

International Journal of Psychology (IJP)

**Grief is a Human Experience, Not a Diagnosis That Needs Fixing: Clinicians Must
Modify Their Thinking and Ways of Grief Therapy**

Nicole Garrard, Ph.D.

Grief is a Human Experience, Not a Diagnosis That Needs Fixing: Clinicians Must Modify Their Thinking and Ways of Grief Therapy



Nicole Garrard, Ph.D.

Psychology Department, Breyer State University

Article History

Received 11th May 2024

Received in Revised Form 16th June 2024

Accepted 25th July 2024



How to cite in APA format:

Garrard, N. (2024). Grief is a Human Experience, Not a Diagnosis That Needs Fixing: Clinicians Must Modify Their Thinking and Ways of Grief Therapy. *International Journal of Psychology*, 9(3), 31–63. <https://doi.org/10.47604/ijp.2794>

Abstract

Purpose: The aim of the study was to analyze the need for modifications in grief therapy to move away from viewing grief as a treatable illness. It critiques the current pathologization of grief in the Diagnostic and Statistical Manual of Mental Disorders (DSM) and explores how this approach can hinder the natural processes of grieving. The study questions the medicalization of grief and advocates for a more humanistic framework in grief therapy, emphasizing individualized and culturally sensitive approaches to mourning.

Methodology: The study utilizes a structured literature review, semi-structured interviews, and thematic analysis to develop a humanistic grief therapy framework. By engaging with participants who have experienced loss and professionals in grief therapy, the research identifies key aspects of grief that extend beyond traditional diagnostic criteria. Through this qualitative approach, the study seeks to challenge the current diagnostic model and provide empathic methods for clients to express and share their unique grief narratives.

Findings: The findings of this study highlight the limitations of the current diagnostic approach to grief therapy and emphasize the importance of moving towards a more compassionate and individualized understanding of grief. Through thematic analysis, the research uncovers significant aspects of grief that go beyond the criteria outlined in the DSM, emphasizing the need for a more holistic and culturally informed approach to supporting individuals in their grieving process.

Unique Contribution to Theory, Practice and Policy: Based on the study's findings, it is recommended that clinicians adopt a person-centered and culturally sensitive approach to grief therapy. The study advocates for a shift away from standardized treatment protocols towards more individualized and empathic interventions that honor the diverse ways in which individuals experience and express grief. By prioritizing empathy, understanding, and flexibility in therapeutic practice, clinicians can better support individuals through their unique mourning journeys and promote healing in a more humane and inclusive manner.

Keywords: *Grief Therapy, Diagnostic, Human Experience, Clinicians*

©2024 by the Authors. This Article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<http://creativecommons.org/licenses/by/4.0/>)

INTRODUCTION

Grief is one of the essential aspects of life that every human being will experience in their lifetime. Grief is defined as people's vulnerable and complex reactions, moods, and actions in response to the loss (Revet et al., 2020, pp. 356-363). Grief is becoming an essential part of human life as all cultures and societies in different periods of their development have adopted certain forms of rituals or practices for mourning that are intended to help people cope with loss. However, in today's modern and clinical approaches, there is a shift to pathologizing grief, where it is seen as something that needs treatment. This transformation can be seen in exemplifying and institutionalizing Prolonged Grief Disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (Sevedge & Ann, 2021). It is suggested that our society has developed an idea of a proper way to grieve, and if individuals do not conform to these expectations, children and adults, in particular, are abnormal and need help, thus, they are medicalized.

The diagnostic approach to grief has also taken into consideration crucial importance since it affects both the bereaved and the clinicians. However, if the person has lost a loved one, getting a disorder that can be associated with the loss can feel like a form of stigma, and it may interfere with the process of grieving (Isuru et al., 2021, pp. 1-8). It can also result in the delivery of treatment protocols that assume that clients suffering from grief are inherently 'ill' and require to be prescribed suitable types of coping mechanisms rather than having to embrace those personal and cultural values that are associated with grief. From the clinicians' perspective, this approach may constrain the perception of grief and the potential treatment possibilities offered to the clients, all while returning the attention to evidencing the specific symptoms of grief rather than embracing all the aspects of the loss. This can reduce the potential therapeutic benefit of antidepressants and maladaptive behavioral change and could be deleterious if the programs do not address the emotional and existential aspects of grief adequately.

The diagnostic model has gained much popularity recently, but new developments in grief therapy have emerged to challenge the model. Current scholars and clinicians encourage accepting grief and believe that mourning involves assessing people's unique coping and recovery processes (Meichsner et al., 2020, pp. 560-569). In this approach, there is the acknowledgment of the grieving person's stories and the need to use ideal emotions and understanding. It aims at changing the techniques used in acknowledging grief, which have so far diagnosed grief as an illness but embrace the noble and transforming process of grief. The rationale for this shift in perspective can be summed up as follows: This new paradigm is based on a body of qualitative studies that supports the notion that grief may manifest in several forms; therefore, approaches to therapy should be compatible with such variance.

This work aims to elaborate on this new paradigm in grief therapy and promote this approach (Kochen et al., 2020, pp. 1-22). This research seeks to critically analyze what has become of grief therapy today, both in its practices and its theoretical foundations, in light of the limitations that have been identified with the diagnostic approach, and more importantly, find practical ways of making a change and shift to an approach that is more in tune with the experience of the grieving persons. This prospective qualitative research intends to survey current views of loss and ways of treating it with the help of existing empirical literature and a series of semi-structured interviews with persons grieving significant loss and with

practitioners in the field. Hence, the goal of the findings of this research is to help establish practices and methods of grief therapy that prove to be tender and valuable to those in need.

Finally, this research is framed by caring about grief as a human process that deserves compassion, understanding, and acknowledgment of how it transforms people's lives. Therefore, this research seeks to change the conventional ways clinicians treat grief by moving the emphasis from diagnostic thinking to therapeutic listening, from trying to eliminate presenting symptoms to helping clients bear their pain, and from proscriptive methods to individuated support (Neimeyer & Robert, 2022). The need for a reimagining of therapeutic bereavement care is called for because creating an environment that genuinely allows for coping with loss entails a different set of imaginations from what has been in place so far.

Research Problem

The research problem central to this dissertation is the medicalization of grief in present-day practice and the subsequent deficit for change to the therapy kind. The current diagnostic model, best exemplified by the inclusion of Prolonged Grief Disorder (PGD) in the DSM-5, is helpful in pathologizing grief strictly within a framework of defining what should and should not be considered as “normal” versus “abnormal” grief (Williams & Caroline, 2023). This compassionized discourse can lead to denying the common, inherently subjective, and variable responses to loss as exogenously defined and controlled. In the same respect, children who are irregular in their functioning may not fit the diagnostic criteria as spelt out in the DSM and may, therefore, be either overdiagnosed or receive treatment that may not address whatever is ailing them but compounds the misery.

Another problem of the diagnostic model is that it disregards the implications of culture, social relations, and grieving individuals' personalities. Bereavement is a complex, multifaceted process characterized by personal variables such as personality, the nature of cognate relationships, cultural identity, and available support structures. However, since clinical diagnosis assumes a standardized model that is applied to all clients, then it is capable of missing such qualitative distinctions and may well turn an average, however rather uncomfortable, grief process into a pathological one. The above misalignment means that those interacting with the bereaved are likely to offer the wrong treatments, often prescribing medication or highly therapeutic interventions that do not recognize the individual and, frequently, the linear nature of grief.

Another issue to address is the social exclusion and extra suffering that such labeling might bring in terms of perceiving a normal reaction to stressful events as a mental disease. In particular, people who are struggling with grief illnesses may feel more rejected or stigmatized after receiving such a diagnosis, which can only worsen their suffering (Elwyn & Rosiel, 2023). Such social labels can also prevent individuals from seeking assistance because they feel like they will be judged or stereotyped. With a concentration on diagnosis, the basic tenet of therapy, namely the recognition of the patient's suffering and the desire to help alleviate it, can be lost, giving way to the medical model of targeting present symptoms and the criteria that define them.

Also, the diagnostic model can restrict clinicians' latitude, hindering them from offering compassionate care unique to the patient's condition. It is possible that due to the necessity to use the criteria and categories of the DK, therapists may have less potential to be individualized in their approach to each person who is experiencing some grief (Jankauskaite et al., 2021,

pp.458-484). This could be detrimental to creativity and understanding the client's journey through the grief process, which is vital in end-of-life care. Clinicians may also find themselves squaring with the challenges of advocating for care plans that go beyond the confines of insurance and health systems regulated by diagnostic pronouncements, thus making it difficult for the patients to be given more holistic and personalized care.

Considering these challenges, this dissertation aims to examine and propose a more suitable theoretical framework for treating grief that appreciates the grief process as an intrinsic characteristic of human existence. The research will address the inadequacies of the currently predominant diagnostic approach to grieving and the proposed empathic alternative for grief therapy (Frazer & Kayla, 2022). Thus, to better qualify gaps and differences in grieving processes and to emphasize the importance of pluralistic, client-centered approaches in grief therapy, the present study employs findings from interviews with bereaved individuals and clinicians to provide an in-depth description of the participants' experiences. This research problem is academically relevant and has real-world repercussions for enhancing the experience of persons on an existential and existential journey regarding grief. In this respect, this study aims to add value to the progressive change of grief therapy and enhance and acknowledge the actuality of grief work.

LITERATURE REVIEW

Overview of Grief and Bereavement

Grief as a Multifaceted Emotional Response to Loss

Bereavement involves more than just simple feelings of sadness; it may be described as a comprehensive state of individual psychological, social, or even physical well-being after experiencing a loss (Seiler et al., 2020). Grief is, therefore, a phenomenon that embodies the sense of loss brought about due to the lack of a significant person or object, and its effects are feelings ranging from extreme sorrow to anger, guilt, confusion, and hopelessness. It would be difficult to partition as the moods go up and down in a cycle unpredictably and with varying degrees and lengths of time. Furthermore, grief does not only take a toll on a person's feelings, but rather it affects the whole person, and it is experienced as bodily fatigue, anorexia, difficulty in sleeping, and physical complaints (Glorioso et al., 2020, pp. 245-256). These physical signs testify to the fact that grieving is not merely a mental exercise but impact the physical self in rather noticeable ways; this further shows that the phenomenon of grieving has an avenue effect on the natural health of a grieving individual.

Natural and Universal Experience

It is worth noting that grief is one of the few experiences in life seemingly unaffected by an individual's culture, geography, or demographic status. Man, being mortal and alive the world over, no matter how old or from what part of the world or culture, is bound to encounter the death of a loved one in the life span (Ogbujah & Nnamdi, 2020). Starting with the death of the pet for the youngest child to the loss of beloved companions as a person grows old, grieving is all part of human life. It's applicable in all times and places since grief arises from human primal instincts and relation – love and attachment. Despite being in Eastern societies where grief and mourning are culturally practiced but strictly observed in private, in Western societies where people can freely and easily weep for their lost loved ones, or cultures where people must perform and organize burials differently, the experience is universal.

