

A Grief ♥ Recovery® Outreach Program: Qualitative Study of Process and Change

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Abstract

Objectives: This is a qualitative study to understand the experience that people have in the Grief ♥ Recovery® Outreach Program. This is a group that is offered in many areas, in many different settings, around the world. It is a twelve week course to help people learn to cope with loss of many types. It has several components including education, fellowship and support, cognitive work, narrative work, and various other ways people learn to deal with grief. However, based on a literature review and an interview with a co-founder of the organization, there is no formalized research on the effectiveness of this group. This program is offered at Summa Health System St. Thomas Hospital, four times a year. This study was undertaken in order to understand trends of people's experience of the process of the group, the benefits or changes they experienced, as well as to create further questions for future research.

Methods: All the people who attended the Grief ♥ Recovery® Outreach Program at St. Thomas hospital since it began here to the summer of 2003 were invited to participate in an interview. They were given research numbers in their letter to preserve anonymity. A total of 312 letters were sent out and there were 93 responses. With the help of Elaine Henderson M.Div., who facilitates the group, we grouped the names by gender, race, and socioeconomic background in order to obtain a heterogeneous sampling. Of those groups we randomly selected 14 people to invite to an interview. Due to an incomplete response of those 14 people, 6 more names were randomly selected and invited to participate. Of the 20 invited, I interviewed 8 people. Informed consent was obtained. The interviews were approximately one hour long, consisted of a short demographic sheet and an interview. The interview was audio-taped and transcribed. The data was analyzed for trends within question sets.

Demographics: Out of eight participants in this study, five were female and 3 were male, mean age was 60.4, seven were Caucasian and one African American, 50% were married, 25% divorced, one widowed, and one had a significant other. All had children, had some form of education, 50% were employed full time, 25% part time, 25% retired, and had a diverse range of incomes and religious backgrounds. They participated during various groups from 1999 to 2003 and there were a variety of losses represented.

Results: The results showed 100% (8 out of 8) of the interviewees reported an overall positive effect, that they would recommend the group, they use things they learned in the group elsewhere in their lives and they all felt some type of change had occurred. Also 100% reported a history of emotional abuse in childhood. No one reported thoughts of self harm. 100% of the sample felt safe at some point in the group, some for different reasons and at different times. The entire sample felt that reading out loud their assignments was a significant factor in their change. They were all able to report a variety of ways they had experienced this change as well as what aspects of the group they found most and least helpful. No one found anything unhelpful.

Discussion: This qualitative study indicates that attending the **Grief ♥ Recovery**[®] Outreach Program is an overall positive experience that affects several areas of peoples' lives. It also appears that emotional abuse has some role in the process of grieving. Even though there are other aspects of the group that were found to be helpful, the process of reading out loud assignments, called narrative in the literature, has a significant impact on the healing process. The group not only helps to provide a new way of understanding and coping with grief, but it also impacts other important areas of their lives.

History

Grief, many people do not understand it and don't know how to deal with it. So, what is grief? It can be a normal reaction to a loss and it can also become pathological. In this article we will deal with the spectrum of 'normal grief' reactions and one way to address them. When many people think about grief and 'loss', the things they consider are usually things such as death of a loved one, divorce, or loss of a job. However, loss can include many things. *The Grief Recovery Handbook* (Pg. 3) defines grief as "conflicting feelings caused by the end of or change in a familiar pattern of behavior". This can include a change in job, a move, loss of a pet, change in a life situation, finishing or beginning school, health issues, and many others. Some loss can also be related to a person's internal state, such as loss of esteem, respect, control, etc.

Another concept that the **Grief ♥ Recovery**[®] Program emphasizes is that grief is not an intellectual process yet much of the time that is how we deal with it. People learn at a young age, from parents, family, school, media, and life events, that this is how to deal with grief. Often people who have grief try to avoid it and other people try to comfort those grieving. However, many of the things people say or do are not helpful to the grieving person. What occurs most often is that the things people learn are not helpful, and even not true. These are called "myths". People have learned they need to "be strong", "not cry", "just move on", and they hear "don't feel bad", you will be "better off without them", "there is always someone else", or "time will heal". These things do not facilitate the grief process, they usually stop it. Many people tend to "bury" feelings and grieve incompletely. The effects of this are great. It affects relationships, work, concentration, expression of emotions, and many other aspects of people's lives. People continue with their daily life and as other losses occur, they tend to accumulate and create more problems in their lives. They are often unaware that this unresolved grief has such an affect on their lives.

The **Grief ♥ Recovery**[®] Outreach Program was developed primary out of the need of one man to deal with the grief over the death of his son in 1977. John W. James is the founder of the Grief Recovery Institute Educational Foundation, Inc. and first published the book, *The Grief Recovery Handbook*, in 1986. He had created a way of dealing with his grief that he first began sharing in funeral homes. He noticed that it helped many people and thus wrote the book. In 1998, Russell Friedman, after beginning as a volunteer at the Institute in 1987, became John's partner and together they revised *The Grief Recovery Handbook*, which has now been translated into at least five languages and is used around the world. Russell also came to do this work as a result of losses in his life. They

have also written a variety of papers on their web site (www.grief.net) and have published a second book, *When Children Grieve*, to help adults help children deal with a variety of losses. John and Russell, along with the Institute have also put together a *Grief Index, 2003 Report*, which can be found on their web site based on their experiences and observation over the years that they have been doing this work. This Index comments on the effect that grief has in the workplace. The Institute also provides certification courses and workshops, and the **Grief ♥ Recovery®** Outreach Program, which is being utilized by more than half a million people. These, along with the book, Index, and web site, help John and Russell reach toward one of their goals, to help “as many people as possible as quickly as possible”.

The **Grief ♥ Recovery®** Outreach Program itself consists of twelve sessions, 1 ½ hours long, in a group setting with a certified lay facilitator. It basically requires attending the group, reading and doing homework from of *The Grief Recovery Handbook*, committing to the rules for ‘emotional safety’, and sharing your story. The primary ingredient is a willingness to be involved in the process. Several people commented “I don’t think it’s going to work for people who aren’t willing”. Another person stated “after having got into the process, I was committed”.

There is an agenda and structure to the twelve weeks. The first group begins with an introduction of the group and the participants. The first homework assignment is given, to read the first three chapters. The homework is given at the end of each session and involves some form of active involvement, usually writing, in addition to reading. The second session, the large group is divided into smaller groups of less than four to five people each plus a facilitator. Usually the men and women are separated. Each group starts with an introduction, the agenda for the session, a reminder and recommitment by participants of the three ‘rules’ of “absolute confidentiality”, “uniqueness and individuality” and “total honesty”, and then they break into their small groups to discuss their homework. The participants are also reminded that as others are speaking not to talk, interrupt, or touch them in order to allow them to complete their story.

The homework is progressive over the course of the 12 weeks. Initially, people read, learn about, identify and examine their own ideas about grief, what they were taught, and how they cope with these emotions. People are not only asked to write these out but also to verbally share them with their small group. During the middle and later sessions, the homework shifts to creating two ‘graphs’. The first is a loss history graph, which is a record of losses that have occurred in their life and how much these have affected them. The second is a relationship graph. This graph is based on a person that the participant decides to take a more detailed look at. Usually this person is someone that the participant feels grief over or unresolved issues with. The graph consists of both positive and negative aspects of the relationship. Based on this graph, the person writes a list of “amends, forgiveness, and significant emotional statements” and a “completion” letter. All of these various components are shared verbally with the small group.

At the end of each group, hugs are given individually as desired and there is a ‘group hug’ after some closing remarks and the giving of the following week’s homework. This group hug consists of standing in a circle, arms around shoulders or waists, saying some positive words, and then taking a step toward the center to tighten the circle. The group is then officially over for the evening.

There are no known studies in the literature looking specifically at this group and the process of change that occurs. Dr. Leslie Landon Matthews did a doctoral dissertation, *Parent’s Communication of Death to a Child and the Resolution of the Child’s Grieving Process* in December of 1998. This involved parents of children who had a loss attending a **Grief ♥ Recovery**[®] Program and the effect that had on the children. The purpose of the current study was to examine the “process” of the group, people’s perception and experience of this process, and in what ways they think they have changed after having completed this group. This study was also interested in understanding what aspects of the group may be beneficial in the process of change.

This is not a support or therapy group. It is a facilitated group that focuses on “recovery” from unresolved grief and learning new ways to cope. One interviewee stated that “this is not about grief support, it’s about grief recovery.” *The Grief Recovery Handbook* states that “recovery from loss is achieved by a series of small and correct choices made by the griever” (Pg. 8). The group is a process that participants go through in order to learn how to make different choices. This study attempts to create more questions for future research in order to help other medical, mental health care providers, spiritual care providers and any other person in a position to help grieving people, utilize a potentially powerful therapeutic group.

