences of one stage—usually more than once—before we can let go and move on to the next. And sometimes, because grief is hard work, we just need to rest! Grief is the recognition that we have to surrender to the past something we wish were in the present and future. The grief process *is* the change process and those who learn to deal well with loss, learn to deal well with life.



With that background, I want to offer you a brief overview of my own theory of Transformative Bereavement.

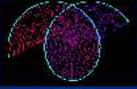
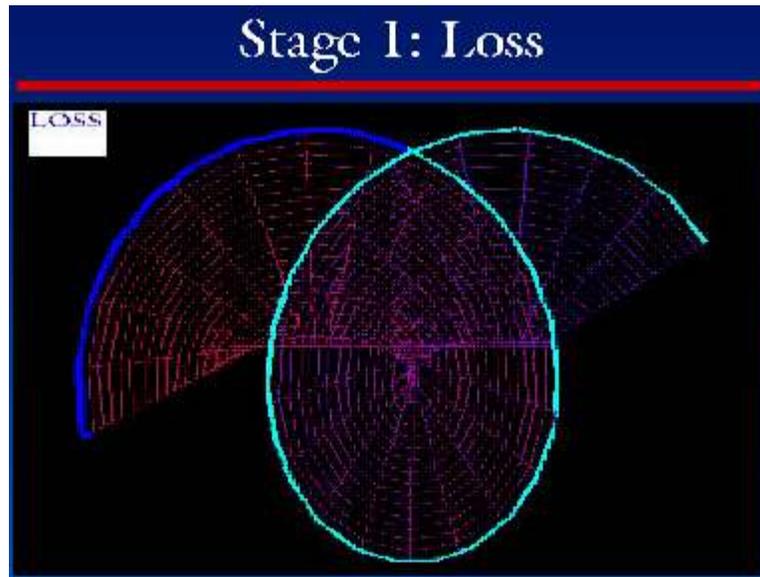
Transformative Bereavement



Transformative Bereavement

- Stage 1: Loss
- Stage 2: Return
- I'll Cross that Bridge When I Come to It
- Stage 3: Reconnection
- Stage 4: Creation

The 4 stages of Transformative Bereavement are Loss, Return, Reconnection, and Creation, along with a Bridge we'll cross when we come to it.



Transformative Bereavement

- Stage 1: Loss
 - Denial
 - Anger
 - Bargaining
 - Depression
 - Acceptance

Stage 1: Loss

Elisabeth Kübler-Ross--the pioneering psychiatrist whose writings on death and dying broke through a wall that Western society had carefully constructed between itself and end-of-life issues--wrote that as we learn to deal with loss we can come to a new relationship with life that enables us to accept death as part of living. She described 5 stages of death and dying: Denial, Anger, Bargaining, Depression, and Acceptance (Kubler-Ross, 1969). Her now-famous stages comprise the first stage of Transformative Bereavement: Loss.

1. Denial: The nearly universal response upon hearing about the death of a loved one is: “No!” It makes no sense to us within the context of the world as we know it, and so we deny its reality to protect ourselves from the life-threatening shock of the event. George said he was feeling numb. Martha could not say the words "dead" or "death" in connection with her daughter. But because of the self-protective layer of shock, we are surprised at how well we seem to be coping with the loss, and others often say things like "You must be strong. You're handling all of this so well."

2. Anger: When the initial shock begins to dissipate, and we are faced with the reality of the death, we often feel intense pain and anger. The pain is felt physically and manifests in breathing, eating, and sleeping problems; headaches, heart palpitations, tightness in the throat and/or abdominal area; exhaustion; irritability and impatience; accidents and illness. Many people feel an overwhelming anxiety and search for someone to blame. Amy said: “I feel like I've been kicked in the stomach.” Martha said: “I feel like there's a hole nothing will ever fill; nothing will ever be the same.” And people always ask: “Am I crazy?”