The Death of a Loved One Typically Triggers Grief

Grief is defined as a state that combines sorrow and outcome in an individual after a particular event, notably bereavement (Venkatesan & Srinivasan, 2022, pp. 619-624). However, we must realize that grief refers to the aftermath of burial or funeral and any loss. Even though one feels an enormous hole in the simple loss of a loved one, there are so many other circumstances that may prompt a cry of 'Loss.' For instance, the breakup of a relationship through a breakup or divorce is likely to occasion grief, which is made up of sadness, anger, and emptiness. Likewise, in the loss of a job or any significant career loss, people can experience grieving since they lose their identity, purpose, and financial stability that comes with the career. Moreover, any changes such as the loss of a lover one that affects health, either personally or of a loved one, is likely to cause anticipatory grief in a human being since they grieve in expectancy of an increase in decline in health condition.

The Experience of Grief

As much as it is universal, grief is defined by different sets of circumstances within the lives of various people (Davies & Douglas, 2020). Although the loss of a close one, and therefore the cause of grief, is usually tied to death, the manner of the loss is a significant determinant of grief parameters. For instance, sudden and accidental deaths may cause a great deal of shock and denial, while expected deaths due to chronic illness may lead to anticipatory grieving that consists of a combination of feelings, such as sadness, relief, and guilt. Promisingly, it also reveals the factors increasing or complicating the grieving process, such as open and unresolved issues, trauma, and more (Zulliger & Alora, 2023). Additionally, the closeness or fondness of the relationship shared with the deceased serves as the benchmark for defining the magnitude and longevity of grief. It is quite possible that close and loving relationships can elicit intense pain, such as sorrow or longing, while distant relationships that are confused and documented with conflict may bring about relief and regret.

Psychological Functions of Grief

Grief, while universally experienced as potentially catastrophic personally, inherently contributes to psychological functions that help an individual cope with loss (Russ & Victoria, 2020). Firstly, grief assists the grieving in coming to terms with the loss they have experienced. Loss: grief is one of the hardest things that people must deal with, especially when a loved one has passed away; for some people, it starts with disbelief and denial. Thus, grieving enables one to adapt to the new reality in small intervals and stages. In light of this, the realization of the finality of the loss can be accepted, thus enabling the reality of a lost loved one to be incorporated into one's scheme of things. It is a step through which one begins accepting the situation and opens the gate to recovery after the loss.

Historical Perspectives on Grief

Ancient and Cultural Practices

Traditionally, grieving and mourning are culturally ingrained, particularly in the mourning and burial process, where most cultural practices have secular and religious significance. The Egyptians and the Greeks, among other early civilizations, had a complex funeral ceremony that accompanied bereavement, emphasizing the societal undertone of grief and its appreciation (Planthold & Irene, 2022, pp. 562-583). These rituals were carefully planned not only to pay respect to the dead but also to open the time frame after which a specific mourning process

must occur in which the people of the society can grieve together, gather their strength from one another, and find a way forward. For example, the social mourning expressions in ancient Greece included wailing and dressing as prescribed, which fostered bonding of the people in the society to benefit the deceased (Danforth & Loring, 2020). Burials had wonderful rituals, with gifts for gods, which may have stemmed from the belief that celebrating the dead was necessarily tied to the prosperity of the living. Such communal rituals pointed out that society recognized loss and the need to mourn for it, and several methods were employed to achieve this goal.

The Evolution of Psychological Theories

Funerals and grief have seen a drastic change with the emergence and growth of psychological theories specifically influencing today's perception. At the beginning of the Twentieth Century, Sigmund Freud and Melancholia pioneered work toward understanding grief and its formulation (Meyerowitz & Rael, 2022). Sigmund Freud was the first to propose the stage model, suggesting that mourning is an intrinsic detachment from the deceased person. They should highlight how, according to Pallotti, this detachment entails a multifaceted and frequently painful process of reality-checking that the bereaved person sees as a way to come to terms with the loss. This confrontation with reality requires a structural and affective transformation as the renewal embraces the truth of the loss and the hopelessness of holding on to what has claimed a life (Demeyer, Hans & Vitse, 2021, pp. 541- 574). Freud's theory emphasized this crucial grief process, which, though painful, was a healthy process, pointing out that if this process is not followed through, it may inevitably lead to melancholia, where the individual remains stuck with the object, unable to sever the ties.

The Stage Models of Grief

The mid-20th century marked a significant turning point in the study of grief with the emergence of stage models, epitomized by Elizabeth Kübler-Ross's renowned five stages of grief: stages of grief and known as denial, anger, bargaining, depression, and acceptance (Mingo & Sharon, 2023). When conducting a literature review, it is essential to identify one work that has shed a great deal of insight on the subject matter; for this subject, that work is known as Kübler-Ross's model since it has brought order to this grieving, thus giving clinicians some order, form, and taxonomy with which to approach this grieving. When Kübler-Ross defined these various stages, she intended to emphasize that grieving is not a stagnant experience but rather a progression over time (Klerk & Mias, 2023, pp. 153-164). Her model clicked with clinicians and the general populace, giving them a veil of comfort where there was none, turning a disorganized and bewildering chaos into something they could try to understand. Furthermore, Kübler-Ross settled on the focus on how one had to 'work through' each stage, which, despite the grim tone and language of grief stages, implied a degree of agency and movement towards attaining acceptance.

Attachment Theory and Grief

The attachment theory forwarded by John Bowlby can be considered a groundbreaking approach to grieving, providing a rich understanding of the affective processes that underlie this form of mourning (Field, Nigel & Wogrin, 2021). Crying as an indicator of grief is not just a Psycho-social phenomenon based on loss but an innate biological response instigated by the disruption of an attachment bond. Focusing on the biological roots of attachment, Bowlby shed light on the interaction between relationships and emotional regulation and demonstrated that

grief is a normal and healthy mechanism. The principal contradiction in his theory's premise is that the level of grieving is directly linked to the strength of the survivor's bond with the lost individual. Bowlby's propositions revealed the importance of the attached relationships for experiencing the loss and the true meaning of it, projecting the importance of the quality of these relationships.

Contemporary Views and Integrative Models

In the last few decades, the evolution of grief therapy has been introduced, which has taken new directions and forms, including integrative and flexible models of treatment for grief (Kaplow et al., 2023). These modern concepts shift from the more defined and better-defined stages of grief present in prior times as the grieving process differs and is unique for each person. Instead of viewing the process of grieving as strictly stage-like and proceeding in the necessarily orderly fashion that most of the models we have seen suggest, these models acknowledge that, for each individual, grieving is influenced by an almost limitless number of cultural, social, and personal factors. This change in cumulative grief has captured a more relativistic view, acknowledging that grief focuses on any conceivable type of loss.

Current Approaches to Grief Therapy

Diagnostic and Statistical Manual (DSM) Approach

The American Psychiatric Association's diagnostic and statistical manual is fundamental because it was launched to serve as a guide when diagnosing mental illnesses (American Psychiatric Association, 2020). But in its latest edition, the DSM provides detailed symptom lists for diagnosing grief-related conditions like major depressive disorder with persistent complex bereavement disorder. This inclusion can be seen as an attempt to categorize and map grief reactions people have within the disability model of mental health, thus offering clinicians clear-cut criteria to identify and manage clients who may be experiencing complicated or prolonged grief. In diagnosing mental disorders, the DSM identifies the necessary steps to standardize the diagnosing process, thus eliminating the possibility of inconsistency in diagnosing.

Although grief symptomatology was included in the DSM, it has raised quite a lot of controversy in the field of psychology and psychiatry. Some critics have used the term 'medical Trojan horse' to argue that couching grief in the language of disorder has negative implications, including the medicalization of something that is a normal part of human life (Bonfini & Jayna, 2021). Loss is commonly defined as the adaptive response or reaction to grief, an interpersonal and cognitive process consisting of a broad concept with an emotional, cognitive, and behavioral component. It also makes grief easy to dismiss, and it potentially discounts the specifics of each case as it tries to force every grieving process into the neatly defined diagnosis that the DSM approach provides. In addition, the diagnostic criteria provided in the DSM can be insufficient to embrace all the bereavement outcomes that can cause problems of categorization or underdiagnoses of clients who are desperately experiencing their grief (Varinen & Aleksis, 2023). As pointed out in the previous sections, the DSM is a valuable reference for clinicians in assessing mental health conditions. However, when we focus on grief-related disorders, the major issues have been discussed in detail that enclose the pros and cons of the application of DSM.

The DSM of grief therapy has remained a significant practice model in practicing clinicians due to their evidence on diagnosing and treating mental disorders (First et al., 2023, pp. 869-875). However, some have raised concerns, especially regarding the classification of grief-related disorders such as Major Depressive Disorder with Persistent Complex Bereavement Disorder. The establishing of specific parameters, the DSM effectively denies grief its independent status as a mental disorder, acknowledging it only when the time taken to grieve is more than what is standard or if specific manifestations are observed (Morrison & James, 2023). The of these may include persistent mood of depression, guilt, or inability to let go after the loss. It could be argued that the idea behind creating these diagnostic criteria is to facilitate the identification of people who may require some form of symptomatic treatment. Still, the approach leads to the outright ideological medicalization of grief. It narrows the grief down to some plausible norms and does not understand that grief patterns are unique within people since every person is different.

Critique of the Diagnostic Approach to Grief

Pathologizing Normal Grief Reactions

Another valid source of concern with the diagnostic approach to grief is the darkness such an approach must create when it is all about ordinary, banal, and rightful human grief responses (Neimeyer & Robert, 2021). Saying that the limitation of this approach is the lack of recognition of the natural differences in grieving keenly, which is due to high adherence to the DSM-5 to include rigid timeframes and symptom counts for classifying PGD and other grief-related disorders. Bereavement is unique and affected by numerous factors, including the loss's nature, the mourner's bond with the departed, and cultural and individual factors (Connor & Frances, 2020, pp. 43-46). The criteria for the diagnostic approach do not allow for these differences, which may lead to the understanding of normal grief reactions as pathological.

Inadequate Cultural Considerations

A cultural cognate for grief often implies that culture is a remnant or overlay of grief rather than an influencing factor in mourning. Cultures play a crucial role in someone's grieving process because culture dictates how individuals grieve (Tateo & Luca, 2023, pp. 411-433). Conversely, these diagnostic criteria are inadequate in encompassing these variations, thus causing the risk of complicating the assessment or overlooking grief reactions. This is especially vices for people of color or non-western or the marginalized since they always exhibit their grief in a different way that may not meet the set standard known in hospitals (Eyetsemitan & Frank). Thus, such people can be stigmatized for a grief-related disorder, or their subjective grief can be disregarded or poorly understood.

Overemphasis on Symptomatology

The criteria for diagnosing grief-related disorders are usually focused on specific manifestations that suggest that loss is still felt, for example, profound feelings of sadness, guilt, or the occurrence of obsessions related to the deceased individual (Simon et al., 2020, p. 9-16). These symptoms are parts of the grieving process; however, excluding the rest of the aspects and painting the grieving process only in these colors is inadequate. These risks limit grief as a subject with only the symptoms that must be addressed rather than as a complex process unique to the individual. It may lead to some interventions that focus on minimizing the intensity of grief, which may be unhelpful since grief encompasses other methods,

including the need to find a new meaning in life, effects on relationships, and philosophical questions.