Methods

This was a qualitative study done at St. Thomas Hospital in Akron, Ohio from the period of January 2003 to April 2004. The fourth year psychiatry residents at the NEOUCOM Psychiatry Residency Program are required to complete a research project prior to graduation. Dr. Joseph Varley, the program director and Chairman of the psychiatry department at Summa Health Systems, approached me late in the year 2002 about this opportunity. There is no prior published, or unpublished, research on this group. In order to begin this study, I attended the **Grief ♥ Recovery**[®] Outreach Program in the winter of 2003. My experiences of the group, as well as my impressions of the research interviews, are detailed elsewhere. This gave me a working knowledge of the program as well as my own experience to utilize as I worked with the research team to develop the project.

I began meeting with Elaine Henderson, M.Div., John Engel, Ph.D. and Lura Pethtel, M. Ed. in the summer of 2003. These meetings occurred every few months in order to discuss and develop an interview protocol, troubleshoot any difficulties that arose, and to provide debriefing and bias checking. Joseph Varley, M.D. remained involved as my advisor, however, was not able to attend the sessions.

First I performed an extensive literature search on Medline, PsycInfo, Psychology and Behavioral Science Collection, and CINAHL of Grief Recovery, Groups, Grief, bereavement, and narrative. I found no studies on this group or any other group that is similar. I checked the Grief Recovery Institute's web site for any studies and found a compilation of information about the effect of grief in the workplace based on the experience of people at the Institute and a survey called The Grief Index (2003) and various papers written by the co-authors of the book, but no formal study. I then called Russell Friedman, co-author of the book, *The Grief Recovery Handbook*, at the Grief Recovery Institute in California. We spoke for nearly 2 hours about various philosophies of the group, its development, and his ideas and opinions. He informed me that he was working with Dr. Leslie Landon Matthews, who did a doctoral thesis on children's grief process in December of 1998. He did not say he was attempting a study on this particular group. John W. James and Russell Friedman have written a book, *When Children Grieve-For Adults to Help Children Deal With Death, Divorce, Pet Loss, Moving, and Other Losses*. He was not aware of any studies done for the adult group. Due to the fact that he was unsure whether he supported this research or not, I contacted the legal department at Summa Health System to discuss copyright laws. It is in their opinion that if research is done for educational purposes and we are not utilizing the book primarily for the research, we are within the bounds of the law. So we proceeded.

By early fall a demographics sheet and interview of seventeen questions was formed. It was reviewed by the research team, Dr. Varley, and the other fourth year residents in a research class. It was revised several times in order to reduce bias, create uniform, non-leading questions, and to change any sensitive subject matter from the demographics sheet to the interview. An informed consent was also written.

The study was then submitted to the Summa Health System's IRB. Due to the low risk to the subject, the study was expedited and approved. The research office at Summa was also contacted and a budget established.

Selection – Due to the confidential nature of the group, Elaine first sent a letter to all attendants of the group since it began at St. Thomas Hospital informing them that they would be receiving information about a study and would be asked to participate. She gave them the option to opt out at that time. I then sent 312 letters to the remaining attendants describing the study in brief and inviting them to return an enclosed, postage paid postcard if they were willing to be contacted further about an interview. In that initial letter all attendants received a research number for confidentiality. The postcard did not include their name, only their research number when returned. Nine letters were returned as 'address unknown' or 'unable to forward'. Therefore there were 303 letters that were received by participants. Out of these, there were 93 responses, a 30.7% (93 out of 303) response rate. Of those 93 responses, 14 were invited for an interview. These fourteen were chosen by purposeful, random selection by Elaine and me. We randomly selected 14 names and sorted them to the best of our knowledge based on age, gender, ethnicity and socioeconomic status. We then continued to randomly pick 10 more names, doing the same sorting, until we had a heterogeneous sample of 14 people. I sent them a letter describing the study in more detail along with the informed consent, asking them to call either the secretary or me to make an appointment for an interview during the following

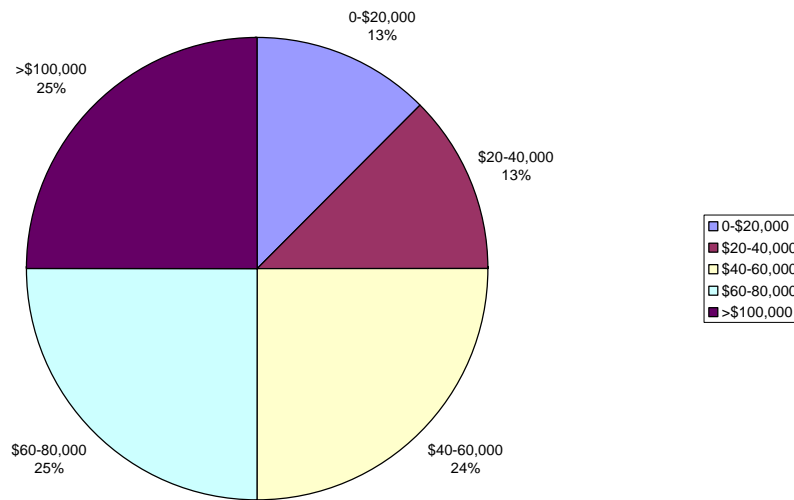
month. They were asked to use their research number for confidentiality; however, uniformly they all used their name in making the appointment with the secretary. Of the 14 that were invited for an initial interview, only four (28.6%) made and kept an appointment. Six more names were randomly selected and invited for an interview and 66.6% (4 of 6) of those made an appointment. Out of a total of 20 invitations, only eight (40%) were interviewed.

Demographics – The demographics were compiled from the demographic sheet that each interviewee filled in prior to each interview. These were not reviewed with them at that time. Out of eight participants in this study, five (62.5%) were female and 3 (37.5%) were male, mean age was 60.4 (range from 46 years to 78 years old), seven were Caucasian and one African American, 50% were married (one unknown length of time, the other 3 ranged from 25 years to 48 ½ years), 25% divorced, one widowed (previously married for 33 years), and one had a significant other. All (100%) had children (range total 2 to 9). There was one deceased child and one miscarriage. All had some form of education ranging from high school to Masters level degrees (3-Masters and 1-Bachleors) and the areas ranged from chemistry to psychology to divinity and more. Out of the eight interviewees, there were 50% employed full time, 25% part time, 25% retired. The range of incomes was diverse and relatively equally distributed as a bell curve (range from <\$20,000 to >\$100,000). Their religious backgrounds were diverse and 75% (6 of 8) were active in their congregation. (See Table 1 & Graph 1)

Table 1
Demographics

Age	Range: 46-78 years	Mean: 60.3 years		
Gender	Female: 5 (62%)	Male: 3 (38%)		
Ethnicity	Caucasian: 7	African-American: 1		
Marital Status	Married: 4	Divorced: 2	Widowed: 1	Significant other :1
Children	Range total # 2-9	Deceased: 1	Miscarriage: 1	
Education	HS plus: 4	B.S.: 1	Masters: 3	
Employment	Full-time: 4	Part-time: 2	Retired: 2	
Religion	Protestant: 2	Jewish: 1	Unitarian:1	Presbeterian:1
	Eclectic Christian:1	Non-Denominational: 1	Unknown: 1	
Active in Congregation	Yes: 6	No: 2		

Graph 1 : Income



They participated during various groups from 1999 to 2003 in all different seasons. People found out about the group from a number of sources, 37.5% from Elaine Henderson, 25% from their wife, 25% from friend or other source and one person did not report. Five people (62.5%) missed at least one group session and two of those missed more than one. One person went on to become a facilitator and another person took the group twice. Half of the interviewees knew someone in the group they attended. There were a variety of losses represented. All but two (75%) people continued to work with the loss that they identified prior to the start of the group. The two people that changed what loss they would work with during group did so based on a realization they made during the group itself. There were 13 identified losses among the 8 interviewees. The identified losses consisted of 54% (7 out of 13) deaths, of which four (31%) were deaths of their father. The others included death of a son, husband, and mother-in-law. The deaths occurred during a wide time period, from 1944 to 2003. One death occurred while the person was attending the group. One person dealt with loss of a relationship through a divorce and three people dealt with issues of loss related to changes within a relationship (including mother, daughter, husband, general family and friends). One person dealt with grief issues around changes in a parent's health. Three people (37.5%) reported at least 2 specific losses they were dealing with and one person reported dealing with more generalized issues. Half of the interviewees reported one loss. These reports of loss do not include the losses that they wrote out on their loss history graphs.