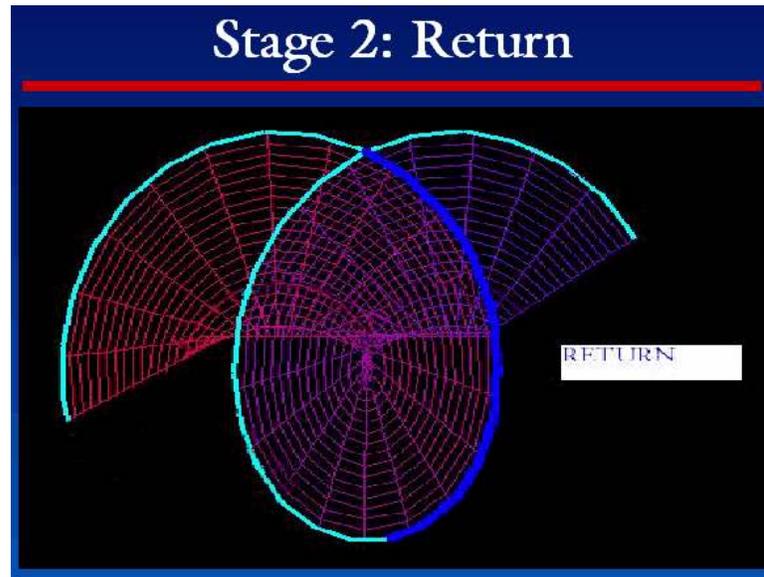
3. Bargaining: It is not only feelings that are ambivalent, but also our perception of the finality of the loss. Because we often feel we are being punished and that the loss was some kind of cosmic error, we frantically search for a way to reverse it. Martha said: “I should have known what was wrong with her. I should have been able to make her go to the doctor sooner.” George felt guilty about not being in the hospital room with his mom when she died. Mark said: “We never said goodbye.... I felt terribly guilty about that and it sent me into a tailspin.”

4. Depression: As we begin to come to terms with our loss, the search ends, along with the

expectation that our loved one will return and that life will return to "normal." The dam breaks, and the overwhelming reality of our loss that has been held at bay by anxiety, anger, and guilt rushes like a tidal wave over the crumbling wall. George said he felt out of control of his life, unsafe, vulnerable, helpless, and alone. He had been going to bed early in the morning, sleeping until the afternoon, and spending most of his time watching TV. Martha said: "It's like you had somebody by your side and now you're out in this big strange world all by yourself. I feel lost." Mark said: "I didn't work, didn't go out, just stayed in my bathrobe and slippers all day. I felt helpless and I hate that feeling. I thought I was nuts." While this phase feels awful and disorienting, it is actually a hopeful sign. It means we are beginning to let go and have stopped using our energy to fight against what happened to us.

5. Acceptance: When the thoughts and feelings of all the previous steps have been worked through, we often feel a surge of released energy and a level of peace. Initially we may distrust the feeling and find it scary. The pain is still present, but less frequently. George said: "Before I wasn't thinking about the next step, but now I'm more aware of what is ahead. Before it was all a bad dream and I kept thinking it will go away. Now it's real." Martha said: "I think straighter than I did, but my heart still hurts... but I'm starting to accept the fact that she's gone home."

These 5 steps seem most applicable to the first year of the grief process. For the dying, the Acceptance stage means resolution before death. But for the grieving, the question that arises at this point is: "Now what?" because Kübler-Ross's theory was meant to apply to the dying, not to the living, whose lives continue.



Stage 2: Return

The end of the momentum of the Loss stage brings a deeper awareness of loss. At this point there are many physical events in our lives that our loved one has not shared; many thoughts, feelings, and learnings that our loved one seemingly has had no relationship to; many memories created that do not contain the physical presence of our loved one. Our lives continue, while that of our loved one seems frozen in time, space, and memory.

We return to where we were before the loss, and have to deal with the fact that we are not there anymore. It is not just our loved one who has left, but ourselves as we knew them. We grieve ourselves. If we do not go back and discover how we, too, have moved on, we will be forever haunted by “back then” and “once upon a time” as if then were now--and it is not.