Ignoring Grief as a Transformative Process

One major criticism leveled towards the diagnostic model of grief is that this model does not acknowledge grief as a process of healing that has the potential to produce positive changes in the person going through it. Several distinct models have been proposed that conceptualize grief more in a positive way than simply as an illness that needs to be treated or managed in some way or another and that focus on the positive potential for the creation of post-traumatic growth, as well as rediscovery of the self and growth throughout this process (Kochen et al., 2020). This having-said-that perspective recognizes that, although grieving is a painful and challenging experience, it can also be a healing and growth-inducing process in which those mourning undergoes profound transformations and discover new purposes.

Limited Evidence Base and Reliability

These critics, therefore, argue that empirical data underlying the DSM diagnostic criteria for grief-related disorders, including the criteria for PGD, are questionable, and the requirements fail to adequately demarcate normal and pathological grief responses (Sarli & Carina, 2021). Due to the lack of adequate evidence validating the effectiveness of the diagnostic tools used in assessing grief, there is more emphasis placed on the culture and diversity aspects of grief experiences. Therefore, this critique provides an analysis of the validity of the routine use of specific diagnostic labels in the diagnosis of grief, based on its philosophical and subjective nature, in a bid to question the relevance of the frameworks in guiding the development of treatment plans. Therefore, there is an increased understanding of the need to search for a different perspective that is far more complex and less limiting, that captures the variations and realities of grief and the experience of every person mourning the loss.

The Human Experience of Grief: A Phenomenological Approach

Emphasis on Subjective Experience

Phenomenology as a philosophical approach and qualitative research method is interested in what and how people experience or give meaning to phenomena (Urcia & Aldrich, 2021). In the context of grief, they indicate that the assessment and treatment process should focus on subjectivity or how people understand and make sense of their bereavement experiences. When studying grief through the lens of the first-person narrative, researchers mirror the complexity of grief, accepting that grief is not a monolithic phenomenon. This methodological orientation recognizes the variety of mourners and how they grieve and assumes that the personalized path of grief is acceptable (Gill & Michael, 2020, pp.73-94). From this perspective, it is far easier to understand grief in its purist sense while acknowledging that grieving is not a uniform process but one laden with subtleties and differences.

Exploration of Meaning-Making Processes

Phenomenological analysis explores the complex processes that occur in people when they experience constructing meanings at a loss (Manen & Max, 2023). Fundamentally, this search investigates the questions concerning the meaning of life, situating itself within the existential dilemmas that emerge from loss and exploring the confrontation with meaning crises and the questioning of values. This way, scholars intend to explain the profound impacts of grief in the context of existential aspects of human lives and the roles we embrace. In an endeavor to map

the richly layered existential panorama of grief-ended lives, scholars endeavor to trace the complex processes and subtleties of grief as it implicates the thematic construction of individual identity and cosmological perspective at profound existential levels, which is inherent in the profound disruption of such fundamental life structures and processes.

Recognition of Ambiguity and Contradiction

One particularly cherished element of the phenomenological approach is the unresolved tension and paradox at the heart of grieving (Jayasundara & Nadeeshani, 2023). Many people who have essential assets either through death, loss of job, or any other circumstances that result in them experiencing what they don't wish in life may, at times, go through many emotions that may not easily be categorized. This is illustrated by the presence of what appear to be opposites and seems to be a form of grief where happiness that comes with acceptance is found hand in hand with loss and the desire to go back, or a feeling of sadness that is coupled with a sense of relief in that the worse may be over. Through phenomenology, these bipolar experiences are situated as snapshots of the grieving process and not as impediments to it (Wierzbinska & Eliza, 2023). Due to this, phenomenological inquiry tends to blur the clear lines drawn by the more traditional psychological models of grief and acknowledges the ambiguity of the grieving process.

Attention to Temporality

Since phenomenology encompasses the temporal element as part thereof, it can effectively capture the dynamics of grief. Hearley appreciates one concept that grief is not a destination but a process that occurs over time. This recognition includes understanding that grief is not a progressive linearity in which intensity or relevance increases and then decreases as people go through different stages of grieving (Ratcliffe & Matthew, 2023, pp. 1067-1086). By exploring how grief moves over time, researchers could learn the complexity of the grieving process. It allows them to look at how humans change over time, not just with an eye on the processes, cycles, or stages of grief, but also with a sense of how people cope, rebound, and transform within that process.

Integration of Personal Narrative

In this context, adopting personal narratives as an avenue for quantifying experiences in phenomenological research helps ground the poignant subjective complexities of grieving. When studying loss narratives and analyzing people's subjective experiences, researchers can investigate the multifaceted phenomena of grief and its psychological and social aspects (Koster, Allan & Fernandez, 2023, pp. 149-169). These tales paint a complex picture of grieving, thus capturing the complex and often unique way people go through grief. Through such listening, their role is to gain a more profound and rich appreciation of people's grief beyond the binary classification, often employed while acknowledging how complex grieving processes are. Also, a personal narrative strategy is valuable information as individuals' narratives allow researchers to study the peculiarities of the contexts that influence grief. The value given to the context, culture, and personal experiences demonstrates the importance of adopting contextual and cultural analysis in understanding the different responses to loss and formulating a culturally sensitive approach in grief research and therapy.

METHODOLOGY

The study utilizes a structured literature review, semi-structured interviews, and thematic analysis to develop a humanistic grief therapy framework. By engaging with participants who have experienced loss and professionals in grief therapy, the research identifies key aspects of grief that extend beyond traditional diagnostic criteria. Through this qualitative approach, the study seeks to challenge the current diagnostic model and provide empathic methods for clients to express and share their unique grief narratives.

RESULTS

Themes of Grief Experience

This section elaborates on the nature of grief experience inferred from the identified themes and altitudinal subthemes. It is tasked to explain the outcomes of the student's interviews while focusing on the two major abstract concepts identified in the tapestry of idiographic grief patterns. Embedded in this analysis are the multiple emotions participants conveyed, from doubt and anger to grief and loss, acceptance, and hope (Barboza et al., 2022, pp. 7-24). Finally, there is a realization of one's self in the depths of such or another shade of grief because it helps to explain why grief responses are so intricate and complex. Furthermore, this section highlights how participants survived the stormy mourning world. While relying on social contacts and striving for companionship to being able to sit quietly alone, they were all tenacious in searching for some meaning and purpose in life when bereavement had uprooted them.

Furthermore, the following section explores Social Support as crucial to the grieving process. This is because participants described how supportive relationships offer reassurance, acknowledgment, and inclusion when individuals lose their bearings deeply. However, lack or insufficiency of social support was cited as one of the significant areas of difficulty, according to the patient, which worsened the already prevailing feelings of loneliness and hopelessness. This section, demonstrating subtleties in the characterization of social support, underlines the role of community and relatedness as crucial to the bereavement process in patients. Besides, it shows how people and their meanings may be changed drastically at the same time when the loss takes place. They spoke about pondering life and growing to realize what matters most or choosing a new direction after a tragic loss. Listening to their stories, we learn about the fundamental existential dilemmas and existential development that can be a part of grieving, which shows the constructive aspect of the grieving process.

In other words, this section provides an overview of grief as a complex psychological process and a tragic life event with numerous psychological, social, and spiritual aspects (De Stefano et al., 2021, pp. 492-499). It enhances participants' literacy by identifying the main themes of the data and reveals how people can experience grief amidst its vagaries. These changes included outgroup rejection, intense emotional experiences that caused personal upheaval, significant shifts in identity, and the giving and finding of meaning, all of which brought into sharp focus the participants' resilience, flexibility, and ability to view growth as a possible outcome of the adversity they experienced. Grieving focuses on the human aspects of healing and underscores the importance of hope, relationships, and purpose toward recovery and restoration.

Perceptions of Grief Therapy

It is, therefore, important to understand participants' experiences and impressions to define grieving. This area is involved as this paper delves into the participants' perceptions of grief therapy. This section is conceived as a paradigm shift to show the benefits and burdens people encounter when they seek professional support when grieving. It investigates introductory experiences involving participation, such as when a participant is willing to receive help, when and how varying treatments are chosen, and how satisfied they are with their assistance. In this exploration, the focus is to consider things that motivated or demotivated them regarding willingness or reluctance towards therapy, going past the apparent rationale (White & Victor, 2023). The remaining puzzle is how the culture of seeking help for mental illness in the United States and the associated reputational costs within society can influence those grieving. Finally, this section addresses the barriers to therapy services by exploring the influence of socioeconomic factors. It also explores participants' perceptions regarding the efficacy of different therapeutic approaches, including how those participants' epiphanies inform their attitudes toward grief therapy.

When it comes to grieving, people traverse the labyrinth of endowment and mourning therapies, far and wide, bequeathing different ways of coping with the ordeal. This segment could help shed a more comprehensive light on participants' experiences and interactions with diverse therapeutic approaches, including formal and informal therapy, psychological treatment styles like art therapy, and mindful practices (Soard & Jonathan, 2021). The section analyzes participants' experiences and reveals the impact of various therapeutic approaches on grieving people. Hence, it aims to explore the participants' perceptions of the different treatments, showing the specific advantages and drawbacks of each activity carried out during the occupation. Moreover, the section aims to expand the understanding of the participants' satisfaction with the support they received. It describes the factors that may enhance perceived therapy helpfulness and effectiveness of sessions. By identifying and studying participants' experiences, this study should provide valuable recommendations for further development of practice and services in the oncology support field and grief therapy.

When participants engage in grief therapy, they may also bring their characteristics into the setting regarding how the therapeutic process should be approached. In an attempt to receive participants' unique treatment choices, this segment explores the most effective and meaningful therapeutic modalities in addressing participants' choices of specific therapeutic approaches like cognitive behavioral, narrative, and group. The section endeavors to identify the rationales for such preferences. Further, it explores the participants' evaluation of the similarity of their therapeutic preferences with family and friends' satisfaction, as well as examining their previous experiences of caring for mental health. Moreover, the section under discussion aims to reveal participants' recommendations for possible development of grief therapy services and good suggestions for further improvement and idea generation (Garten et al., 2020, p. 67). Through amplification, this exploration seeks to contribute to the evidence base of participant needs and preferences so that grief therapy interventions can be better developed to meet their needs.

Challenges in Coping with Grief

During mourning, people face all sorts of issues and obstacles each of these requires strength to cope with grief (Carr et al., 2020, pp. 425-431). This section analyzes the web of challenges

that participants deal with as they navigate the tortuous nature of mourning. Regarding challenges that interfere with life, especially in the present, intrusive thoughts stand tall, disrupting the serenity that engulfed the mind's privacy. Such obsessive thoughts are as bright as watching a reality show and come unannounced and uncondensed as a video clip of the deceased, which produces a slash of pain. Emotional numbing is another formidable foe; it ties people up in a cocoon of apathy and removes them from the possibility of feeling and understanding their emotions appropriately. While a helpful coping mechanism attached to retaliation, fear safeguards individuals from feeling too much pain as it also keeps them from authentically operating in the real world.