Setting – The interviews were held in Dr. Klimo's office in the psychiatry department at St. Thomas Hospital. The participant checked in at the secretary's desk and were given the informed consent to read and sign and waited in the psychiatry department waiting room. I invited them into the office using their name since that is how they checked in. Once in the office, they sat in the chair near the desk which had two tape recorders on it. These were explained

at that time as instruments to be used for accuracy and research purposes and there were two in case one didn't record. The informed consent was reviewed, they were given an opportunity for questions, none had any at that point, and they were given the demographic sheet to fill in. They were left alone while I got them coffee or tea, which ever they preferred, in order to increase their sense of comfort. There were two who declined beverage. I did not review the demographic sheet at that time in order to minimize any bias in my questions. The audiotapes were started and the interview began with a common disclaimer about my attendance of the group one year ago, another explanation of the interview, as well as confidentiality. The interviews ranged from 45 minutes to 90 minutes long. At the completion they were thanked and given another opportunity for questions. Many wanted to know more about the research itself and when it would be available to them.

Analysis – The audiotapes were transcribed and placed onto a floppy disc. The process to get this done was difficult. The tapes were done on standard size tapes. The transcriptionist that was originally hired was not able to complete them by April 1, the time frame needed in order to do the analysis. In order to have them completed quickly, the interviews needed to be transferred to micro cassettes. I personally did this using two regular recording devices. A second transcriptionist was hired and was able to complete them by April 15, however, on inspection of the transcriptions, there were significant omissions and errors. I then listened to all the tapes again and corrected the transcripts myself. Once correct, seventeen files were made, one for each interview question, which contained each of the eight interviewee's responses to that question (ie. Question #1 with eight different responses to question #1). These were then examined and the pertinent material was placed into an excel file as a chart for comparison. Finally the eight answers to each question were compared for similarities and differences in responses. The demographics were also put into an excel file to be charted for comparison and statistics. Once these charts were created, trends identified, and groupings made, the result of each question was summarized.

In order to check for minimal variance in interpretation of the transcripts, Elaine Henderson, M.Div., John Engel, Ph.D. and Lura Pethtel, M. Ed. each were given two transcripts. Each had one that was the same. They independently read them, came to a meeting and discussed their impressions. They had similar impressions about the transcripts, the interview style, and the potential issues. One potential issue was that I did not ask many follow up questions for clarification. Elaine was not as concerned with this, knowing that once having gone through the program, there is a different understanding of what people are talking about. John Engel and Lura Pethtel have not gone through the **Grief ♥ Recovery**[®] Outreach Program yet. The second potential issue was the fact that I am a psychiatry resident with the potential to want to do therapeutic interventions. However, uniformly, the research team did not see evidence of this becoming a psychiatric interview. It remained a research interview. This may be a function of the lack of follow up questions. There were many times through out the interviews I wanted to ask further questions to explore various issues that people brought up, help make some connections for them, or offer some suggestions to assist in any issues they may still be struggling with. For example, one interviewee struggled with anxiety and panic attacks. This person stated a specific time they felt anxiety during the day. At that point I had a desire to inquire further about the anxiety and panic attacks and the life events that may have occurred at that

particular time of the day. Often people feel anxiety or have panic around the time of day that a significant event had occurred in the past. However, in order for this to remain research and not move into ‘therapy’, I needed to maintain my focus. I did not ask further questions about this topic but moved on to the next research question. There are many examples of times that I could have digressed into a therapeutic focus but did not.

Results

Question # 1

1) Tell me about your experience of this group? What comes to mind?

In beginning each interview with a general question, each person had an opportunity to express their overall impressions, in what ever area they chose. Seven out of the eight people responded with various positive statements about the effect of the group on them or their lives. "That it saved my life". It was “perhaps the best thing in the world that happened to me in a long, long time." "It changed me". They also found that the group was a support to them with current loss, helped to put a variety of situations and relationships into “perspective”, and were able to express their emotions differently. One person stated that they did not feel any different. However, as the interview progressed with more specific questioning, this person did report a variety of ways the group had ‘helped’ or changed them or their life.

They also commented on the group itself. Some talked about their connections and the support they felt from the group, others spoke about how helpful it was to actually read their letters to their small groups. Several mentioned they have been able to use what they learned to help other people in their lives. "I was just immediately impressed about the way the group was conducted. When I read the book, I thought this is really good stuff, this is not about grief support, it’s about grief recovery. "

Question # 2

2) Did you find anything particularly helpful or not helpful about the group?

There were no people who answered this question stating that they found anything not helpful about the group. All eight found some aspect of the group helpful to them in some way. There were three basic parts that they found helpful. One was having a small group rather than the larger group. They found that this helped them feel safer and it was easier to share. The facilitators also helped this process. Second, the assignments during the group, specifically writing the graphs, helped them understand things about themselves. Third, sharing their stories, this includes listening and speaking, was found to be most beneficial. (See Table 2) This helped people understand others better, learn more compassion, discover their own responses and reactions to things, find memories and emotions they had suppressed, and ‘deal with’ their grief and their past. “The dam sort of broke originally for me

and I didn't really expect that to happen when I was speaking in front of other people, sharing with other people." These were common themes throughout the interviews.

Table 2
Helpful Things about the Group

Smaller group size
Writing and reading assignments
Speaking out loud the assignments***
No one found anything "unhelpful"

Question# 3

- 3) What was it like to hear the three 'rules' at the beginning of each group?

Each group was started in a large group format and, among other things, three rules, or 'commitments', were repeated at the beginning of each group. They were 'total honesty', 'absolute confidentiality', and 'uniqueness and individuality'. These were repeated at each group and the participants were actively involved in recalling them. There were also definitions of each given each time. Interestingly, 3 of the 8 interviewees did not remember the 'rules'. Four of the 8 thought it was a good reminder to have these each week. One person understood why it was done, that some people needed that, but didn't like that they were repeated and just wanted to get started. Overall, people felt this reinforced their sense of comfort and confidentiality.

Question # 4

- 4) Did you feel that this was a 'safe' place to share your history and feelings? When did you start to feel this way? What supported your sense of comfort or detracted from your sense of comfort?

Safety in a group setting can be defined in various ways. It could mean physical safety, comfort in sharing feelings, or confidence in the commitment of the group to confidentiality, among other things. For this interview it was left as an open question, without specific definition. Every one of the interviewees felt safe at some point during the group. Three of the eight felt safe right from the beginning, two felt safe once the small groups were formed, by about the second group, and 3 of the 8 felt safe by about the fourth session. The fourth session is when they begin to work on their loss history graphs.

Things that contributed to their sense of safety were the size of the group, smaller felt safer, not knowing anyone in their small group, which allowed for more open sharing, hearing the three rules at the beginning of each group, and noticing that the things they shared in the group were treated with respect, without judgment, and a feeling of being understood. Two comments about feeling uncomfortable, despite feeling safe, were about "the hugging" but only slightly, and a feeling by a couple of the interviewees that they might not share all their thoughts due to a feeling that

there were people of a “fundamentalist” faith present and this felt uncomfortable because of the conflicting nature of their own beliefs. They stated they didn’t want to say anything that might offend someone, as well as possibly feel judged about the content of their sharing, based on previous experiences outside of the group. Overall, the group felt ‘safe’ to people.

Question # 5

- 5) What was it like for you to talk about (listen to others) your losses and your relationships when you were doing your graphs? What was it like for people not to respond to you (you not to respond to them) while you were talking? If you received/gave a hug. What was that like?

The elements of this question appear to be parts of the group that have a large impact on people. It is at about group four that the loss history graph is started and this is about the time that almost every one has started to feel safe and comfortable sharing their feelings. During the small group there are two main components, talking about your graphs and listening to other people’s graphs. Also during this exchange, people are instructed not to respond to the person speaking, this includes no touching, no comments, no judgments, no interruptions, and no talking. Prior to this step, the ‘homework’ that has been done, other than reading chapters in the book, is to actually write out a time line, or loss history graph, of events in your life that are losses. We did not specifically ask about this step in the process, however, many of the eight people interviewed commented on this important piece of the group. During various questions of the interview, writing out the graph was mentioned by most of the interviewees as helpful, no one found it unhelpful. Doing the graph seemed to do two things consistently for people. One it helped people become more aware of their history and losses, and in some cases, patterns of behavior, and it allowed the sharing to happen a little easier. “Once I got them down on paper, it was easier to talk about them”. “When I really put something down on paper, now that symbolized something concrete to me. I’m not just talking, I’m writing it down now, it’s a part of history, and how that was treated, with respect, without comment, without judgment, without criticism, without fixing it, made it feel safe, that it is what it is, or it is what it was, and that felt safe to me ”

The actual expressing of the graph, story, or letter (last group) to the small group, called narrative in the literature, was expressed by all eight as the significant event that occurred during the group that helped them feel better. Several people discovered more things through the process of speaking. “I got surprisingly emotional.” “Once I verbalized some of these things, they weren’t quite as bad.” It was difficult to talk for some, either because of the proximity of the loss, personality, or due to previous personal experiences, however, all had a positive outcome. “I felt it was lifted from me” and it was “freeing me up emotionally”. “Once I talked about them, then they weren’t those hidden secrets any longer”. At least one person even felt they were helping others by telling their own story.

