

Running head: TRANSFORMATION OF GRIEF THROUGH MEANING

Transformation of Grief through Meaning:  
Meaning-centered counseling for bereavement

Paul T. P. Wong

Trinity Western University

Draft version of the published chapter:

Wong, P. T. P. (2008). Transformation of grief through meaning: Meaning-centered counseling for bereavement. In A. Tomer, G. T. Eliason, & P. T. P. Wong (Eds.), *Existential and spiritual issues in death attitudes* (pp. 375-396). New York, NY: Lawrence Erlbaum Associates.



*Summary Statements*

1. This chapter clarifies the nature of grief and bereavement.
2. It reviews major theories on grieving and examines the role of meaning.
3. It presents the meaning-management theory of coping with grief.
4. It introduces meaning-centered counseling (MCC) and shows how it can be applied to grief counseling.
5. Finally, it discusses the positive transformation of grief as being part of positive existential psychology, which injects the research of positive psychology into existential psychotherapy.

Key terms: resilience, grief, bereavement, death attitudes, death acceptance, loss, coping, meaning-reconstruction, existential coping, religious coping, spirituality, meaning-centered counseling, meaning-centered narrative therapy, post-traumatic growth, logotherapy, existential psychotherapy, positive existential psychology, positive psychology, purpose, faith, hope, tragic optimism, grief counseling

## Introduction

Grief is an inevitable, universal experience, more commonly experienced than death. So much of life is about loss. Going through life is to endure a series of losses, which include the loss of health, roles, identity, homeland, and loved ones through betrayal or death. Grief is the normal emotional response to loss, a response all too familiar to us. This chapter focuses on bereavement grief and its transformation through meaning.

As we grow and age, we grieve the yesterdays and all that entails - the lost loves and missed opportunities, the good friends and broken relationships, the gains and the losses, the good times and the bad. We remember, therefore, we grieve. But in grieving, we relive what has been lost in time and space.

Our capacity for anticipation creates another set of challenges. For every relationship, there is separation. For every beginning, there is an end. For every embrace, there is a goodbye. We can anticipate death for ourselves and for our loved ones. We can feel the pain and void of anticipatory bereavement. Thus, we mourn for tomorrows as well as yesterdays.

The first important thing about bereavement grief is that it is importantly based on bonding: the stronger the attachment, the greater the grief. Since it is not possible to avoid all relationships and attachments, there is no escape from grief. We all have experienced bereavement grief. Children's first experience of bereavement grief may come from the death of their pets, or the death of a grand parent.

Those blessed with longevity are burdened with multiple losses as they outlive their friends and loved ones. Those who strongly cling to their love as if their life depends on it would also suffer intensely when they lose them through death or separation. The

experiences of bereavement grief vary from one individual to another, because it depends on the unique nature of the relationship, past history, as well as one's attitudes toward life and death. However, in spite of these individual differences, there are some common processes. This chapter will examine the processes that contribute to good grief -- the potential for personal growth and positive transformation through grief.

Grief is such an intimate and yet strange wasteland. Even though we are well acquainted with loss, we still do not know how to face it with ease and equanimity. Part of the problem is that it is difficult to separate death anxiety about one's own mortality, and worries about financial consequences from grieving the loss of a loved one. The impact of grief can be very intensive and extensive, because it touches almost every aspect of one's life.

The battle against postmortem grief is often fought on two fronts - internal and external. Internally, apart from the emotional tumult, mental disorientation, and flooded memories, the death of a loved one may also trigger an existential crisis and a spiritual quest. Therefore, religious and philosophical beliefs play a role in the grieving and recovery process.

Externally, the bereaved often has to take care of the aftermath of the death of a loved one and cope with the many demands of life. Funeral arrangements, settling the estates, taking care of the personal effects of the deceased, dealing with relatives and re-igniting past conflicts are all concomitant stressors. Another external source of stress comes from colliding cultures. Conflicting cultural prescriptions for funeral rites and mourning rituals can become a fertile ground for conflict, especially when family

members involve inter-racial marriages and different religious practices. Thus, death may divide rather than unite the family.

### **The nature of grief**

Strictly speaking, grief is more than an emotional reaction to loss. It also involves a complex pattern of cognitive, existential, spiritual coping processes in reaction to the disintegration of existing structures of meaning. This loss of meaning with respect to relationships, life goals, and daily living creates an existential crisis. To the extent that death of a significant other disrupts one's continuity with the past, grief also entails existential struggles regarding the meaning of one's own identity. From this broader perspective, grief work necessarily involves the transformation of meaning structures.