Social isolation rears itself as a formidable foe, obstructing the connection between people and their sources of comfort and reducing their quality of life through isolation. Any loss usually opens a vast and lonely space in the middle of an individual, where it becomes challenging to find the other person or people who were so close to the grieving person, be it a friend, a family member, or even a pet (Jones & Lynne, 2020, pp.123-149). However, prominence moves in another direction: the weight of existential questions is a burden that overcasts the very existence of existence. Characters are forced to deal with existential questions provoked by a fatal question about human existence and one's life after death. While intrinsically humanistic, these philosophical thoughts can compound the innovative grief and thrust the person into novel existential solitude or new existential suffering and new existential turmoil.

Besides these central issues, other forms of stress increase the pressures and strains, another factor that causes the collapse of people losing their loved ones. The quantitative amount of money makes financial pressure a pervasive stressor, bringing up a sense of insecurity and instability in people's financial protection. Another strong barrier is the legal issues that follow the experience of loss, which results in putting people through a system of proper legalities and court cases (McGilloway et al., 2020, pp.51-66). Further, the alterations in the roles that people inhabit blur the continuity of life and lead to changes in the roles and places of the people in the universe after losing their loved ones. Although these secondary stressors are deemed to be less severe or profound than the primary ones, they do have a bearing on which grief-related problems a person can solve and, subsequently, the severity of their distress, as well as the progress of their grieving process.

Where there is loss, one can observe that people exhibit a range of ways through which they try to offset the various challenges of grief and ensure that they can endure the storms that come with the act of grieving. These varied strategies expose the tenacity of humanity or human strength focused on facing the challenge. Join mindfulness practices here, thinking only of the present and accepting whatever feels or comes with no judgment resistance, feelings, or anxiety (Pann et al., 2023, pp. 293-307). Some people tend to cry on paper, which means they write letters to their friends and loved ones whom they have lost or paint paintings, play music, or create poetry that helps them express and release the bitterness of their hearts. Also, asking friends or relatives for help or joining a support group can be a life-sustaining experience since people will hear from others and find a companion facing the same loss. In conclusion, everyone's mourning experience comprises psychological and sociological factors, but their strength to get through the night is real.

Support Systems and Social Networks

Bereavement is anchored on support systems and social networks as these capabilities offer supporting structures, companionship, and solace to mourning (Luong & Michele, 2021). This topic explores the common and diverse facets of Social Support, the types of support given by different people in the society, and the main types of support from the family, friends, and the community. It is why most people always run to their family members for comfort since they are the only ones who will always accept you the way you are and without asking any questions, regardless of what you are going through. It may involve concrete tasks like grocery shopping, home chores, financial assistance, child care, and emotional sessions, which include listening to the partner's feelings, affirming their feelings or matters that have made them sad, and even shared grief. Another source of support is friends and peers who accompany the grieving person and provide emotional and moral support with their understanding that they are no longer a complete family. Residential support may also receive assistance from community centers, including religious or cultural groups, support organizations, and online forums to help fellow human beings undergoing the same experience.

It is important to comprehend the perceived usefulness of the different support sources and how these are linked to people's coping styles, as well as tenacity and adaptation to bereavement. Support may be said to be helpful, constructive and helpful to grievers, while there could be other forms of support that are being seen to be destructive or unhelpful and could even compound the problem. This section compares the effects of social support on coping and coping strategies of grieving people. The curricular research also demonstrates how social support can help individuals deal with the psychological consequences of loss; social backing is a form of protection that increases coping abilities, decreases the effects of grief and facilitates the process of recovery (Bowen et al., 2020). Social support is reinforcement messages in the form of social contacts or when people need help with specific tasks they need to accomplish. It cultivates the feeling of inclusiveness and wanting more, which adds to optimism and the attitude towards a better tomorrow.

Although social support has multiple advantages, those with social backing also face specific issues and constraints that influence grieving and the availability of assistance (Crowley & Andrea, 2022). It also considers factors that may limit the ability of the person to seek and get support, such as stigmatization, weak communication, and shifts in relationships. Cultural beliefs about grief and other mental health symptoms may leave persons in isolation and loneliness since they are ashamed to come forward to seek assistance or even share their feelings with other people. Interpersonal communication problems, including the manifestations of the degree of social integration demonstrated by an inability to explain, feel, or ask for help, can interfere with efficient interaction with support providers and prevent receiving the requisite support. Interpersonal transitions incline alterations in relationships like family or social interactions, which deny them support and put them off in their grief journey.

Meaning-Making and Posttraumatic Growth

It is an ordinary and potentially necessary process of grief and mourning to search for meaning and explain why one has experienced this type of loss (Martin, Karen & Elder, 2020, pp.73-86). This section examines the complex and often painful process of making sense of loss, which, in this study, is conceptualized as participants' attempts at coherently understanding and giving meaning to their plight to find comfort and purpose. It explores both the elements

of quest and narrative as it pertains to meaning, seeking, finding, and assigning meaning to the events and my life when the drastic loss of my father has left me in a state of profound disarray. Qualitative content analysis enables us to examine the range of approaches utilized by participants after an existential crisis and the finding of the emotional loss.

In addition, this section will discuss the notion of posttraumatic growth, which is essentially when the possibility of transformation that can be buried in and masked by the experience of trauma is discussed by Reynolds and Anne (2020). In this context, it is crucial to note that people manage to change for the better and note vital positive shifts in their lives despite the immense pain and suffering bound to grief. By curtailing participants' stories, they reveal how they have risen above their suffering to embrace achievements, flexibility, and knowledge. This discourse raises the question of the inherent bearings of humanity to rise and work towards finding solutions when they are faced with unbelievable calamities.

Also, a focus on positive psychological change indicates what promotes growth and human healing and shows how people can gain new strength after adversity. Concerning the critical features of the story, it is essential to pinpoint the elements of hope, introspection, and individual existential perspectives as the factors that facilitate change in the main character (Tal et al., 2023, pp. 1-16). Source generating lies in the participants' experience; therefore, their data can be valuable in understanding factors that support resilience and contribute to the survivor's growth. In this way, we better understand these processes, eventually enlightening how individuals build resilience and thrive in the aftermath of such events.

Thematic Analysis

Identification of Major Themes

This study identified several overarching categories that summarize the participants' multidimensional views on mourning and loss. This study identified numerous trends or co-variables; one common culture is evident: 'grief.' It was reported that participants feel sad, angry, guilty, and anxious, which indicates the multifaceted and contradicting notions of loss. This theme demonstrates the situation's capacity to vary and intensify, stressing that grief is unique to every person. This is because some of the quotes collected from the participants summarized the depth of the feelings they have, such as the feeling of drowning in sorrow, being unable to see any ray of hope or the example given by another participant who observes that sometimes, grief makes one feel so sad, at other times angry or even indifferent.

Another critical area observed in the study's thematic analysis is social support, which addresses how people cope with grief (Harrop et al., 2020, pp. 871-888). Many participants emphasized that having a network of people to turn to in the form of family, friends, and even community members was crucial in assisting grieving people. This theme holds that humans 'need other humans to offer support and consolation and help in decision-making when faced with loss. Using quotes from the participants, the importance of social support in Nursing grief is brought to the limelight: love and may never know how I would have got through this without it, but 'I feel like I'm carrying this sorrow alone and it is choking me' are testaments to the role of social support in mitigating grief and enhancing healing.

Emotional Responses to Grief

This involves acknowledging a host of emotional responses that are unique to the person and versatile in their display across the grieving stage. As for the range of emotions identified

among the participants, one cannot even imagine that grief is much more complex than sorrow. Unlike what is generally observed in grief, for which deep sorrow is observed, participants in this study have described various feelings such as anger, guilt, anxiety, and numb feelings.

These may vary in their levels and span, as is expected of grieving, involving various feelings. Trauma survivors may quickly transition from denial to grief relief, which may be punctuated by hopelessness and worthlessness (Williams et al., 2021). In other cases, others may experience a deluge of cyclonic emotions, including anger, resentment or anger, guilt, and regret. It would be essential to grasp the range of feelings of the griever to become well-equipped because the feelings expressed are deep and broad in this natural grieving process.

Since grieving is a natural process, there can be internal and external factors that may either increase the intensity or variability of the emotional reactions. Emotional reactions are also influenced by the nature of the loss, for example, the abruptness of death, the familial or social closeness, and how the loss occurred (Benson et al., 2022). For instance, when one loses a beloved one to a sudden death, one's emotions are shocked, more so when the death is unexpected, leading to confusion and hopelessness. As in the case of intimacy and attachment, the proximity and connection of the loved one are known to magnify the degree of suffering and yearning felt by the survivor. Further, by incorporating community, social support, coping, and cultural factors, one can gain an understanding of whether these factors may enhance or, conversely, amplify the level of emotional distress an individual may experience.

Emotional support is another crucial aspect of how people process their grief, as it is the source of comfort, reassurance, and mutual recognition during the most painful events of their lives. Cultural support mechanisms that are available enable the isolated grief person to open up to friends and family to share their feelings of loss and reflect on the circumstances of the deceased (Glykioti, Konstantina & Figueroa, 2021). On the other hand, social isolation or perceived lack of social support may make a person feel sadder and more hopeless, which adds to the psychological weight of grieving. Moreover, grief management strategies that the given people use are also an indicator of the degree and time frame of emotional experiences. Thus, adaptive processing of emotions implies social support, self-care activities, and the search for meaning in the mourner's experience (Adelstein, Katharine & Archer-Nanda). On the other hand, denial and other careless strategies of coping with stress, like the use of substances or emotional numbing, help give the individual a little relief. Still, they are not helpful in the grieving process and prolong the symptoms of distress.

Coping Mechanisms and Strategies

Grieving is an intricate and private experience that may depend on many factors, including, though not limited to, the cause of loss, one's personality, and available resources (Ang & Siang, 2023, pp. 12975-12987). Here, the actual coping self-identified by the participants and methods the participants used to come to terms with their loss by burying a loved one will be described. Another of the most frequently cited stress-attack coping strategies reported by the participants was the initiative to seek social support. However, in stress management, ecological support entails asking for emotional, practical, and instrumental support from such sources as family members, friends, support groups, or mental health professionals (Chronister et al., 2021, p.87). People can gain comfort by having others to lean on and receive affirmations from under challenging situations through support. Most participants feel comfort and relief when they express or talk to others since they realize they are not alone in grieving.

Taking part in self-care activities is another coping mechanism utilized more often by participants when grieving (Esplen et al., 2022, p.55). This may include actions to engage in self-care, including physical, emotional, and spiritual exercise, stretching, hobby, meditation, and artistic creation. It helps break the spell of grief and gives time and energy, and individuals learn to be good to themselves and strong for themselves. In supporting participants' self-care, they can also do activities in which they get satisfaction and have what they need to address grief accordingly, with good morale and professional help.