During this sharing of narrative and feelings, people are not responding to the speaker. All eight people found this beneficial. “I could tell the whole story without being interrupted or somebody giving input and that was healing in itself because it’s like the whole story gets to be completed.” This was a feeling in 7 out of 8 interviewees

that, since out in the ‘real’ world, most of the time people interrupt, try to fix or help, even with good intentions, the benefit of not having someone respond was a feeling of completion of their story, less feeling of judgment, and more feeling of respect and caring. However, there were two people, despite the benefit, that felt uncomfortable since that is not how it usually occurs in life or there was a tremendous amount of pain and the interruption did not allow for distraction. In addition, two people found it uncomfortable not to respond back to people since they felt that they wanted to help them with their pain, reach out to comfort them in some way, or let them know their thoughts.

People tended to have more ambivalent feelings when it came to listening. There was some discomfort for a variety of reasons yet there was personal benefit and gratitude. All but one person, who felt comfortable due to feeling like it was similar to the work they do, felt this way. People were uncomfortable because they wanted to respond and help, the stories were sometimes difficult to hear due to the “heartbreaking” content, or it was hard for some to remain focused on the speaker since the story may have reminded them of something in their own past, which they ultimately viewed as positive. One person felt like a “voyeur” while listening since this was not something they were familiar with but also was able to put their own life into perspective. Listening to other people helped some develop more compassion and better listening skills, others remembered more things from their own past by listening, and still others gained better perspective on their own lives and were able to realize the differences that exist between people, ‘uniqueness and individuality’. It also helped to “validate” feelings that people had been feeling without realizing it was okay to feel those. It “gave me permission, so that’s okay if everybody expresses their grief differently.” Several people felt “it was a privilege to be a part of that process”, of listening and sharing another person’s story. Overall, even if there was some discomfort, the benefits of listening to other people’s stories were many, including allowing people to be more open in expressing their own stories and feelings.

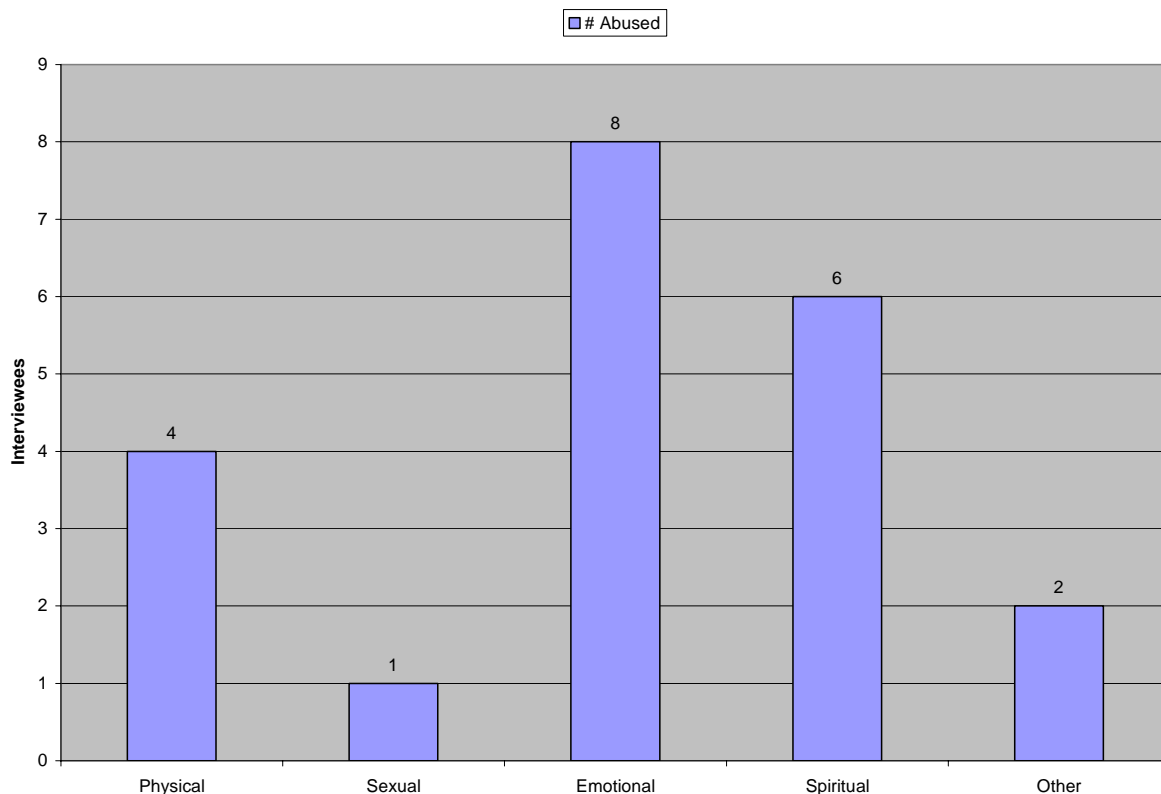
After the small group had finished, the large group reformed for some concluding remarks, next week’s homework assignment, and a ‘group hug’. Individual hugging also occurred at various times during the group, in the beginning, at the end of someone’s sharing, at the end of small group and at the end of the large group. Only one person was uncomfortable with individual hugging, stating that the ritualization of it created a sense that it was “superficial”. Seven of the eight people found the individual hugging to be “validating”, “comforting”, therapeutic”, and “meaningful”. One person reported an additional sense of comfort when they were asked first prior to hugging. One person did not remember having a group hug at the end of the large group session, two people found it uncomfortable, one for the above reason, the other due to the ‘tightness’ of the hug, the remaining 5 people thought it was a good way to end the group. They thought it helped create ‘cohesion’, ‘bonding’ and ‘intimacy’ with in the group. One person articulated clearly the overall consensus of the interviewees. “To give a hug, that person is allowed to enter into this space, a very private space, a very close space physically, and I think at a level emotional that they feel that I’m safe enough or they felt comfortable enough, they felt loved, important enough to allow someone to hug them and to validate their feelings, to validate their emotions with no criticism, recommendation, advice, judgment or what have you, so I think those hugs are very powerful because it is just a human closeness that most losses take away, and I think it is part of our restoration.”

Question # 6

- 6) Sometimes as a result of sharing a loss history, people face dealing with various abuse issues. Did any issue of abuse surface for you? Y N Abuse can also impact the way people grieve. I know this is a sensitive topic, however, since we are trying to understand aspects of grief recovery it is important to get a general idea of your history. Just a simple yes or no. Have you ever been abused: emotionally Y N , physically Y N , sexually Y N , spiritually Y N , other_____.

Abuse occurs in many forms and affects many aspects of people’s lives. One person stated, “You can hardly have lived with out it”. The question of abuse was asked to gain an understanding whether any type of abuse may play any significant role in loss or grieving. It was not expanded here due to limits of time and not having an understanding as to which, if any abuse would affect grief. It is also not the focus of this study. Half of the people in this study experienced physical abuse, only one person reported sexual abuse, three, possibly five reported some form of spiritual abuse, and two people felt they had “self abuse” of some form. Interestingly, all eight experienced some form of emotional abuse. (See Graph 2) It would require further studies to determine the significance of this and what affect it has had on people’s grieving process.

Graph 2: Reported Abuse



Question # 7

- 7) Did you ever think about dropping out of the group? Did you ever feel so 'bad' in anyway you weren't sure what to do about it? Did you ever feel like hurting or killing yourself during the course of the group? Did you ever feel like hurting anyone else? Did you ever call one of the facilitators for support?

Only one person felt like dropping out of the group shortly after beginning due to a loss that occurred during the group. They felt "abandoned" when a group member dropped out, however was able to work with the facilitator and became engaged and committed to the process. The rest never felt like leaving, no one felt like hurting themselves, and one person had thoughts but no intent of hurting someone else while dealing with anger. No one called a facilitator during the group, however, two people did feel comfortable calling facilitators or Elaine after the group was over for additional support. Also, several people continued to meet and work on various relationship graphs and letters periodically after the group. In addition, several people went on to become facilitators themselves.

Question # 8

- 8) During the time of the loss and prior to beginning the group did you feel you had any support given to you in any way? Where did the support come from? How about since the group, do you feel your support is any different?

Support is an important aspect in the grief process. At the time of the loss, two people did not feel they had support in any way. The remaining six had support from a variety of places, including their spouse, friends, church, children, and God. Out of the eight people, only two felt that their supports had not changed after going through the group. One person found much support from the group itself for a loss that occurred during the group. Others also found support within the group from other people, facilitators, and the assignments and work they did. Six of the eight interviewees felt their supports had changed after the group. The common theme among these seems to be that the group helped them learn how to deal with grief and support themselves. The "actual circle of people didn't change but I felt more empowered, and I actually had some different tools to work with". "I think it was more an internal thing, being able to get it out and process it, didn't make me feel alone". "I think I was more closed in expressing my issues that I was dealing with to other people before the group and then after the group I felt freer to talk about what was going on in my life with other people." "In working through the grief recovery has given me a much better sense of support and ability to cope myself".