So while in the Loss stage we focused on grieving our loved one, the 5 steps are the same but this time it's about us.



Transformative Bereavement

- Stage 2: Return
 - ▶ Denial
 - ▶ Anger
 - ▶ Bargaining
 - ▶ Depression
 - ▶ Acceptance

1. Denial: Our identity has changed. Many secondary losses become evident. All the roles that we have played in relation to our loved one are gone. We often feel out of control, fearful, and confused; so we deny the change and try to make our changed selves function in the same old patterns and routines. Amy focused on scarcity and identified with loss, feeling there was never enough. She was proud of being a "survivor," but it was a static vision of the past, not a dynamic vision of the future. Chloe said: "I never thought I could come this far after what happened to me. I'm stronger than I thought I was." And people invariably say: "Who am I?"

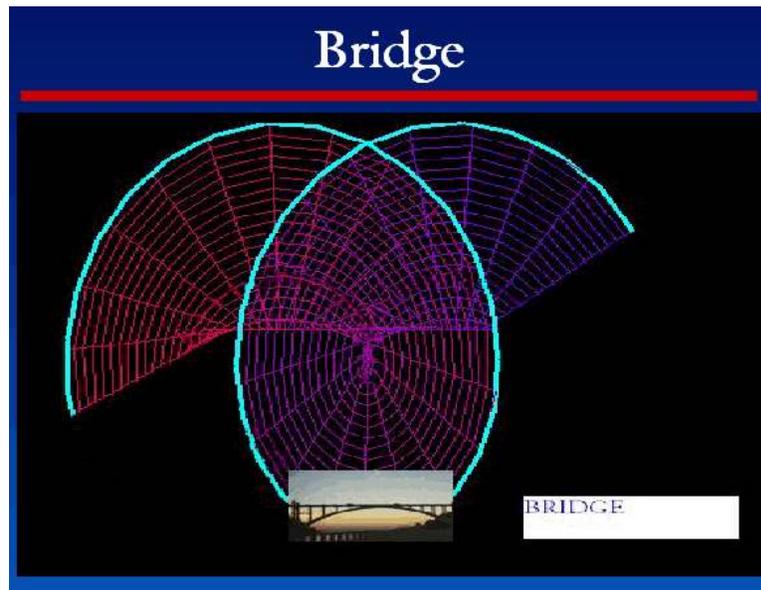
2. Anger: When we can no longer deny the reality of our changed identity, we often revisit feelings of intense pain and anger. Anger at this stage is directed at our own lost identity. Feeling powerless to change our new reality back into the one it was supposed to be, or should have been, we recite endlessly our litany of what will never be. George said: "I'll never be a son again. People who haven't been through this don't understand it. Nothing compares to it." Emma said: "If he was still alive, what would life be like now? I hate the what-if's and what-would-be's. I hate reality. I hate that I have been put into a space that I don't want to be in."

3. Bargaining: That sense of powerlessness in the face of an altered identity often leads us back into guilt. Confronted with the needs of people we love, and recalling the person we wanted to be in relationship to them, we strain mightily to remember our lines and act out our part--all the while feeling that we are not in character anymore. We may feel we have let others down; have broken some sort of unspoken contract to be someone we can be no longer. Mark said: "My wife said, 'You aren't the person I know,' and I replied, 'Perhaps he is gone.' It's my fault he's gone. I took her husband away. But I can't and won't go back. You can't play a game if you're afraid of losing, because you are going to lose." Amy said: "I've survived it and I've learned a lot. If I can do it, why can't everyone?"