Grieving and seeking purpose in the loss is one of the major themes identified in the overall processes of mourning revealed by the vast majority of participants (Taylor & Steven 2021, p. 318). This includes coming to meaning, coping with the loss, searching for meaning, and reconstructing meaning in the individual's life story and orientation to the world. People find meaning in suffering in diverse ways, pursuing meaning, providing values, cherishing the memory of the lost, and seeking new experiences in transition (Becker & Gay, 2023). Since the loss is conceptualized as a lens through which participants define themselves and find new meaning and passion in life, they feel hopeful and can transform their grief process.

The experience of grief is not well-defined, and participants may engage in both healthy and unhealthy ways of handling the situation to ease the pain (Skrozic, Amna & Kijamet, 2022, pp. 13-27). A coping style that has been described as pathological in cross-sectional research is the denial of the grief process. One is the tendency to avoid stimuli that remind them of the deceased. This could be by shunning people, places, or items related to the deceased or through substance use and other addictive behaviors to deaden the pain of grief. This signifies that although diagnostic removal may offer a short-term reprieve from distress, it inhibits the grieving process and retains unresolved feelings of grief. Furthermore, there are bound to be difficulties and obstacles to competent handling of grief by participants, for instance, shame, inability to access grief support, or may come from a culture that does not support mourning. This section aims to represent all possible ways one can approach their grieving process and all potential factors that may affect this process and the outcome, including using healthy and dysfunctional coping mechanisms.

Social Support and Interpersonal Relationships

Grieving involves several essential elements, such as social support and interpersonal relationships, as they offer communal, tangible advice to grieving people (Plaud, Cécile & Urien, 2022, pp. 154-167). It is critical to note that family members, friends, and other members of the community play a crucial role in providing emotional and even tangible support to bereaved families. People require a companion who can listen to their feelings and offer them some consolation, which is often needed after the loss of a loved one since the grieving process demands the expression of feelings of sadness and anger, as well as confusion. Practical help including house chores, car, monetary assistance, and taking care of the children helps in the discharge of task that may hinder the grieving process of the individual concerned. Tangible support on the part of assuring, giving directions, and making available resources facilitates the individual in arriving at an informed one and making decisions about the course to follow while grieving.

This general idea points out that the perceived helpfulness of social support is a function of the nature and quality of the social bonds under consideration. Husband, wife, parents, and siblings share a closer relationship with their loved ones, and they stand by the mourners and provide

compassion. People our age and near to us may be able to give emotional support, occupy the mind, and make it easier to adapt to all changes in a grieving person's life. Churches, mosques, synagogues, culturally relevant supportive societies, social media platforms, and online groups also provided the client avenues to encounter other individuals going through similar ordeals, hence validation, acceptance, and fellowship.

Support has a bearing on people's coping behaviors and adaptation processes regarding loss in several ways. Social support can improve people's ability to deal with stress and independently deal with the sources of pressure, making it easier for them or helping them find ways to deal with those sources (Bavik et al., 2020, pp. 726-758). The first hypothesis posited that high social integration and solid social relationships ensure people feel they belong, creating satisfaction that leads to psychological well-being. On the other hand, low or poor social support increases loneliness and distress levels, and individuals' ability to cope with the process of grieving is hampered (Cakar & Savi, 2020, pp. 27-40). Social support requires distinguishing between positive and negative surrogacy, receptivity, and mutual support, as these factors can influence grieving mechanisms.

Loss often involves shifts in personal relationships, which can significantly alter the grieving process (Taylor & Steve, 2021, p.381). Grief may affect the existing roles and responsibilities within a family or other cooperative social systems, causing changes in the rate and styles of communication. Failure in marriage and other forms of marital relationships, such as civil partnerships, for instance, losing a beloved spouse, can lead to the feeling of loneliness due to the loss of a life partner. Similarly, none of the family members knows how to cope with the loss of a parent or child, which causes tension in the family and affects the individual's position in the family. It is also essential to investigate the effects of alterations in social roles on bereaved people as these changes affect the availability of support and coping with grief, especially when people feel isolated or rejected (Hansen et al., 2024, pp. 465-477). Notably, one must acknowledge that such relationships undergo alterations during the period of grieving, and it's crucial for the healthcare staff and support services to adapt to that and address the evolving needs of users.

Meaning-Making and Personal Growth

Grief, therefore, constitutes a multifaceted phenomenon that people go through to make sense of what has happened and grow from the experience of loss. In this section, the authors explore the participants' perceived sense-making of grief and how they conceptualize meaning and purpose in the face of loss. Pivotal to this discovery is the phenomenon of posttraumatic growth, which acts to visually disseminate the possibility of positive psychological changes following traumatic events (Villalobos & Cruz, 2020). The paper's findings show that the meaning-making process is complex and multifaceted, validating participants' examination of values, beliefs, and life priorities. By doing so, people face existential issues and seek meaning and an understanding of their losses.

Coping with loss involves the process of grieving, and the notion of posttraumatic growth provides guidelines to consider the rehabilitative aspect of grief. If one looks at the study from a survivor's perspective, they also remember positive changes and strong coping in the face of significant trauma. They describe how the hard times fostered the seeds of the strength, inspiration, and vision arising within themselves. Participants discuss the subjects of strength, acceptance, and gratitude to exhibit how different grief phases contribute to forming their

behaviors and beliefs. PTG is not the mere lack or absence of pain or suffering (Taylor & Emily, 2022). Still, it is an indication of the willingness to make something constructive out of the hostile experience or trauma and is therefore action-oriented with appropriate coping strategies.

Psycho-social work in fostering meaning-making and growth after loss is a complex process based on various factors (Chokhani et al., 2024, pp. 103-131). Support contrastively appears necessary for fostering coping and resilience in grief processes. Most interpersonal interactions have been described as having a more profound influence on how individuals cope with the challenges associated with the mourning process, as supported by the following excerpt (Lai et al., 2021). Maintaining relationships with family and friends and community relations offers support and relieves anxiety by letting the grieving individual feel supported, accepted, and wanted during their mourning. In addition, spirituality or even existential concepts can help an individual cope with loss out of the suffering they experience. Patients find comfort and meaning in religious and otherwise beliefs and turn to philosophical or existential musings to locate a silver lining amidst trials and tribulations.

The significance of meaning-making and personal growth concerning individuals' psychological adaptation, well-being, and quality of life is immense and cannot be underestimated (Jones & Hillary, 2021). To eliminate the isolation from grief, participants reveal how gaining insight developed empathy, compassion, and relatedness. These include perceiving more value in minor aspects of existence and older aspects and re-establishing the meaning of existence. In addition, the participants express the necessity of proper self-care and the development of resilient behaviors for psychological health, which must be maintained after the experience of the loss. In turn, mindfulness, self-compassion, and self-reflection are highlighted as helpful resources in providing skills for coping with grief and building up one's emotional strength (Vahradyan et al., 2024). Lastly, understanding how meaning is made and growth and change occur is a positive message about the human spirit's ability to rebuild and transform after traumatic experiences.

DISCUSSION

Interview Questions for Bereaved Individuals

The first table summarized the qualitative data captured from the bereaved people as they stated the multiple emotional terrains they have to deal with after losing their loved ones. They talked about the positive effects of the film and expressed poor feelings, which included sadness, Anger, and a sense of calm sometimes. The differences highlighted here emphasize that people grieve differently, so it is crucial to have Person-Centered therapies. Diverse self-care strategies: Specific ways participants dealt with the situation included supporting family and friends, practicing self-care, and attending support group meetings (Stapley et al., 2020, pp. 605-632). These findings underscore the importance of grief therapy and the critical effort to enhance such applications involving different treatment approaches based on the specific client's needs.

A few participants received considerable support through professional assistance in their therapy services, while others had difficulties procuring adequate services. That suggests the need to enhance accessibility and adapt grief therapy to respond to the demands of grief individuals (Iglewicz et al., 2020, pp.90-98). Furthermore, analysis of participants' feedback pointed to the following defensive factors deemed necessary by participants for therapists to

bear in mind: Empathy Validation and Culture. Indeed, these findings suggest the growing need to enhance training programs for grief therapists, where applying these qualities in handling the bereaved is paramount so that they can offer the required support to the clients.

Interview Questions for Psychologists

The second table is somewhat related to the first one as it looks at the psychologists' practice, the issues they face, and the practices they use in their everyday work. Counselors and psychologists emphasized the challenges facing grief therapy, pointing to issues of diversity, regional differences, the impact of emotions, and other existential factors (Ivers et al., 2024). The Mention of the numerous therapy modalities like narrative therapy or mindfulness-based interventions shows the need and demand for versatility in grief therapy. To address the complexities of grief, these findings imply that training programs for psychologists should provide exposure to a broader spectrum of interventions.

Psychologists also recalled their stories about the course of developed therapy, which showed that people in this profession should develop continuous learning and critical thinking (Ziede, Jake & John, 2020, pp. 585-618). This follows the goals set in this study: to ensure that grief therapists are offered a constant learning process and flexibility in handling patients. Additionally, more prescriptions that the psychologists highlight about future research encompass exploring new therapies and cultural differences in grieving, demonstrating the significant areas of study that could be useful in refining grief operations.

Interview Questions for Counselors

The findings of counselors are elaborated on in the third table, which includes rapport, therapeutic techniques, and multicultural competencies. Counselors would also take a lot of time to provide safe and supportive environments by listening to clients' responses and substantiating them with proper empathy (Dave & Tanvi, 2021). This points to the importance of the working alliance in grief therapy, as discussed earlier. The practice of the counselors, from expressive arts therapy to fun activities, including mindfulness exercises, made me understand that grieving clients require various approaches to assist them.

Two other significant areas of concern were cultural sensitivity and ethical practice. Concerning cultural relevance and sensitivity, the counselors argued that the training programs should include cultural aspects due to diversity in society so counselors can know how to manage the sections (Sue et al., 2022). These ethical issues, as highlighted above, are a clear testimony of the importance of intensive ethical training and supervision for practitioners involved in grief therapy. The precautionary ACS self-care, which the counselors incorporate, is the impact of their approach on grieving clients and the recognition of the necessity of measures against therapist burnout.

Interview Questions for Social Workers

The fourth table analyses the field of social workers' view, focusing on the social determinants of health and systemic issues as the intersections of the grieving process. Participants also underscored socio-economic predictors, physical health, and access to care as influential in grief processes. This shows why grief therapy must account for such societal factors in its global model that seeks to help the grieving. Examining systematic barriers means that advocacy and community resources should be crucial for grieving persons, especially those of less privileged backgrounds.

Social workers' discussion of cultural competence regarding the population expands the understanding of the need for Cultural competence and active Cultural humility in grief therapy (Asnaani & Anu, 2023). These interactions with diverse clients and communities support the continuous commitment to learning about their distinct needs and the importance of building partnerships with local stakeholders to serve clients better. The directions mentioned by social workers for the improvement of practices, for example, to ensure increased accessibility of support services for grieving people or the inclusion of holistic approaches, are pertinent for future practice and studies.