Question # 9

- 9) People react to loss and stress in life in a variety of ways. Some times people seek out additional ways to deal with these things. Have you ever attended any other group (if so what type) or any type of therapy or counseling? (When did these occur, around time of loss, prior, during, after, group)

This question was to understand two aspects of the group. First if prior group or therapy experience affected people's outcomes within the group. Second, if anything about the group may have lead people to seek therapy or

further group experiences. All but one person had some prior group or therapy experience. Two had individual counseling, two had marriage counseling, two had attended church groups, three had attended 12-step meetings of various types, and one had attended a men's group. Three people had attended two different types of the above, and one person had attended three. After the grief recovery group, only four people were in groups or therapy. The one person with no prior therapy experience went into individual therapy "because in the group you realized the compassion that's there so maybe for that reason I did know that counselors were more experienced in helping me in what I was going through". One person continued their previous treatment, one person who had been in marriage counseling in the past went to a men's group, and one person only revisited a men's group without rejoining. No one reported they went to any further treatment due to issues that arose in the group.

Question # 10

10) Do you feel you have changed in any way? What has changed or in what ways?

With the general question, do you feel you have changed in any way, I received a unanimous "yes". All except one person was very articulate in ways they felt they had changed. Among these there were common themes. Four of the eight people used the word "awareness" to describe a change they experienced. The increase they felt in their awareness revolved around, not only their inner experience but how they experienced others. "The group raised my awareness of how I respond to things, and how I can make a decision to respond differently". Three people reported that the group gave them the "tools" that enabled them to make changes in their lives. It helped by "actually having tools to address issues in my life that were holding me back". Two people directly stated an important change was "to feel every part of what I was feeling and just to allow that to be there", while several others indirectly reported similar things. Other changes mentioned were changes in their emotional state. Three people felt "calmer", less fearful, and less "anxious". "I've changed. I'm not anxious as much, I'm doing regular exercise, and my spiritual life is much deeper". People also felt more able to understand other people, listen to them, feel compassion and assist people in their grief. "I look at people differently. I've looked at past years. I ask questions and I wait for an answer."

Question # 10ab

- a) Have you noticed any change in the way you think about things in general?
- b) Has your concentration and/or memory been different since you completed this group??

After asking a general question about change, I followed up with a series of specific questions about changes. All felt the group changed their thinking in some way. They were able to think about other people in a different way and they became more "introspective" and think about how they affect other people. They also were able to "let go" of feelings and situations of the past which lead to changes in their emotional wellbeing. Several people also commented in this question that they used the tools they learned in their thinking and were able to "think" back to the group, remember things they heard there, and know that there was support available.

“Grief can be very distracting”. This can affect many areas of people’s lives. One area that was looked at was concentration. Around the time of the loss and prior to the group at some point, six of the eight interviewees found difficulty with concentration in some form. “It took longer to do things. I didn’t think clearly. I wasn’t processing as well.” Those six did experience a change after the group. “Now I feel I’m back to normal. I can deal with all those routine daily pressures”. “I’m able to think about a problem and get to the core of it more quickly than in the past.” “With each successive relationship that I work on in grief recovery that (“preoccupation” and decreased concentration) lessens and lessens more because I’m freer to think about one relationship, and I’m free to let them be.” “During the group my memory just kind of opened up when I actually started thinking and I remembered things that I hadn’t remembered in years, and now after the group, because I dealt with a lot of those things, they are just part of what makes me who I am at this point.” “I realize that I was more calm, more serene and less scattered. I could focus much better.”

Question # 10c

- c) Since you have learned a different definition for grief, and learned about myths of dealing with grief, do you now experience your grief (your past grief and any new grief)differently? How?

People experience grief in many different ways. Most people learn about grief, what they ‘should’ or ‘shouldn’t’ say or do as they grow up. Often the messages that people receive are indirect, however, they learn them well. Many times the overall message is to avoid or try to fix the grief. This leaves most people unaware of how to deal with grief when a loss occurs. The first several sessions of the group are spent learning about general, as well as personal, definitions and ‘myths’, in other words, what they have been taught, about grief. They are then given an alternative definition and the ‘myths’ are discussed and corrected. One of the eight people had a loss that occurred during the group, two people reported a specific loss after the group, and the rest alluded to further losses. All reported different ways of dealing with both new and old grief. One interviewee was not asked this question by error of omission. “I’m more aware of it as soon as it occurs.” “I don’t avoid it.” “I let myself. I let myself grieve. I don’t try to be strong. I take time to grieve.” I “go back to that book and do some of the steps, do a graph, write a letter to them, express my feelings and talk to somebody about it, and I do that, and I am able to survive these things”. It makes “grieving a little more complete”. “Grief recovery program has been very helpful and will continue to be in future losses.”

Question # 10d

- d) Has the group impacted how you express your feelings? (all types of feelings)

One theme that appeared through out the interview in many different questions was how the group helped “allowing you to feel what you felt.” It seems to have helped people be comfortable having their feelings. “I ’m more willing to feel sadness”. “I’m much more at home with my emotions since the group.” Several people talked through out the various questions of a previous tendency to “stuff” their feelings and the group has given them “permission” to feel them. “I don’t stuff them anymore. I’m not ashamed to have someone see some tears in my eyes”.

This question, even though people addressed the comfort of having feelings, asked about expression of emotion. Two people felt they were already “pretty expressive, emotive” and did not feel the group changed their expression of emotions at all. The remaining six felt significant differences in their ability to express their feelings after the group. “I’m more able to express my feelings now.” They included all emotions, not just grief or sadness. I “feel more freedom to express what I really think and feel and that means in every area of my life”.

Question # 10e

- e) How was your general health before your loss and then after your loss (1-12 months)? How was your general health prior to starting the group, during the group and now after completing the group? Any specific physical illnesses, pain, or symptoms?

Part of 11) Describe your sleeping and eating habits prior to your loss, after your loss, and then prior, during and after the group?

It is known that ‘stress’ can impact people’s health, appetite and sleep patterns. This question was an attempt to understand the impact grief, and then going through the group, has in these areas. All but one person noticed changes in all these areas. Several commented that they were not sure if they directly attributed the changes to the group, however, the changes were temporally related to completing the sessions. “I do feel it has impacted my health” Before the group “I reacted to everything very more extremely than I ordinarily would.” The symptoms that people reported occurring at the time of the loss or thereafter are varied. “I had more symptoms, you wouldn’t believe”. A list from all interviewees include “vague symptoms, pains, palpitations, high blood pressure, cholesterol, obesity, rejected corneal transplant, twitches, horrendous back spasms, a heart attack, headaches, fatigue, a pinched nerve,” and an “infected hangnail that I ended up having surgery and a hospital stay for where I had antibiotics. It got re-infected, didn’t resolve.” Other symptoms included depression and anxiety. There were “short periods of time of the anxiety and not eating at loss time”. I had “panic attacks for the first time, I don’t have them any more. Now a little anxiety from time to time.” “I used to have terrible nightmares before the group and it did get better after the group, the nightmares stopped happening”.

Some people were able to describe what aspect of their health improved after the group. “Headaches have really diminished”. “I get exercise”. My “blood pressure went down”. “My health has improved”. Several people were not able to recall their sleep and appetite patterns during the loss or the group. Several others described “during the loss it was difficult to sleep and I didn’t really have a lot of appetite. Now I’d say sleep habits are good and eating pretty well.” (See Table 3)

Table 3**Reported Health Effects:**

“My health has improved”

- ◆ Decreased Headaches
- ◆ Decreased Blood Pressure
- ◆ Decreased “vague” symptoms
- ◆ Decreased Pain symptoms
- ◆ Decreased Incidental symptoms (leading to infection, time in hospital, accidents, health care utilization)
- ◆ Decrease Nightmares
- ◆ Decrease Panic Attacks
- ◆ Decrease Anxiety
- ◆ Decrease Depression
- ◆ Improved Concentration
- ◆ Improved Sleep
- ◆ Improved Eating Patterns
- ◆ Improved Exercise Patterns
- ◆ Improved Compliance

** Due to the small sample size, this all need further study to examine true correlations to the effects of this group.

Question # 11

11) During the group you learned about and identified STERBS (short term energy relieving behaviors).