### Grieving versus mourning

Although grieving typically refers to our emotional reaction to loss, it actually involves the adaptive process of our entire being - affective, cognitive, spiritual, physical, behavioral, and social. In order to regain our equilibrium and refill the void after the loss of a loved one, the adaptive process can be elaborate, complex, and prolonged. It may last for years, even a lifetime. Grieving may involve most of the following responses:

- Yearning and pining for the deceased
- Enduring disorganization and disintegration
- Coping with the aftermath and changes
- Reorganizing our lives and routines
- Reviewing events surrounding the death
- Working through inner conflicts
- Seeking reconciliation

- Sorting out confused and conflicting emotions
- Expressing and sharing our feelings with others
- Reaching out for help and social support
- Finding ways to alleviate the pain
- Transforming the pain to creative works
- Questioning our own self-identify and life purpose
- Discovering new meanings for the loss and suffering
- Nursing and healing the wound
- Trying out new things and new relationships
- Re-examining one's own identity
- Revising one's own priorities and life goals
- Integrating the loss with the present and future
- Attempting to move forward in spite of the wound

Mourning on the other hand typically involves the expressing of grief, either privately or publicly, often according to cultural prescriptions. Mourning tends to be a shared communal experience. By observing religious rituals together at funerals or memorial services, the burden of grief is lightened, and the significance of the loss is recognized.

Mourning serves the adaptive function of extending comfort to each other. The outpouring of collective grief can be a powerful source of comfort to the bereaved, because it conveys the message that the deceased has not lived and died in vain and he or she matters to others. A period of mourning, which varies from culture to culture, facilitates grief work. Grief can become complicated and prolonged without the benefit of

publicly acknowledged mourning. In traditional Chinese culture, mourning can go on indefinitely, when it becomes part of the ancestor worship; the offspring would burn incense, offer food and paper money to their ancestors on various occasions each year. Such rituals provide perpetual opportunities to remember and honor the deceased.

#### Common themes in responding to loss

In spite of the individual differences, grieving responses generally fall into the following general categories:

- 1. Denial and avoidance:** We resort to all sorts of defense mechanisms, such as suppression or repression. We carefully avoid every reminder of our loss. We seek asylum in a bottle or a pill. We seek escape through work or love. Even when the very foundation of our lives is crumbling, we still refuse to face the reality of our severe loss. We try to convince ourselves that the pain will eventually go away. But a prolonged state of denial can only make things worse. Grief may evolve into post-traumatic stress disorders (PTSD) or some other forms of adjustment difficulties.
- 2. Endurance and rumination:** We drown ourselves in sorrow, and make life unbearable for everyone else. We may even delight in becoming victims, because masochism helps reduce survivor's guilt. In some cases, the loss is so traumatic, so severe that the only energy left is to passively absorb the unrelenting punishment. We savor the excruciating pain and let our wounds fester unattended. We are obsessed with regrets and past failures. We become the walking dead.
- 3. Anger and aggression:** Our inner pain becomes uncontrollable rage. We lash out at everyone or channel our anger toward those responsible for the death of our loved one. We ask for blood, for justice. Rightly or wrongly, we believe that only

revenge will ease our unbearable pain. Witness the conflict in the Middle East. The escalating cycles of violence are fuelled by incessant waves of anger over individuals killed. Each funeral becomes a rally for revenge.

**4. Meaninglessness and hopelessness:** The loss of a loved one often creates a sense of meaninglessness and hopelessness. An untimely and unexpected death may also shatter our assumptive void. The bereaved maybe troubled and crippled by a profound sense of meaninglessness and hopelessness. Depression and bad grief may set in. However, in most cases, the bereaved would struggle to make sense of what has happened and to reconstruct basic assumptions in order to accommodate the loss in building a new future.

**5. Transformation and growth:** The painful experience of grieving provides a unique opportunity for self-discovery and personal growth. The basic process involves some fundamental re-organization and transformation of our priorities and belief-meaning systems, but the steps may be painful and torturous, often involving some elements of the first three types of grief reactions. The process may involve a variety of strategies and practices, such as mindful meditation, spiritual pursuit, and a change of life goal.

If we remain stuck in the first four categories and are unable to function for prolonged periods of time, we may be showing signs of pathological grief.

#### Normal versus pathological or complicated grief

Normal grief is supposed to be resolved within two years, while complicated grief may last for many years and involve clinical depression, anxiety disorder, psychological impairment, and other emotional and behavioral disturbances, similar to Post-traumatic

Stress Disorder. Such complicated, pathological grief requires grief therapy (Rando, 1993). Apart from grieving the loss, the distress associated with bereavement can also intensify and complicate existing problems such as financial, relational, and psychological. These complications, if unattended to, can severely disrupt the grieving process.

Bereaved persons may be at increased risk for adverse health outcomes. For example, a lonely and psychologically fragile person who has depended on a caring spouse for strength may fall apart when the only support was lost through death. Similarly, aging parents who have pinned all their hopes on their son to take care of them, maybe so devastated that they can no longer perform daily functions when their only son dies in a car accident. Health consequences of bereavement have long been recognized (Osterweis, 1984). Mental health providers begin to pay more attention to bereavement services to facilitate grief resolution and prevent pathological complications. Information and education regarding the grieving process, practical, spiritual, and emotional support and grief counseling can all be helpful to bereaved individuals and families.