Data Collection Methods Table

The methods used in the Data Collection Methods table show that the study has employed sound and rigorous methods alongside observing ethical considerations. It describes how participants will be recruited, with particular emphasis on the use of purposive sampling in an attempt to gain a wide-ranging view of the topic under study. The recruitment strategies also take measures that ensure that participants clearly understand what they are willing to participate in. Keeping their identification anonymous is an ethical manner of handling participants since it protects their rights and well-being.

The unstructured and relatively open nature of interviews used in the current study enabled a detailed description of the participants' experience: the interviewees were asked concrete questions requiring further elaboration to provide additional information or clarification. Participant observation allowed data to be collected from the participants' environment, documents were analyzed to support the findings, and interviewees' experiences revealed multiple practices in grief and therapy. The researcher kept this data safe and secure and ensured the typing was accurate, thus making the study results credible and ethical.

Implications for Practice

Enhancing Grief Therapy Interventions

From the study, one can derive discoveries immensely beneficial in improving grief therapy interventions practiced in clinical settings. Another is the need to incorporate people's grief and adaptation styles, cultural beliefs, and individual differences into the grieving process. Understanding and considering clients' diverse experiences and histories will help clinicians create a more therapeutic atmosphere in the session. This may entail assessing clients and evaluating how they cope with their day-to-day life, cultural beliefs, and reserved or verbal communication. Therapists can then use various therapeutic approaches, including cognitive-behavioral, narrative, mindfulness, and expressive therapy (Bosgraaf et al., 2020). By adopting such an individualized approach to treatment, the therapists can address several issues that need to be tackled to bring the client to the next phase of grief.

Addressing Barriers to Access and Engagement

Removing barriers to grief therapy service uptake and participation is imperative as it means those who require intervention during periods of grieving can be helped. Of particular use is one practical method that involves enhancing people's knowledge of resources available to them within and outside of the organization by informing them. This can include spreading the word about grief therapy services via community centers, churches, schools, and hospitals. When targeting a specific population, increasing people's awareness of the advantages of reaching for help and giving them information on how to do it can help them be ready to make

the call when needed. Furthermore, importance should be placed on the extent that the stigma of seeking help regarding grief-related issues should be done away with altogether. It can include conversations about the approach to mourning and mental health, dispelling stigma and clichés, and presenting seeking help as a strength instead of a weakness (Cobb & Tianna, 2021). By addressing stigma in the treatment process, patients may be more willing to come forward for treatment and be committed to therapy without compromising the therapy because of any prejudice.

Promoting Multidisciplinary Collaboration

The crisis nature of grief and loss further means that MDM is imperative in the delivery of appropriate and holistic care to grieving clients. Interdisciplinary teams can better meet the myriad needs of grieving individuals and their families since each team member is from a different profession, like psychologists, social workers, counselors, health care providers, and spiritual sects (Tackett et al., 2021, p.423). Everyone believes that having a team treatment approach is superior to the single therapist model because it provides diverse ideas and experiences. Hearing care providers, for example, may offer psychological counseling and behavioral therapies to assist during the grief stage and teach patients how to manage their feelings. In contrast, social workers may provide material concerns and guidance on death-related issues.

Integrating Cultural Competence

The inclusion of cultural competence in grief therapy aims to focus on attention and sensitivity to cultural differences to help a culturally diverse population. Cultural competence and understanding can be described as the therapist or counselor's capacity to comprehend and practice meeting the needs of consumers from diverse cultural backgrounds (Sue et al., 2022). That is why one of the possible ways to attain cultural competence can be cultural humility, in which the clinician admits one's cultural assumptions and focuses on personal and intentional cultural learning to value and support the dignity of clients from diverse cultures.

Supporting Professional Development and Self-Care

Considering the needs of grief therapists and other healthcare providers is a significant key to promoting high-quality services to griever and addressing the issue of compassion fatigue in the profession. Because engaging in therapy and healthcare with individuals who grieve entails dealing with grief, therapists and healthcare professionals using this focus are vulnerable to vicarious trauma, burnout, and compassion fatigue (Rabow et al., 2021, pp.647-656). To counter these difficulties, there is a need to establish principles of protection of practitioners from such adverse consequences of burnout. Some suggestions involve developing organizational procedures that address the need for therapist's self-care. This may include developing organizational conditions such as work culture and organizational policies that foster organizational communication, flexibility in work, and provision of time for self-organizations and debriefings. It is essential to enlarge the notion of care within an organization, as therapists will be able to address the emotional impacts of their job while preserving the health of the self.

CONCLUSION

Emotional Responses to Grief

While concerning the emotional experience of participants involved in the described study, various spectra of grief-related feelings were identified, varying from deep sorrow to anger, guilt, or anxiety (Russ & Victoria, 2020). However, such emotions were not constantly experienced in equal measures or at the same frequency as displayed by the participants, who explained the variation in emotional experiences throughout the grieving period. This aspect of grieving makes the grief and the subsequent grief therapy not a linear process but a dynamic one and stresses the need for assessing the changing emotional state of those who are in the bereavement process. Its recognition entails the richness and complexity of associated emotions with grief to enable therapists to offer clients more appropriate interventions for helping them manage their sense of distress.

Coping Mechanisms and Strategies

Coping strategies and modes of handling grief were evident in participants, portraying various ways of managing the grieving process. There was also evidence of approach coping styles as many of the people focused on seeking support from friends, relatives, or any support group. Another important theme of coping strategies identified by the participants was spending more time on self-esteem-related activities, where the respondents noted that they turned to exercise, meditation, or other interests. Furthermore, participants' motivation to look for meaning in losses that they have experienced in their lifetime was incorporated into the coping process as participants sought to understand and construct meaning from their grief process. Apart from these constructive coping styles, participants also use destructive coping strategies like not remembering the nonexistence of the loss or, in other instances, denying that they feel sad (Venter & Riaan, 2021). These coping strategies might offer short-term relief of grief but may prove to be a barrier to the grieving process in the longer term.

Social Support and Interpersonal Relationships

Bereavement involves using social support and other interpersonal links whereby an individual gets support, comfort, and companionship during grief (Thomas & Angela, 2021). In the present work context, participants described receiving different kinds of support from close ones, including emotional and instrumental support, empathy or reassurance, and practical or financial aid. The amount of help participants believed they had received from various support sources varied as some placed a lot of premiums on family relationships. In contrast, others found comfort in friendship or support groups. In conclusion, considering grief episodes positively emphasizes the presence of different social ties as the key to the recovery process. It points out that social support with self and others should be integrated as an essential component of grief therapy interventions to ensure they address individuals' social support needs by helping them strengthen their social relations or accessing peers and communities.

Meaning-Making and Personal Growth

The populations mentioned above-described accounts with significant opportunities for finding personal meaning and growth after loss, as reflected through various narratives. Men and women, married and divorcees, parents and childfree, college students and working adults expressed a universal search for meaning and motivation in response to loss. By listening to stories, reflecting on painful life events, and answering existential quests, the participants were

copied with loss and trying to make sense of the losses, thus building meaningful narratives (Mata & Felts, 2022). Furthermore, the study shed light on the positive byproduct of grief by revealing that individuals who faced adversity and existential crises developed post-traumatic growth. The participants expressed positive shifts in various aspects that they mentioned they received after the trauma, including the positive change in resilience, the appreciation of life, and interpersonal relationships, all of which are indications of the true spirit of the human being.

REFERENCES

- American Psychiatric Association. (2020). *The American Psychiatric Association practice guideline for the treatment of patients with schizophrenia*. American Psychiatric Pub. Retrieved from <https://books.google.com/books?hl=en&lr=&id=Q5n6DwAAQBAJ&oi=fnd&pg=PR11&dq=The+American+Psychiatric+Association%E2%80%99s+diagnostic+and+statistical+manual+has+a+great+importance+for+it+was+launched+with+the+aim+of+serving+as+a+guide+when+diagnosing+mental+illnesses.+&ots=ZKVoRD0laq&sig=FPmVhoyd2v31hsjoeF3m4QAVPNs>
- Ang, C. S. (2023). Life will never be the same: Experiences of grief and loss among older adults. *Current Psychology*, 42(15), 12975-12987. <https://doi.org/10.1007/s12144-021-02595-6>
- Asnaani, A. (2023). *A cultural humility and social justice approach to psychotherapy: Seven applied guidelines for evidence-based practice*. Oxford University Press. Retrieved from <https://books.google.com/books?hl=en&lr=&id=XlvBEAAAQBAJ&oi=fnd&pg=PP1&dq=Social+workers%27+discussion+of+cultural+competence+regarding+the+population+expands+the+understanding+of+the+need+for+Cultural+competence+and+active+Cultural+humility+in+grief+therapy.+&ots=kAmjVaM-gH&sig=aejdVBQtxG0EJ8ngAT4CqnFzmUY>
- Barboza, J., Seedall, R., & Neimeyer, R. A. (2022). Meaning co-construction: Facilitating shared family meaning-making in bereavement. *Family Process*, 61(1), 7-24. <https://doi.org/10.1111/famp.12671>
- Bavik, Y. L., Shaw, J. D., & Wang, X. H. (2020). Social support: Multidisciplinary review, synthesis, and future agenda. *Academy of Management Annals*, 14(2), 726-758. <https://doi.org/10.5465/annals.2016.0148>
- Becker, G. (2023). *Disrupted lives: How people create meaning in a chaotic world*. University of California Press. Retrieved from <https://books.google.com/books?hl=en&lr=&id=O5ZDTYq28GEC&oi=fnd&pg=PP11&dq=People+find+meaning+in+suffering+in+diverse+ways,+pursuing+meaning,+providing+values,+cherishing+the+memory+of+the+lost,+and+seeking+new+experiences+in+transition.+&ots=5trhrZj9WW&sig=G46JImQk89p19e0efVJIY0E5Dtgi>
- Benson, J. J., Rolbiecki, A. J., Bordere, T. C., Hall, C. A., Abraham, A., DiNardo, D., ... & Ungureanu, I. (2022). Loss and bereavement: A focus on cancer and families, death of a parent, death of a young child, and sudden or violent death in families. Retrieved from <https://psycnet.apa.org/record/2022-08963-009>
- Bonfini, J. E. (2021). *Casebook for DSM5®: Diagnosis and treatment planning*. Springer Publishing Company. Retrieved from https://books.google.com/books?hl=en&lr=&id=RUoUEAAAQBAJ&oi=fnd&pg=PP1&dq=The+DSM+of+grief+therapy+has+remained+a+major+practice+model+in+practicing+clinicians+due+to+their+evidence+on+diagnosing+and+treating+mental+disorders&ots=SdskHFt_Nx&sig=b5F0c-7YNF12bahCb-IWPMJZzxM