Could you tell me about your STERBS and how they changed during the course of the group? (*The following is for me to discuss with them as relevant*)

Substance abuse history: (please list frequency and last use)

[Since the group, prior to the group, at the time of the loss]

- a)alcohol b)tobacco c)marijuana d)illegal/street drugs (list type) f)prescription drug/over the counter medication g)herbal/vitamin/natural h)misuse of food

Chapter 8 in the book is about STERBS, Short Term Energy Relieving Behaviors. An entire week is spent on learning about these, identifying them, and discussing them. There are a variety of ones that are listed in the book. The list included in this question has some of the more obvious behaviors people might use to avoid uncomfortable feelings. Interestingly, despite an entire week spent on this topic, two of the 8 interviewees did not remember about STERBS in general or their own. Two people drank alcohol, two people smoked cigarettes, one person had previously been concerned with prescription drug over use and stopped, and one person identified overeating as a STERB. No one used or misused illegal drugs, any other medications, or marijuana, however one person had tried it during their lifetime. Three people identified work as a significant way of avoiding feelings. One of the “biggest STERB is work” at home, at the office, and with school work. Two people reported “watching television” and one person reported the use of sexual material. Doing the homework and discussing STERBS has helped reduce unhealthy behaviors and increase healthy ones. One person used journaling as a positive stress reducer prior to the

group, while two used it after. I have a “greater appreciation for exercise as stress reliever”. I now have “better realizations, coming to grief recovery, in terms of what I was doing in situations, relationships, and an awareness of STERBS”. “I would be more deliberate about action, I am conscious of the motives”. “Now, I’m much more balanced in terms of the work”.

Question # 12

- 12) Did you discover after completing the group that the unresolved grief had an impact in any other area of your life you may or may not have been aware of? Describe those.

This question was an attempt to direct people to think about how areas other than grieving may be affected by loss, grief, or the group. This general question was followed up with more specific questions about various relationships, job environment, spiritual beliefs, and general life views. In general, one person did not feel aware of any unresolved grief they may still have, however, with the specific questions they identified areas that resolving grief had affected. Two people reported that dealing with unresolved grief allowed their relationships to improve as a result of changes with in themselves. “I became a much easier person with which to live and that was a direct result of the group.” “As a result of what I learned, my kids and I have a good relationship now”. Five of the eight discussed further awareness of a variety of issues. “Since going through the group, I’ve been able to identify having grief” and “became more aware of more unfinished business”. “When I first did my loss history graph is when I got in touch with unresolved grief, but I always had looked at it as unresolved anger. I had to come to understand that anger was a subset of grief and loss”. I began “recognizing behaviors that I was kind of suppressing”. Gaining more awareness “has been quite a healing”.

- c) Has anything changed in your interactions with other people? How?
- d) If you still have contact with the person you worked on in your relationship graph, have you noticed any changes about the relationship with the person you have worked on in your relationship graph?
- e) Sometimes other people notice changes in us before we notice. Has anyone noticed anything different about you? What have they said or how have they indicated that to you?

One person stated, “I think grief has tremendous effect and past experiences and past life issues and things like that have a tremendous effect on how we interact with people, and how we respond to people”. All eight people found their interactions with other people to be changed. Three people felt more “open” sharing their own feelings with other people, three people felt more “compassionate”, three people felt more “patience” with others, two people felt they were better able to listen and one person felt more willing to ask questions about the other person. Two people felt less likely to try to “fix” other people’s feelings or situations, and two people felt they were better able to be “appropriate” with others and being “more aware of what I say and how I say it”. Three people felt they were more accepting of their relationships with other people. “These time lines and things, I recognize now that everybody’s got one”. “I’m looking at people now as more of a package of experiences”.

Only two people were continuing to deal with the person they had worked on in the group. They both felt more accepting and that the relationships had improved overall. None of the eight could think of anyone who directly let them know they were changed in any way. One person heard a comment, “they are amazed at how well I’ve coped with all of this and I think that it’s just because I had all that support there.”

- f) If you are working and have been during the course of the group and before, have you noticed any changes at work? What?

Of the group of eight interviewees, there were two people retired, two working part time, and four working full time. Three people noticed differences about their work, other than simply relationship differences described above. One person, who was working full time, reported being “aware of what I do with my co-workers” and “I have to tell them things where I’m at (emotionally)”. A second person working full time felt more “balanced” in their work life, and was not using it as a STERB any longer. A third person retired after completing the group. “I got more honest with myself in the group.” “It gave me permission to say no”. “I felt a lot better since I made that decision”. The remaining five did not feel that their work life had been affected.

- g) Has this group affected your spiritual beliefs/practices? How?

This group, even though it is facilitated by Chaplain Elaine Henderson, of the Pastoral Care Department, does not contain a spiritual component directly. Any spirituality is introduced by the participants, which held a variety of religious beliefs. Death, dying and grieving have been significant topics that have been addressed by all the world’s religions, less so grieving. Many people that have had a loss find that they have a change that may occur in their belief system or feelings and questions of “why”. “I had some major questions for God” but “I did not lose faith”. Three people did not feel that their spiritual beliefs changed in any way after the group. “I believe in God, I believed in God before this, I still believe in God.” One person felt more “conscious of God” and was able to “see connections” and another person felt an increase in “the depth of my prayer life”. Two people got more involved with helping other people and felt this to be spiritual for them. “It does enrich me spiritually to be involved with other people”. Another stated, I “looked more honestly at the effects on me as a child, religion and how some of that I’m still carrying with me, but wasn’t quite as aware of it until I really got in.” My “spiritual life has been very affected”.

- f) Any changes in your life, your view on things, how you react to situations or people, or any thing else that you notice to be different since attending this group?

Most people answered this question by repeating things they have already stated and had found important to them. “I feel far more freedom to express what I really think and feel and that means in every area of my life.” “I don’t react as rapidly to things. I think about what I’m going to say before I say it. I’m a much calmer person. It’s

amazing”. “I’d say the group enhanced the path I was already on and freed me up to do it, to get through the grief that was too hard to feel.” “With each successive relationship (graph), I whittle away at a little more, I’m just a work in process”. “As things come up I am able to recognize that it is an issue I need to deal with and I am willing to do that because I have the tools to do that”. “I know if I have a loss in the future, I may have to go back to my book and review but the steps are there in terms of dealing with the loss and that’s something I will always have and will always be helpful.” “I think it changed everything in my life”.

Question # 13

13) A lot happens during this group in different ways. Do you feel you learned anything new/different? What? Do you feel you would use anything you may have learned in this class anywhere else in your life? Do you think you may utilize any of this information in the future?

This question is another way to ask many of the same things that were already asked. There was some redundancy in the questions on purpose in order to help people think about things from different angles, giving them opportunities to fully share their thoughts. It also helps check the reliability of the responses. Except for one interviewee that felt the group “just affirmed things I already knew”, all others felt they learned something different. The learning experiences ranged from how to relate to other people, to learning more about themselves, to learning the specific tools of the program. “The whole concept was something entirely new”, “ the information from the book and the process itself.” “I learned that I’m not an oddball for having these feelings”. I learned “how grief is the same and grief is different for each person and to recognize that each person has the right to grieve whatever way you grieve and maybe not grieve.” “I learned there are an awful lot of people out there that have trouble to deal with every day things”.

All interviewees reported that they already use things they have learned in the group in their lives in a variety of ways. “I use it all over the place”. “I’m not afraid of using the word ‘die’ anymore instead of ‘has passed away, has passed on to a better life’.” “I think I’m a little more realistic about things and empathetic at the same time.” “I’m approachable”. “I don’t know an area that the grief recovery has not touched in my life. I look at it as it’s all about relationships.” “Most of the relationships that I have, I think I have them in the proper perspective”. With “the tools that I learned, I am actually able to complete a relationship without feeling like I had to just eliminate that person from my life or feel like they no longer existed”. “I recognize that the things that I tend to bury are better off not buried, just cry about it, deal with it”. I can say, “I dealt with that, I really honestly dealt with that”. “I think grief recovery has in fact impacted every area of my life, not just work but I mean across the board”.

Question # 14

14) Do you feel that this experience had an overall positive or negative effect on you?

By this point in each interview, the answer to this question was obvious; however I asked it as written. “You guess....Very positive.” All eight simply stated the word “positive” with a few additional comments. “The most positive effect of any program I have ever gone through before. It’s amazing what’s it’s done for me. It’s amazing what it has done for my home life. It’s amazing what it has done for me inside. It’s amazing how little guilt I feel.”

Question # 15

15) Would you consider retaking the class, attending another type of group, or going to therapy/counseling? Do you feel the need for any further help, support, or guidance as a result of this group?

The issue of therapy was addressed in question #9. This question was asked during the interview and the response was given based on the first part of the question, ‘would you retake this class’. Five out of eight stated a definite yes. “I think it’s good to be able to have contact again or be able to go through the process again with someone else for that accountability.” “My graph changed from the first time to last time, my life graph. I remembered more things”. “I think it was really positive to read my letter in front of people, to share my graphs with other people. I did it at home, I worked on it, I looked at it, I sat there with it, I’d done the task, but it wasn’t until I shared with other people that it really had an impact on me”. One person reported a ‘maybe’, and two people said they would not take it again. However, these two people each had reasons that they might be persuaded to retake the class; “to help someone else through it” or if they again found they really needed it themselves. “I don’t feel the need to re-take the class. Do I remember everything in there, no but I have the book at home and I sometimes refer to it when I’m going through a difficult period and it’s helpful.”