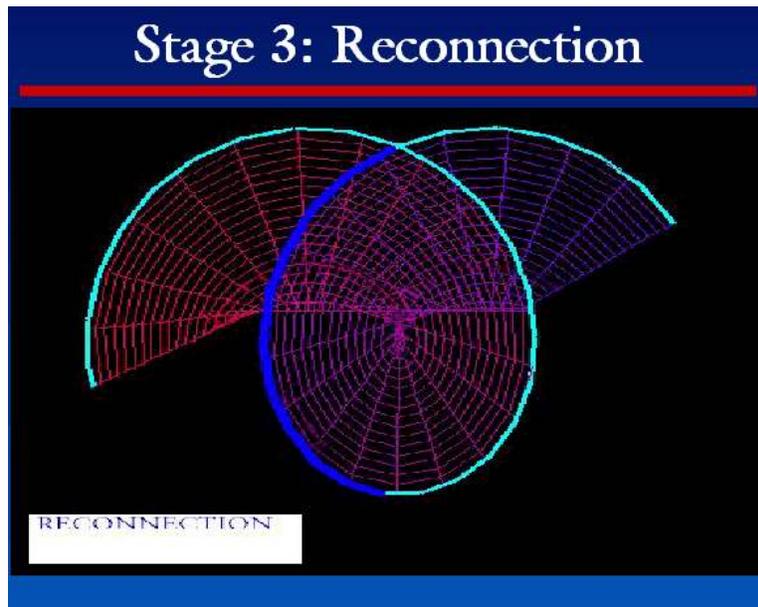
4. Depression: This may be the most difficult and painful phase of the grief process, and it often occurs between 18 and 24 months after the death. The distance in time and space and experience between us and our loved one seems like a chasm too wide to bridge; and, at the same time, we are almost unrecognizable to ourselves. Our anxious attempts to be who we were in the past slide down the walls of that chasm, and a sense of profound sadness and resignation takes their place. We may feel we have no control over anything at all. Amy said she had been crying uncontrollably for the past few weeks and did not understand why. "I feel burned out," she said, "but I know I don't have a choice. I gotta go forward. I feel like I'm 17 again and I hate it. . . and I already know you can't go back." Mark said: "A lot of people think I'm regressing. When do you quit having to revisit the past? ... I've learned you can change the past as the time of being the changed 'you' lengthens and begins to balance the old.... Sometimes I'm shocked to find out how wrong my perceptions were. . . how things I thought were insurmountable and unforgivable aren't even remembered by others.... But sometimes I feel overwhelmed. It's like I'm a TV picture slowly

blacking out--I'm disappearing and I can't get myself back."

5. Acceptance: We have left behind who we were in the past, accepted our changed identity, and now begin to discover what exactly that means. Most people feel an exhilaration of moving ahead in the process tempered by the seemingly daunting task that lies before them of recreating themselves. Martha said: "I had to start all over. You won't ever leave her, but you have to make these steps without her. . . but it's not without her because she's there!" Then Martha talked about how was beginning to enjoy life like her daughter did. Chloe said: "I'm letting go slowly but surely, but it feels weird. I have to learn to see through my own eyes.... All I can control is my own choices." Mark said: "I've learned that it's not what's 'true' that matters, but what is true and real from someone's perspective." George said: "I have more self-esteem, I trust myself more, and I'm more loving." Amy said: "I'm seeing a lot of changes, and it's a little scary. Even Martin said he sees the changes in me. I'm more cool and calm." So, why isn't this the end of the grief process? Because if we don't find a way to reconnect with our loved one, if we don't find a way to incorporate both how we and she have changed into our present, we will continue to remember her as if she were still physical and frozen in time.



I'll Cross That Bridge When I Come to It: This phase is a breathing space, an assessment of relationships. This is a sort of a midpoint check-in, because when we have returned we can finally have a more realistic view of all the “now” and “then” relationships of life and death. This is the time to ask questions like: “I got my act together, so why does this all still seem so hard.” “Are there any relationships I need to let go?” “How am I behaving differently than I have in the past and what affect is that having on others?” “Are there new relationships and connections I need to make?”