- Bosgraaf, L., Spreen, M., Pattiselanno, K., & Hooren, S. V. (2020). Art therapy for psychosocial problems in children and adolescents: A systematic narrative review on art therapeutic means and forms of expression, therapist behavior, and supposed mechanisms of change. *Frontiers in Psychology, 11*, 584685. <https://doi.org/10.3389/fpsyg.2020.584685>
- Bowen, T., Del Ninno, C., Andrews, C., Coll-Black, S., Johnson, K., Kawasoe, Y., ... & Williams, A. (2020). *Adaptive social protection: Building resilience to shocks*. World Bank Publications. Retrieved from <https://books.google.com/books?hl=en&lr=&id=6SDsDwAAQBAJ&oi=fnd&pg=PP1&dq=%3B+it+reveals+that+social+backing+acting+as+a+protective+factor+works+as+a+resilience+mechanism,+diminishing+the+impact+of+grief+and+facilitating+the+process+of+recovery&ots=Mv3CTmoFJX&sig=koB7e65ZMzwoPDBOLmnBNJQkxz8>
- Çakar, F. S. (2020). The role of social support in the relationship between adolescents' level of loss and grief and well-being. *International Education Studies, 13*(12), 27-40. <https://doi.org/10.5539/ies.v13n12p27>
- Carr, D., Boerner, K., & Moorman, S. (2020). Bereavement in the time of coronavirus: Unprecedented challenges demand novel interventions. *Journal of Aging & Social Policy, 32*(4-5), 425-431. <https://doi.org/10.1080/08959420.2020.1764320>
- Chokhani, R., Mahajan, M., & Duggal, C. (2024). Addressing grief and bereavement: A scoping review of psycho-social interventions during and post COVID-19. In *Exploring the Psycho-Social Impact of COVID-19* (pp. 103-131). <https://doi.org/10.4324/9781003357209-8>
- Chronister, J., Fitzgerald, S., & Chou, C. C. (2021). The meaning of social support for persons with serious mental illness: A family member perspective. *Rehabilitation Psychology, 66*(1), 87. <https://doi.org/10.1037/rep0000346>
- Cobb, T. (2021). “You know so and so is not right”: Black women leaders combating mental health stigma within Black churches. Retrieved from <https://shareok.org/handle/11244/330207>
- Crowley, A. (2022). B-SURE (Bereavement Support Research): The differential experiences of peer and professional support in grief. Retrieved from <https://scholars.wlu.ca/etd/2504/>
- Dave, T. (2021). *A dive into the ocean of counselling to explore learning treasure through the use of therapeutic approaches to support youth, children, and adults* (Doctoral dissertation, Faculty of Social Work, University of Regina). Retrieved from <https://ourspace.uregina.ca/handle/10294/15521>
- Davies, D. J. (2020). Dividual identity in grief theories, palliative and bereavement care. *Palliative Care and Social Practice, 14*, 2632352420921867. <https://doi.org/10.1177>

- De Stefano, R., Muscatello, M. R. A., Bruno, A., Cedro, C., Mento, C., Zoccali, R. A., & Pandolfo, G. (2021). Complicated grief: A systematic review of the last 20 years. *International Journal of Social Psychiatry*, 67(5), 492-499. <https://journals.sagepub.com/doi/abs/10.1177/0020764020960202>
- Demeyer, H., & Vitse, S. (2021). The affective dominant: Affective crisis and contemporary fiction. *Poetics Today*, 42(4), 541-574. <https://read.dukeupress.edu/poetics-today/article-abstract/42/4/541/286227>
- Elwyn, R. (2023). A lived experience response to the proposed diagnosis of terminal anorexia nervosa: Learning from iatrogenic harm, ambivalence and enduring hope. *Journal of Eating Disorders*, 11(1), 2. <https://link.springer.com/article/10.1186/s40337-022-00729-0>
- Esplen, M. J., Wong, J., & LS, V. M. (2022). Supporting resilience and the management of grief and loss among nurses: Qualitative themes from a continuing education program. *Journal of Hospice and Palliative Care*, 25(2), 55. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10180033/>
- Eyetsemitan, F. E. *The deceased-focused approach to grief*. <https://link.springer.com/content/pdf/10.1007/978-3-030-98245-4.pdf>
- Field, N. P., & Wogrin, C. (2021). The changing bond in therapy for unresolved loss: An attachment theory perspective. In *Grief and bereavement in contemporary society* (pp. 37-46). Routledge. <https://www.taylorfrancis.com/chapters/edit/10.4324/9781003199762-5/changing-bond-therapy-unresolved-loss-nigel-field-carol-wogrin>
- First, M. B., Clarke, D. E., Yousif, L., Eng, A. M., Gogtay, N., & Appelbaum, P. S. (2023). DSM-5-TR: Rationale, process, and overview of changes. *Psychiatric Services*, 74(8), 869-875. <https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.20220334>
- Frazer, K. (2022). *Prioritizing bereavement in counseling education and expressive therapies: A critical review of the literature*. https://digitalcommons.lesley.edu/expressive_theses/614/
- Garten, L., Globisch, M., von der Hude, K., Jäkel, K., Knochel, K., Krones, T., ... & PaluTiN Group. (2020). Palliative care and grief counseling in peri-and neonatology: Recommendations from the German PaluTiN group. *Frontiers in Pediatrics*, 8, 67. <https://www.frontiersin.org/articles/10.3389/fped.2020.00067/full>
- Gill, M. J. (2020). Phenomenology as qualitative methodology. In *Qualitative analysis: Eight approaches* (pp. 73-94). <https://www.torrossa.com/gs/resourceProxy?an=5018475&publisher=FZ7200#page=84>
- Glorioso, D. K., Iglewicz, A., & Zisook, S. (2020). Bereavement and grief. In *Handbook of mental health and aging* (pp. 245-256). Academic Press. <https://www.sciencedirect.com/science/article/pii/B9780128001363000181>

- Glykioti, K., & Munoz Figueroa, S. (2021). “Everyone has a unique story”: A toolkit for facilitating peer support groups on grief and loss. <https://www.theseus.fi/handle/10024/508563>
- Hansen, I. H. (2022). *Being through loss: A queer performative reckoning with grief* (Doctoral dissertation, Central European University). https://www.etd.ceu.edu/2023/hansen_ida-hillerup.pdf
- Hansen, K. L., Guldin, M. B., & Fosgerau, C. F. (2024). Grief participation rights and the social support hierarchy: Exploring the communicative role of the bereaved in a social support interaction. *Death Studies*, 48(5), 465-477.
<https://www.tandfonline.com/doi/abs/10.1080/07481187.2023.2235582>
- Harrop, E., Morgan, F., Longo, M., Semedo, L., Fitzgibbon, J., Pickett, S., ... & Byrne, A. (2020). The impacts and effectiveness of support for people bereaved through advanced illness: A systematic review and thematic synthesis. *Palliative Medicine*, 34(7), 871-888. <https://journals.sagepub.com/doi/abs/10.1177/0269216320920533>
- Iglewicz, A., Shear, M. K., Reynolds III, C. F., Simon, N., Lebowitz, B., & Zisook, S. (2020). Complicated grief therapy for clinicians: An evidence-based protocol for mental health practice. *Depression and Anxiety*, 37(1), 90-98. <https://onlinelibrary.wiley.com/doi/abs/10.1002/da.22965>
- Isuru, A., Bandumithra, P., & Williams, S. S. (2021). Locked in grief: A qualitative study of grief among family members of missing persons in southern Sri Lanka. *BMC Psychology*, 9, 1-8. <https://link.springer.com/article/10.1186/s40359-021-00675-7>
- Ivers, N. N., Johnson, D. A., Casares, D. R., Lonn, M. R., Duffey, T., & Haberstroh, S. (2024). Understanding prolonged grief from an existential counseling perspective. *Journal of Counseling & Development*.
<https://onlinelibrary.wiley.com/doi/abs/10.1002/jcad.12518>
- Jankauskaite, G., O'Brien, K. M., & Yang, N. (2021). Assessing knowledge and predicting grief counseling skills among university counseling center therapists. *The Counseling Psychologist*, 49(3), 458-484.
<https://journals.sagepub.com/doi/abs/10.1177/0011000020983525>
- Jayasundara, N. (2023). *Cultural Homelessness and Ambiguous Loss in Adults Who Migrated as Adolescents: A Phenomenological Inquiry* (Doctoral dissertation, Alliant International University).
<https://search.proquest.com/openview/22ce3de24b35f1996ecc3f8bc7b98f4e/1?pq-origsite=gscholar&cbl=18750&diss=y>
- Jones, H. (2021). *The Adaptive Cycle of Meaning Making: Development and Preliminary Evaluation of a Self-Report Scale* (Doctoral dissertation).
<https://lurepository.lakeheadu.ca/handle/2453/4853>
- Jones, L. (2020). Grief and loss in displaced and refugee families. In *Child, adolescent and family refugee mental health: A global perspective* (pp. 123-149). Springer. https://link.springer.com/chapter/10.1007/978-3-030-45278-0_8

- Kaplow, J. B., Layne, C. M., Pynoos, R. S., & Saltzman, W. (2023). *Multidimensional grief therapy: A flexible approach to assessing and supporting bereaved youth*. Cambridge University Press.
- <https://books.google.com/books?hl=en&lr=&id=ADHEEAAAQBAJ&oi=fnd&pg=PR6&dq=In+embracing+the+developmental+nature+contained+in+grief+experiences,+therapists+can+offer+an+empowering+framework+within+which+those+who+grieve+can+adequately+engage+in+the+grieving+process&ots= uixtkgapk&sig=WfKiY85bXvqRbxNUxmRNuafqCQ>
- Kochen, E. M., Jenken, F., Boelen, P. A., Deben, L. M., Fahner, J. C., van den Hoogen, A., ... & Kars, M. C. (2020). When a child dies: A systematic review of well-defined parent-focused bereavement interventions and their alignment with grief-and loss theories. *BMC Palliative Care*, 19, 1-22. <https://link.springer.com/article/10.1186/s12904-020-0529-z>
- Kochen, E. M., Jenken, F., Boelen, P. A., Deben, L. M., Fahner, J. C., van den Hoogen, A., ... & Kars, M. C. (2020). When a child dies: A systematic review of well-defined parent-focused bereavement interventions and their alignment with grief-and loss theories. *BMC Palliative Care*, 19, 1-22. <https://link.springer.com/article/10.1186/s12904-020-0529-z>
- Køster, A., & Fernandez, A. V. (2023). Investigating modes of being in the world: An introduction to phenomenologically grounded qualitative research. *Phenomenology and the Cognitive Sciences*, 22(1), 149-169. <https://link.springer.com/article/10.1007/s11097-020-09723-w>
- Lai, W. S., Li, W. W., & Chiu, W. H. (2021). Grieving in silence: Experiences of bereaved Taiwanese family members whose loved ones died from cancer. *European Journal of Oncology Nursing*, 52, 101967. <https://www.sciencedirect.com/science/article/pii/S1462388921000739>
- Luong, M. (2021). *The Preparedness of Administrators in Supporting Grieving Faculty and Staff* (Doctoral dissertation, Trident University International). <https://search.proquest.com/openview/a49479194039c270bd97abc3b26f8e4b/1?pq-origsite=gscholar&cbl=18750&diss=y>
- Martin, K., & Elder, S. (2020). Pathways through grief: A model of the process. In *Personal care in an impersonal world* (pp. 73-86). Routledge. <https://www.taylorfrancis.com/chapters/edit/10.4324/9781315223926-7/pathways-grief-model-process-karen-martin-sandra-elder>
- McGilloway, C., Smith, D., & Galvin, R. (2020). Barriers faced by adults with intellectual disabilities who experience sexual assault: A systematic review and meta-synthesis. *Journal of Applied Research in Intellectual Disabilities*, 33(1), 51-66. <https://onlinelibrary.wiley.com/doi/abs/10.1111/jar.12445>
- Meichsner, F., O'Connor, M., Skritskaya, N., & Shear, M. K. (2020). Grief before and after bereavement in the elderly: An approach to care. *The American Journal of Geriatric Psychiatry*, 28(5), 560-569. <https://www.sciencedirect.com/science/article/pii/S1064748119305901>