Question # 16

16) Would you recommend the group?

During the first interview, a second part of this question emerged that was consistently asked through out all interviews. The second question became, ‘Is there anyone that you would not recommend the group to?’ This was a thought provoking question for some. The first question of recommending the group met with rapid answers of “I do all the time.” “I push it as hard as I can.” “I have, very many times, yes.” All eight responded in this manner. Interestingly, everyone put considerable thought into the question about who not to recommend the group to. Three people thought of three categories of people they might not recommend the group to. The three groups of people are; 1)“somebody that has a good balance in their life that has a emotional and spiritual grounding and know how to cope.” 2) “Somebody who is right in the midst or immediately after the loss.” However, this person realized this did not fit with their experience since their loss occurred during the group. 3)“I would not recommend it to a person that

is not willing to face their pain; that's kind of an oxymoron". "But if someone is not ready to deal with the issues, it's no use pushing it, they are not willing to look at themselves and be honest". It was also noted that this group might be too much for children, however, due to all the pain and loss that occurs in the lives of children, the group is "embarking on doing it now for teenagers." The Grief Recovery Institute is also beginning to construct groups for children and John W. James and Russell Friedman have written a book, *When Children Grieve-For Adults to Help Children Deal With Death, Divorce, Pet Loss, Moving, and Other Losses*. This came out of working collaboratively with Dr. Leslie Landon Matthews who did a doctoral thesis on children's grief process in December of 1998. Five out of the eight stated "there is no one that I would not recommend the group to. I would recommend the group to anyone"

Question # 17

17) Are there any additional comments you would like to share?

All but one person had additional comments to make. One person had some feedback on how they would improve the group. There would be two things they would do differently, "wouldn't end it with a group hug, I'd just take it out and make it smaller." This was based on their own personal feeling as well as some observations that other people weren't comfortable with the 'hugging' and that there were other people that wanted more time to share their stories and the time ran out. These would be interesting follow up questions for a further study involving a larger study group. The remaining seven people had a variety of different comments about the group itself, the process, their lives, or the changes that have occurred. "I did have my daughter go through it". "She was not sure how to deal with the whole death issue with her daughter. I think she found that helpful as well as help going through the process". "I think there are a great many people who could benefit tremendously from this group". "I feel more comfortable, and I feel more at ease with who I am as a result." "To share, it has really enhanced my life."

"It was really nice to have a mixed group (men and women); It felt that it was more of a human experience than just gender experience". "I would love to see the group expand. I don't think enough people are aware of it." "It's a process. I think grief recovery was a gift that people need to take as they would a Christmas present because, for most people, it will be the first time they can concentrate solely and completely on them."

Discussion


This qualitative study indicates that attending the **Grief**  **Recovery**[®] Outreach Program is an overall positive experience that affects several areas of people's lives. People experienced change in their ability to express emotions, their relationships with others, their ability to listen and understand people, and their ability to gain new perspective. They also found new ways to deal with grief and cope with other issues in their lives. They found that the 'tools' that they learned in the group have continued to be helpful in their life and their interactions with other people. They feel more 'connected' to other people and feel that support is more available to them. (See Table 4)

Table 4
Change

Gained perspective on situations
Better concentration
Improved appetite and sleep
Healthier lifestyles
Improved interpersonal relationships
Easier to identify emotions
Better able to express emotions
Feel better able to 'cope' and support themselves
Gained 'awareness' of themselves, both their internal state of being and relating to others
Able to listen better
Feel able to help others
More compassion
Recognize grief easier and quicker
Deal with grief more 'completely'

People overall found that the size of the group, small being better, mattered in feeling safe and being helpful. They also reported that the assignments, including the reading and writing were helpful but the process of reading out loud assignments, called narrative in the literature, had a significant impact on the healing process. They discovered that in the process of doing the different steps of the different graphs, they developed a better 'awareness' of their history, their losses, their behaviors, and their patterns. They also learned ways to effectively cope and/or change some of the things they discovered.

It is interesting that everyone in the study reported some form of emotional abuse but the other forms of abuses were variable. It appears that emotional abuse has some role in the process of grieving. This was not expanded on in this study but future research is clearly needed to understand the role that emotional abuse has in grieving.

The limitations of this study were sample size. However, due to the fact that this is a qualitative study that is intended to identify trends for further exploration, I believe it is adequate. It also had a skewed sample of Caucasian subjects. This limits any generalizability and potential inference into cultural differences.

The study also has only been analyzed from one angle at this point in time. It will be interesting for further analysis to be completed on comparison between various subgroups within this study. For example, comparing the groups of people that had distant and more recent loss and understanding the impact of the group on these cohorts.

There is also a potential selection bias based on who chose to respond to our initial letter of invitation. It is possible that only those people that had a positive outcome chose to respond and enter the study.

The strength here is that this study reports, in the participants own words, very compelling language of how this group helped them in their grieving process. “It saved my life”, “It changed me”, and so on. They were also fairly articulate in describing how they thought the group affected them and what changes they experienced. I have also had opportunity to talk to many more people about their experience of the **Grief ♥ Recovery**[®] Outreach Program and anecdotally, all the stories I have been privileged to hear have echoed what has been found in this study. I also have several therapy patients that have gone through this group and I have noticed the significant impact it has had on their development in the individual therapy sessions.

In conclusion, it is clear from this study that at least a subset of people, if not a high percentage of all people, benefit from participating in the **Grief ♥ Recovery**[®] Outreach Program. It not only helps to provide a new way of understanding and coping with grief, but it also impacts other important areas of their lives. These include relationships and emotional expression. It is also apparent in this study that smaller groups allow for a feeling of ‘safeness’ and that having some structure, assignments and sharing a person’s story, completely, are important components of this group. More analysis of this data as well as future research to clarify some of the issues brought to light here, will be helpful in validating the effectiveness of this group as a treatment option for people who may be grieving, whether the loss is recent or not and despite the type of loss it is. It is my hope that the current study has raised awareness and questions in the minds of clinicians and anyone who deals with grieving people.

Summary:

- Understand and cope with grief in a new way
- Impacts important areas of people’s lives in a positive way
- Helpful aspects of the group include small size, writing assignments, and most importantly, speaking and telling a person’s story uninterrupted

I would like to thank all the people who gave their time
and allowed me the privilege to listen to and understand their process of change.

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My impressions of the Grief ♥ Recovery® Outreach Program

April 7, 2004

I first heard about the **Grief ♥ Recovery®** Outreach Program from Dr. Varley over one year ago. This program, given worldwide, is also given at Saint Thomas Hospital. Dr. Varley asked me if I would be interested in doing research on this group. He told me a small amount about the group and if I wanted to find out more about it I should talk to Elaine Henderson. So started my journey.

Since I am interested in group process, recovery issues, and emotive work, i.e. grief and other feelings, I found this idea intriguing. Elaine told me only a little bit about the group. She suggested that I attend the group and experience it myself. Since I have personal life experience with groups, I did not hesitate and even looked forward to doing some further introspective work on myself. My experience with the group was more than I expected.

Prior to beginning the group a person is asked to call for a brief intake. I did the entire process so I also called, actually, I spoke with Elaine in my office. One question asked is which loss I would work on in the group. Since I saw this as preparation for research I struggled to decide what loss I needed to work on. I settled on the loss of my grandmother which occurred in 1985. I began the twelve week group process in January of 2003. The first couple of groups are educational groups that look at our definitions, myths, perceptions and how we deal with grief. Every week at least one chapter is to be read in the book, written homework is done and shared with your small group. The first half of the twelve week sessions were fairly non-threatening. As we reached the middle section we were to make a loss history graph which began from our birth. Loss was defined more broadly than simply death or divorce. It included any change that resulted in feelings of sadness or even ambivalence. Therefore my graph was longer than I had expected. Not only did we have to make this graph we had to share it with the people in our small group. We did this by telling the story without interruption or response from the others. This was surprisingly uncomfortable for me. I have told my story many times either in twelve step groups or in therapy sessions. Somehow this was different. Was it simply that it was about grief? Was it that no one was responding? Was it the idea that I felt I was there for research rather than personal issues? Was it lack of feeling safe? Was it because I am a “doctor” and I wanted to keep my story private? Was it fear of being “found out”, meaning not perfect? Was it concern for possible doctor\ patient relationship issues? Was it my fear of “losing it” and having emotion in front of peers? Or maybe it was a combination of these and others I have yet to think of.