Stage 3: Reconnection

Some people do well at letting go of their loved one but cling to their past selves; and others move on fine but never recognize the loss of the other. We need to both see the other as gone in the familiar terms *and* ourselves as being changed or different if we are to connect. And what connects is not the superficial of the past but the essential that transcends. The connection is spirit to spirit, not person to person. Reconnection is the stage in which two spirits deprived of their physical connections reconnect.

The process of Reconnection begins in the first stage, with Acceptance. As, little by little, the face of the world as we knew it with our loved one begins to look different, we begin the process of sorting out what was vital about our relationship.



Transformative Bereavement

- Stage 3: Reconnection
 - ▶ Resistance
 - ▶ Recognition
 - ▶ Separation
 - ▶ Rejoining
 - ▶ Balance

The 5 phases of this stage are: Resistance, Recognition, Separation, Rejoining, and Balance.

1. Resistance: If we are unable or unwilling to see our own identity as changed, then we will try to bypass the Return stage and—although the “resolution” of the loss will appear as a sense of peace and acceptance—our pain, while diminished in intensity, will remain of the same quality and tone. Amy said: “Letting go of the pain would be letting go of him.” Or we may begin to move into the Return stage before we have accepted the loss. We may be so terrified of being separated from our loved one and of feeling the pain of the psychological distance that comes with acceptance that we may idolize our loved one and use that distorted memory as an external energy source in a way similar to an addiction. This looks and feels compulsive, and it keeps us stuck. Eva said: “I don’t consider my son’s life being over. I just consider he has evolved into another form.”

2. Recognition: When we accept our loss and move into the Return stage, we deal with how our loved one has changed, how we have changed; and how our changing has changed the relationship. The roles we played in relation to our loved one and the roles they played (e.g., spouse, parent, child, friend, etc.) in relation to us are gone, and we see that their identity is not the roles they played but who they were. Amy said: “I saw an image of him as a butterfly.... Afterwards I felt

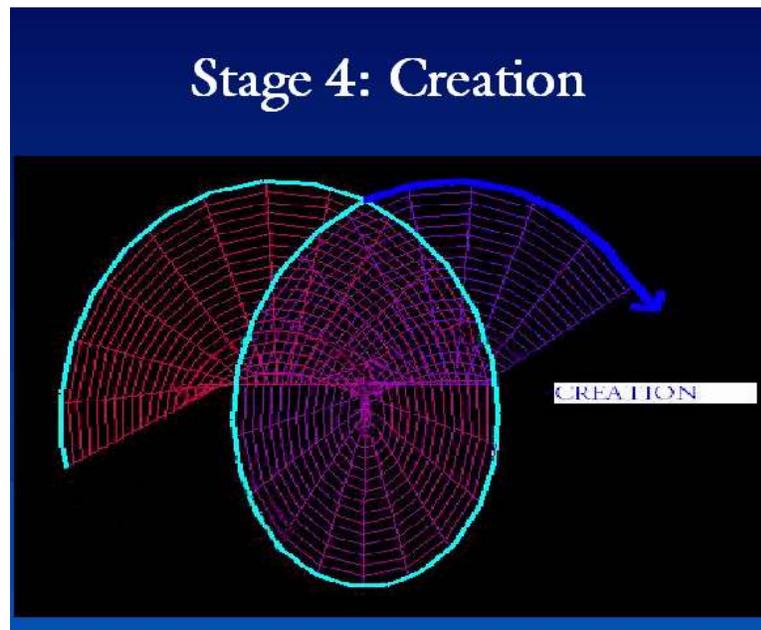
like a ton had been lifted off my shoulders. I never thought of him that way before.”

3. Separation: This is the process of sorting out the many facets of our loved one's life and her relationship to our life. It is only by focusing--alternately or simultaneously--on what our loved one no longer is physically, on what we can keep from the relationship, and on what we can take with us into the future, that we can separate from our loved one without feeling we have lost all of who she was. Joshua said: “I started to relate to some of [my father’s] life's wisdom. I quote him often in my mind, or in conversation with my spouse. I am grateful that he was part of bringing me into life. I gradually felt... able to reconnect.” Selene said: “I began feeling that perhaps I honored [my mom-in-law] best by doing what I loved.... I was learning to let go and to let her be a part of my life in a different way.”