- Meyerowitz, R. (2022). *Mourning and metabolization: Close readings in the psychoanalytic literature of loss*. Routledge.
<https://www.taylorfrancis.com/books/mono/10.4324/9781003266631/mourning-metabolization-rael-meyerowitz>
- Mingo, S. R. (2023). Understanding pre-entry baccalaureate nursing students' academic failure: Applying Kübler-Ross's stages of grief. *Teaching and Learning in Nursing*, 18(1), 228-231.
<https://www.sciencedirect.com/science/article/pii/S1557308722001226>
- Morrison, J. (2023). *Diagnosis made easier: Principles and techniques for mental health clinicians*. Guilford Publications.
https://books.google.com/books?hl=en&lr=&id=23vmEAAAQBAJ&oi=fnd&pg=PP1&dq=The+DSM+of+grief+therapy+has+remained+a+major+practice+model+in+practicing+clinicians+due+to+their+evidence+on+diagnosing+and+treating+mental+disorders&ots=eG-FIBp_tl&sig=kWN-PWk6zf_kc6ssxJMQ3OYKoTI
- Neimeyer, R. A. (2022). Grief therapy as a quest for meaning. In *Handbook of Grief Therapies*. <https://books.google.com/books?hl=en&lr=&id=aGudEAAAQBAJ&oi=fnd&pg=PA53&dq=This+research+therefore+seeks+to+change+the+conventional+way+clinicians+treat+grief+through+moving+the+emphasis+from+diagnostic+thinking+to+therapeutic+listening,+from+trying+to+eliminate+presenting+symptoms+&ots=fSwGGDNbgV&sig=f3GRZOIqbk9AFLk1DI9i2f5ueng>
- Ogbujah, C. N. (2020). The Culture of Death and the Crises of Modernity. *IGWEBUIKE: African Journal of Arts and Humanities*, 6(8). <https://acjol.org/index.php/iaajah/article/view/971>
- Pann, J. M., DiLuzio, E., Coghlan, A. T., & Hughes, S. D. (2023). Supporting evaluation practice through mindfulness. *American Journal of Evaluation*, 44(2), 293-307. <https://journals.sagepub.com/doi/abs/10.1177/10982140221116094>
- Plaud, C., & Urien, B. (2022). Bereavement meanings and the conditions for successful social support service encounters. *Journal of Services Marketing*, 36(2), 154-167. <https://www.emerald.com/insight/content/doi/10.1108/JSM-03-2020-0096/full/html>
- Rabow, M. W., Huang, C. H. S., White-Hammond, G. E., & Tucker, R. O. (2021). Witnesses and victims both: healthcare workers and grief in the time of COVID-19. *Journal of Pain and Symptom Management*, 62(3), 647-656.
<https://www.sciencedirect.com/science/article/pii/S0885392421001640>
- Revet, A., Bui, E., Benvegnu, G., Suc, A., Mesquida, L., & Raynaud, J. P. (2020). Bereavement and reactions of grief among children and adolescents: Present data and perspectives. *L'encephale*, 46(5), 356-363.
<https://www.sciencedirect.com/science/article/pii/S0013700620300920>
- Reynolds, L. A. (2022). *Childhood Maltreatment and Post-Traumatic Growth: Shifting Perception of Adversity from the Past*. <https://digitalcommons.liberty.edu/doctoral/3903/>

- Russ, V. (2020). *Exploring dissociative experiences in grief* (Doctoral dissertation, University of Southampton). <https://eprints.soton.ac.uk/446928/>
- Seiler, A., Von Känel, R., & Slavich, G. M. (2020). The psychobiology of bereavement and health: A conceptual review from the perspective of social signal transduction theory of depression. *Frontiers in Psychiatry*, 11, 565239. <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2020.565239/full>
- Sevedge, S. A. (2021). *Critical Examination of the DSM-5 Criteria for Posttraumatic Stress Disorder*. Washington State University. <https://search.proquest.com/openview/5ef2690ad3bc6187e52ac5c507f614a4/1?pq-origsite=gscholar&cbl=18750&diss=y>
- Simon, N. M., Shear, M. K., Reynolds, C. F., Cozza, S. J., Mauro, C., Zisook, S., ... & Lebowitz, B. (2020). Commentary on evidence in support of a grief-related condition as a DSM diagnosis. *Depression and Anxiety*, 37(1), 9-16. <https://onlinelibrary.wiley.com/doi/abs/10.1002/da.22985>
- Skrozcic, A., & Kijamet, D. (2022). Definition of grief, gender differences and religious and cultural differences in dealing with death and grief. In *Grief in Schools: Basic Knowledge and Advice on Dealing with Dying and Death* (pp. 13-27). Berlin, Heidelberg: Springer Berlin Heidelberg. https://link.springer.com/chapter/10.1007/978-3-662-64297-9_2
- Soard, J. (2021). *A Portrait of the Male Art Therapist and the Overall Impact on Men Seeking Therapy* (Doctoral dissertation). <https://scholars.smwc.edu/bitstream/20.500.12770/284/1/Soard%2C%202021.pdf>
- Stapley, E., Demkowicz, O., Eisenstadt, M., Wolpert, M., & Deighton, J. (2020). Coping with the stresses of daily life in England: A qualitative study of self-care strategies and social and professional support in early adolescence. *The Journal of Early Adolescence*, 40(5), 605-632. <https://journals.sagepub.com/doi/abs/10.1177/0272431619858420>
- Sue, D. W., Sue, D., Neville, H. A., & Smith, L. (2022). *Counseling the culturally diverse: Theory and practice*. John Wiley & Sons. <https://books.google.com/books?hl=en&lr=&id=w8R6EAAAQBAJ&oi=fnd&pg=PA19&dq=Cultural+competence+and+understanding+can+be+described+as+the+therapist+or+counselor%E2%80%99s+capacity+to+comprehend+and+practice+meeting+the+needs+of+consumers+from+diverse+cultural+backgrounds.+&ots=WKIx5LSRtL&sig=nlbGz8-ZqlfJPKLfxzYoeCF3bCA>
- Tackett, M. J., Chopin, S. M., & Karol, R. L. (2021). Psychologist leadership on inpatient rehabilitation teams: Organizational science in practice. *Rehabilitation Psychology*, 66(4), 423. <https://psycnet.apa.org/record/2021-92061-001>
- Tal, Z., Koren, C., & Yahav, R. (2023). Existential experiences of hope following parental loss during adolescence: a retrospective perception. *Mortality*, 1-16. <https://www.tandfonline.com/doi/abs/10.1080/13576275.2022.2163156>

- Tateo, L. (2023). Cultural mediation of grief: the role of aesthetic experience. *Culture & Psychology*, 29(3), 411-433.
<https://journals.sagepub.com/doi/abs/10.1177/1354067X221145901>
- Taylor, E. (2022). Post-Traumatic Growth: A Paradigm for Psychological Change. *Journal of Student Research*, 11(4). <https://www.jsr.org/index.php/path/article/view/1720>
- Taylor, S. (2021). Transformation through loss and grief: A study of personal transformation following bereavement. *The Humanistic Psychologist*, 49(3), 381. <https://psycnet.apa.org/record/2020-20322-001>
- Urcia, I. A. (2021). Comparisons of adaptations in grounded theory and phenomenology: Selecting the specific qualitative research methodology. *International Journal of Qualitative Methods*, 20, 16094069211045474.
<https://journals.sagepub.com/doi/abs/10.1177/16094069211045474>
- Vahradyan, M., Anbazhagan, P., Castellano, K., & Nindl, L. (2024). Strengths-based grieving for grief professionals: A positive psychology guidebook for what's your grief. <https://repository.upenn.edu/handle/20.500.14332/59938>
- Varinen, A. (2023). Background, comorbidities, and experiences of care among Finnish patients with fibromyalgia, with a special focus on depression and hypothyroidism. <https://trepo.tuni.fi/handle/10024/150588>
- Venkatesan, S. (2022). Loss, grief, bereavement, and mourning in children. *International Journal of Recent Scientific Research*, 13(3), 619-624. https://www.researchgate.net/profile/Srinivasan-Venkatesan/publication/359518694_LOSS_GRIEF_BEREAVENTMENT_AND_MOURNING_IN_CHILDREN/links/62428bcb57084c718b72bc10/LOSS-GRIEF-BEREAVENTMENT-AND-MOURNING-IN-CHILDREN.pdf
- Villalobos, L. C. (2020). *A practical theology of posttraumatic coping: Hardiness, resilience, posttraumatic growth, and Second Corinthians*.
<https://research.vu.nl/files/103193530/12649.pdf>
- White, V. (2023). Cognitive behavioral therapy strategies and adult opioid abuse: A phenomenological study of precontemplation to contemplation stage in residential treatment programs. <https://digitalcommons.liberty.edu/doctoral/4498/>
- Wierzbinska, E. (2023). *The voices of postpartum psychosis: An interpretive phenomenological analysis of women's subjective experiences in the perinatal period* (Doctoral dissertation, Adelphi University). <https://search.proquest.com/openview/0948eb28b8805e173e04157294cc754f/1?pq-origsite=gscholar&cbl=18750&diss=y>
- Williams, C. A. (2023). *Psychologists-in-training attitudes towards complicated grief* (Doctoral dissertation, George Fox University). <https://search.proquest.com/openview/bc2b674075b9b4563b6378876874680d/1?pq-origsite=gscholar&cbl=18750&diss=y>

- Williams, S. N., & Williams, S. L. (2021). *How can we help victims of trauma and abuse?* Lexham Press. <https://books.google.com/books?hl=en&lr=&id=PKwNEQAAQBAJ&oi=fnd&pg=PT4&dq=Trauma+survivors+may+quickly+transition+from+denial+to+grief+relief,+which+may+be+punctuated+by+hopelessness+and+worthlessness&ots=5WAu6W882K&sig=gNOOv1uF5AZTOUzzOXfO0fQ4RGU>
- Ziede, J. S., & Norcross, J. C. (2020). Personal therapy and self-care in the making of psychologists. *The Journal of Psychology*, 154(8), 585-618. <https://www.tandfonline.com/doi/abs/10.1080/00223980.2020.1757596>
- Zulliger, A. E. (2023). *Adolescent bereavement after sudden loss of a close friend* (Doctoral dissertation, Walden University). <https://search.proquest.com/openview/bbf481dd1f15f8d17288e375cb757eb6/1?pq-origsite=gscholar&cbl=18750&diss=y>