Also at this time I needed to decide what loss I was going to work on with my relationship graph which was the next step. This created great anxiety in me. I was confused. I didn't understand why I was confused. I had told Elaine at the beginning I was here to work on my grandmother. However this did not “feel” right. I again spoke to Elaine. For days after completing my loss history graph my mind found ways to remember an unfinished painful relationship that I experienced at the age of nineteen. I tried to continue to suppress this memory without success. Ultimately this relationship is what I worked on with my graph. From this point forward the group became very

difficult for me. Making the graph was difficult because I did not want to remember. Telling the graph in group was even more difficult because I did not want others to know and I did not want to remember. I also felt tremendous anger. We spent two weeks telling graphs so that everyone had enough time. I refused to do mine in the first week which is unlike me. I truly felt that I could not say these things out loud. I felt support and caring from my group but I also felt pressure to comply and do what every one else had done. I was told how helpful this would be but my anger was making it difficult to imagine this. However I did tell my story of this relationship in a short and angry version. I was afraid to cry, I was shaking all over while telling the story, my anger was so big and scary to me, that I know I held back which is not what ultimately helps me heal. I cannot say I felt better after I told my story. The next couple of steps consisted of writing amends, forgiveness and significant emotional statements which then are put into the form of a letter to the person. I had no trouble with the emotional statements. They consisted of “I am angry...”, “I hate you for...”, and not much more than that besides a long list of those. The amends consisted of the pain I created for my family. No amends to him. Forgiveness also consisted of a few things involving my family, but to imagine forgiving him was unimaginable for me. My anger, even rage was great.

At the end of the twelve weeks I felt that I had helped more people in my small group than I was helped. I, on the other hand, simply felt an old wound was opened, I felt pain and anger. I have been in therapy on and off for years. I never discussed this relationship. I was also currently in therapy at the time of this group. I was able to realize that the unresolved issues around this relationship have affected my entire life and were continuing to affect my current relationship. My anger was so great I could not even give voice to the name of this man. I worked in therapy on my anger, rage, and pain. Over the next nine months I felt my anger and pain diminish. Through this process I have been able to forgive him, take ownership of my responsibility in the relationship and make amends, and even heal some family relationships. My primary relationship improved, my work with patients became even better, and my internal state of calm and peace began to manifest. Today my life is the best it has ever been. I feel grounded, centered, happy, fulfilled, and at peace. I feel that the burdens of my past have been lifted. Eventually I would have probably dealt with this in therapy however, because of my experience in the Grief Recovery Group this painful issue was brought to my awareness at the exact right time for me to face it and put it to rest. I was able to ‘grieve’ this relationship and the pain and loss it has created throughout my life. Without this group it is uncertain when or if this would have occurred.

Knowing the background of my story and my experience with the group I will now talk about my experience with interviewing other people about their experience with the group. At the beginning of the summer I began discussions with my research team, several months after the completion of the group. At this time I was still very angry. It was during the summer that I began to develop my set of questions for the interviews. As I developed questions and shared them with the team it became apparent my questions were biased with anger. I had developed questions searching for someone with a similar experience to me. I was aware that many people in the group that I attended had a very positive experience however I felt ambivalent about my experience. Over time and with the help

of the team questions were developed that were directed simply at people's experience, process, and possibility of their change.

Once this was finished I took the project to Summa Health System's IRB and it was promptly approved. I then ran into my first few challenges that accelerated my learning curve. I had created a budget for transcription however did not include postage simply because I had not planned for how I would invite people for an interview. I learned how to use an account, how to use the mail room, and how important a knowledgeable, helpful, and reliable secretary is. I also spoke with the author of the book, which was an experience in itself. This led me to learn about copyright laws and dealing with our law department.

I also was able to learn more about ethics, anonymity, and confidentiality by talking with Elaine. She wanted to first write a letter to the attendants of all the groups that had been given, informing them that they will be receiving a letter from me and giving them an option to not be contacted. This created for me an opportunity to look at another issue for me. This was balancing trusting someone I know and like and work with, with objective issues of research, including bias. I was able to do some supervision around this issue and even talk to Elaine about it. This was a lesson for me of combining personal feelings, with work and politics. She sent this letter, only a few people opted not to be contacted, and I followed up with a letter to the remaining people explaining the project briefly and inviting them to contact us if they're interested in being interviewed.

I sent 312 original letters and I received 93 back. I then spent time with Elaine and we randomly selected fourteen names. We looked at these names to be sure we had a heterogeneous sample. We did not so we selected several more names randomly until we had fourteen which included various genders, socio-economic, and ethnic backgrounds. I then sent another letter to these fourteen inviting them for an interview, as well as a letter to the remaining people letting them know that they were not selected however they may still be selected up until April 1. Of the fourteen several made an appointment but my target was eight to twelve interviews and I did not have this many. Therefore I sent an additional six letters to invite people for an interview. Of the total twenty letters I sent I interviewed eight people beginning December 30th 2003 and going through March 8th 2004.

The experience with interviewing was interesting, insightful, and enjoyable. All eight people came to my office at Saint Thomas Hospital psychiatry department. They had an individual research number if they chose to use it to remain anonymous however all eight chose to use their name when checking into the office. They waited in the common waiting area for the department, I call them by name, introduced myself, and offered them coffee or tea to drink prior to beginning. We then sat in my office, reviewed the informed consent which they had already signed and read over in the waiting room, and I asked if they had any questions prior to beginning. Uniformly no one had any questions about the informed consent. I then explained we needed some basic information for the study, explained the demographics form, left them alone in the office to fill out this form while I went to get their drink. When they had completed the form we proceeded to the formal part of the interview. I did not review this form at

this time. I had two audio cassette players already set up on the desk prior to their entry into the office, I explained that these were part of the research in order for accuracy and so that I could give my full attention. At this point I turned both recorders on. No one seemed to have any difficulty with the recording. I explained that purpose of the interview, confidentiality, and began with an open ended question about their experience.

The following are my reflections prior to looking at the written data and approximately one month following the conclusion of the interviews. All, but one person, were very ready and willing to give information. They even seemed eager to expound on their experience and their story, as well as their loss. All except for one person took time to consider each question carefully and gave a thoughtful answer. The one outlier also gave good information however seemed more guarded in their responses. Their responses were not as in depth, were shorter in length, and were often one word answers that required further questioning to get adequate information. Thus this interview was quite short. One other person interviewed also seemed to differ from the rest of the eight. This person seemed to be more neutral about the group and their outcome. This person felt some ambivalence about the group and did not feel a personal change. The reason they cited for this was that attending the group was not their idea and they felt judgmental. They would still recommend the group to others. The remaining seven people over all had a very positive experience with the group.

The seven remaining people that had a positive experience and felt in some way changed, had many things in common to say. My overall impression is that there are several common themes. First, people found writing down the loss history and relationship graph to be very helpful and found out some new things about themselves or their history. Uniformly they all felt that actually speaking and telling their story to the group, whether it was one of the graphs, the components, or their letter, was the key factor in feeling some type of resolution or change in this group. They varied in how they felt after they had spoken their story. However, uniformly they all felt that they now we're able to identify and express feelings more easily. Second, the changes that occur for these people generalized throughout their life. Two common changes were identifying and expressing feelings which then allowed relationships to heal or become closer and the ability to deal with grief in a new way. There were some people that even had a new loss since completing the group and they found that their new skills, knowledge, and way of thinking helped them cope and manage with the new loss. They found that the feelings of grief did not interfere with their day to day life as they once did. Several people reported that they have used what they've learned in this group to help other people in their grieving. All eight people would recommend this group to anyone else and all have. Only one person could think of a group of people they would not recommend the group to. That group was children. Other people thought children would benefit from this group.

There were a variety of other things that people were able to report during these interviews that were very interesting. They included previous group experience in relation to how comfortable they felt sharing their stories, hugging, and how quickly they felt safe in the group. No one of the eight had thoughts of self harm, harming others, or dropping out of the group. No one felt like they needed further help dealing with any issues brought by the group.

It is also interesting to note that many of these eight people did not remember the three “ rules” that were presented at the beginning of each group, nor did most people remember their STERBS, which a whole chapter and week were devoted to. None of these eight people had significant problems with substance abuse, food, or abuse history. Many people also had difficulty recalling their sleeping and/or eating habits and if they did recall they were quick to qualify that any changes were not due to the group. The losses that people experienced varied in type, proximity to the group, and whether the loss was the one they actually came to work on or not. Some people had a single event while others dealt with ongoing issues. Many of these eight people now have come to know Elaine very well. Several of these eight people have even become facilitators of groups.

The above is simply a brief summary from my memory of the interviews of these eight people. My experience was different in many ways from their experience. However the changes that ultimately occur are very similar. Whether this group is for everyone remains to be seen with further studies. However the suggestion of this qualitative study thus far is that even though people experienced the group in different ways and have a different process, the ultimate outcome is a positive one. I believe there is no one that does not qualify to join this group based on the definition of grief given here. The people that I have come in contact with that went through this group have experienced significant changes in their inner serenity, how they deal with their surroundings and people in their life, and how they deal with situations that arise now.

I am grateful to Dr. Varley and Elaine Henderson for approaching me with this incredibly important research project and giving me the opportunity to experience it for myself. I am also grateful to John Engel and Lura Pethtel who will be guiding me through the official analysis of this data.