4. Rejoining: We are aware of what we have lost, what we need to be let go, and what we always had and therefore could never have lost. We understand that the relationship we treasured with our loved one was only physically embodied in them; spiritually and psychologically it was and is just as vitally within us. Here is where we begin in earnest the task of embodying our loved one's presence in our being, in our actions, and in the world. Martha decided to call her daughter’s friend Lisa, whom she had not seen in years. They agreed to meet at a restaurant. Martha said: “It was just like we did this all the time. We still love each other and feel like we’re each a part of Jessica. Hugging her was the best part! And, you know it’s funny, but sometimes when I was talking to Lisa it was almost like Jessica’s words were coming out of my mouth. That felt comforting... I've learned my own strength, and I've learned some things that she knew: life is short and there are no guarantees, enjoy it and don't focus so much on work, take that 'extra minute' for others, you can't control everything. . . my priorities have changed. I wish I was more like I am now with her, but I

know I couldn't be before.” George was incorporating aspects of his parents into himself: learning to cook, handling their financial matters, and taking their role in relation to his aunts. He told me about 2 dreams he had--one about his mom and one about his dad--in which he was helping them. He was seeing himself as his own parents. George said: “I can see what I've learned from them and how I'm becoming more and more like them. Like my mom, I can handle complicated financial transactions and I didn't know that before.... And I'm more like my dad in the way I relate to people--especially to children.”

5. Balance: When we find balance we can stop grieving because we know we will lose no more. The future seems more exciting than scary, and revisiting the past less meaningful. Amy said: “If I can just help one person it will make everything I've been through worthwhile.” George said: “I'm looking forward to what the future will bring.”



Stage 4: Creation

This is Genesis, the emergence of a new reality that takes shape as we focus on what is possible and are able to act on our vision of what is already but not yet. Recovery is not about having all as it was before, nor is it about fixing or compensation; recovery is about living, enjoying, and finding meaning in our changed world.

All that we have learned from the grief process has changed our field of experience; and the next step is living in that new field of raw materials (Circle #2), accessing it, interacting with it, and thus realizing it—as in, making it real. In most life connections we do not want others to change, and even fear it. But in this reconnection we welcome the creative changes because we know they do not change the essence, only the product. It is through the creative changes that we are able to express our loved one's ongoing presence in our life. The fear of change dissipates, and it is accepted as the stuff of life—that which transforms potential into reality.



Transformative Bereavement

- Stage 4: Creation
 - ▶ Change
 - ▶ Vision
 - ▶ Expression and Mistakes
 - ▶ Production
 - ▶ Fulfillment

The 5 phases of this stage are Change, Vision, Expression and Mistakes, Production, and Fulfillment.

1. Change: Most people resist natural change, but in order to be able to create we must be able to accept change as the fundamental process of all life. And in order to be able to accept change we need to learn how to live with uncertainty, ambiguity, paradox, and confusion. So the tasks of this step are to become accustomed to a wider horizon that cannot yet be seen clearly in detail; to be open to the inherent possibilities of life, rather than trying to anticipate what will happen; to trust that there will be “something”--even though we cannot know precisely what it is--and that it will be meaningful. Chloe said: “I feel I’m holding back... I know I need to take the risk, but I’m a perfectionist. What if I fail? ...I’ll never know till I put myself out there. I need to choose one new thing to try.” Martha said: “Maybe I’ll do some tutoring. They have a program at work where I can help elementary school kids. I’m going to take the hospice volunteer training. I want to talk to people who are dying or grieving.” During that session, for the very first time, Martha was able to say, “Jessica died.”

2. Vision: People at this step do not ask, “What does this mean for me” but “How does this

connect beyond me.” When we have recovered both our sense of self and our abiding connection to what was and the other, then both those points of reference fade before larger realities. We can then look ahead to suggesting visionary possibilities *without any worry about realization*. Amy said: "I want to help parents and I want to help kids. People need to know there is something they can do when this kind of death happens. They need to know it's ok to talk about it and cry about it, and that by making their baby real for them they can go on to grieve and heal." George said: "I want to run for a position on the board of my neighborhood homeowners association. I want to really make a difference in the way it's run and improve life for people.”

3. Expression and Mistakes: When we have learned to trust the process that has led us this far, we are no longer afraid of or judgmental about our own mistakes. Each one becomes a point for learning. Amy read something in the newspaper about parental grief that both upset and inspired her, and she decided to write a letter to the editor. It was the first time she had ever spoken publicly about her own experience. Her letter was published by the editor, but extensively edited. She was disappointed, but learned from how it was edited. She then expressed a desire to write a pamphlet to help grieving parents of a baby who was stillborn or died shortly after birth.

4. Production: By Production I don't mean to imply a finished product, but a productive direction that connects our experience to the external world. If the direction chosen expresses the meaning that has been discovered through the grief process, then it will lead toward Fulfillment. For example: Mark initiated a program to provide free access to computers for lower-income people. Chloe talked about becoming an architect, “putting a project together and building it from the bottom up.” She talked eagerly about going back to school. Amy wrote a pamphlet for grieving parents, and she said "I just want to be able to help one person. There's a reason I'm still here.”

5. Fulfillment: Fulfillment is the other side of Loss. It is the far shore of the river we could hope for but not see in the beginning of the process. It is the reward of Change. And it is also what would not have been possible without the loss. We feel whole and joyful, and possibilities are everywhere. Amy was finding herself becoming a resource. A government organization asked her to do a presentation on parental grief. "It makes me feel it's all been worthwhile, " she said. "I think I came a long way. I'm proud of myself.... I can see myself talking in front of 1,000 people about this!" Chloe said:"I was living in lots of fear and I've let a lot of it go. I'm not afraid of being alone anymore.... I can see everything so much clearer now. It's amazing. I just let it flow instead of forcing it out--forcing myself to do things that I don't want to do and cannot do no matter how hard I try, and trying to live up to other people's expectations. I trust myself now.... It feels like waking up from a deep sleep. Now I know who I am."

Conclusion

In conclusion, Fulfillment will look different for each of us--as individual as we, our loved one, and our relationship are. The concept of perfection is meaningless in terms of the grief process. To take someone else's progress as a measure for our own, or to follow someone else's path, is to focus on doing it "right" instead of doing it "well." You cannot do it wrong and you cannot do it right. But you can do it only if *you do it*.

The way to get to the transformative and fulfilling is to let go. . . it is to be willing to fail, to be willing to lose, to be willing to stop trying to get energy from others and create our own, to get up off the sofa and find a beckoning horizon, to be willing to let the direction and the goal and the potential be more important than the concrete and the specific and the successful.

I believe that when we learn the lessons of loss, when we learn to live life on life's terms,

then we have learned one of the fundamental human lessons.

As T.S. Eliot wrote:

What we call the beginning is often an ending

And to make an end is to make a beginning.

The end is where we start from....

We shall not cease from exploration

And the end of all our exploring

Will be to arrive where we started

And know the place for the first time.

And I'd like to leave you with a challenge:

In a world where death and loss is a normal part of life, our culture faces a challenge. Every one of us needs to educate ourselves and our children, and then encourage our communities and schools and workplaces and churches to become accurate and helpful resources for those who are grieving. When our culture does not educate us, we must educate our culture.

To be human is to be anxious about the unknown. We cannot know or control what will happen to us. But we can choose how we react. We can choose to look toward the future with hope rather than fear. We can learn to make meaning of whatever happens to us. We can learn the transformative power of loss. And by doing that, we can contribute to making this a better world.

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