However, we need to be careful not to pathologize grief, simply because it is protracted. More recent research has shown most do not find complete resolution; there is always some residues, especially at an anniversary or during special occasions. Rando (1988) has reported that significant temporary resurges of grief reactions may still happen for many years in normal healthy grieving. For example, the loss of a mother may be grieved by the daughter for her entire life (Edelman, 1994). But over all, there will be a decrease in the intensity and frequencies of waves of grief with the passage of time. Time does heal, but not completely.

Another reason for not pathologizing prolonged mourning is that continued remembrance of our deceased parents, mentors, and fallen heroes may provide a source of inspiration. Memorial Day and other types of anniversaries are examples of how to remember those who have made significant contributions to our lives. Memories have so much to offer. Our life can be enriched when it is rooted in history and tradition through the ritualistic acts of remembering and mourning. For example, remembering the Holocaust not only can help prevent it from happening again, but can also inspire the survivors to be more determined to live a full and productive life. According to Young-Eisendrath (1996), the resilient childhood survivors of the Holocaust "were able to do what most of us might think is impossible: to live with unresolved mourning. They pursued active and creative lives because they determined they would do so, in the face of constant reminders of their losses" (p.83).

#### Bad grief versus good grief

The stakes of grief can be enormously high. Bad grief can lead to trauma and destruction, while good grief can lead to maturity and creativity. Bad grief refers to complicated or traumatic grief, which results in adjustment difficulties or clinical problems. It can become destructive at a personal or societal level. A lot has been learned about traumatic grief from Vietnam veterans. Some of them continue to show PTSD or other forms of mental disturbance because of unresolved grief over the death of comrades and innocent civilians. However, less is known about traumatic grief from the loss of a loved one in childhood. Recent research on motherless daughters (Edelman, 1994) has shed some light on the prolonged traumatic impact of losing a mother, if children's grief is not properly recognized and treated.

Good grief is the best possible outcome of a bad situation. Even bad grief can be transformed into good grief, but it often requires faith and meaning. For instance, after losing his wife Joy Davidman to cancer, C. S. Lewis was devastated and overwhelmed by grief and his assumptive world was shattered. He lost all senses of meaning of life. With courageous honesty, Lewis documented his personal struggle with pain, doubt, rage, and fear of personal mortality and his eventual recovery in *A Grief Observed*. At the end, he was able to rediscover faith and meaning and experience growth in his soul. Listen to his poignant conclusion: "Only torture will bring out the truth. Only under torture does he discover it himself."

Ralph Waldo Emerson once wrote: "When it is dark enough, men see stars." The stars of hope and healing often reveal themselves only to those languishing in the dark abyss of sorrow and grief. A spiritual context is often necessary for individuals to maintain a sense of hope and coherence through the darkest hours of suffering and grieving. "Spirituality and religion provide the methods and means of translating meaning from an individual level to a universal or transcendental one" (Young-Eisendrath, 1996, p.92)

#### Anticipatory versus bereavement grief

Anticipatory grief occurs in anticipation of the death of a loved one or oneself. Unlike bereavement grief, anticipatory grief is not socially sanctioned. Therefore, there is some reluctance in talking about the anticipated death of a love one or one's own eventual demise. However, research (see Wong's chapter) has shown that a period of anticipatory grief can soften the blow of bereavement. Anticipatory grief also has the advantage of

enabling one to make all the necessary preparations before death arrives. More research is needed because anticipatory grief is so common and yet so little is understood.

#### Multiple losses and the accumulation of grief

On the one hand, prior experience in grieving may prepare one for future loss. Having attended many funerals, one may become blasé about death. Prior exposure to many deaths in war time or natural disasters may also harden our hearts and make us trivialize the loss of human lives. However, on the other hand, multiple losses and the accumulation of grief may sensitize one to any future loss. When this happens, one may experience death anxiety at the slightest hint of serious illness. It is an empirical question when habituation or sensitization will occur. In either case, it would be helpful to keep in mind that death is part of the fabric of life, and we need to learn how to relate to death in such a way that we are neither devastated by death nor immunized against its sting. This would call for a deeper understanding on the meanings of life and death.

#### **How we cope with grief: The role of meaning**

How we react to loss matters more than loss itself. How we are affected by the death of a loved one depends to a large extent on the meaning we attach to it. Therefore, it is not surprising that most of the psychological models have something to say about the role of meaning in bereavement.

#### Contemporary models of grieving

##### Stage models

Parkes' (1971) stages of grief includes: (a) numbness, (b) searching and pining, (c) depression, and (d) recovery. This recovery stage involves the need to revise one's assumptive world and modes of thinking. Similarly, Bowlby's (1980) attachment theory

recognizes four stages of recovery from loss: (a) shock and numbness, (b) yearning and searching, (c) disorganization and despair, and (d) reorganization. The last stage entails attempts to redefine one's identity and life's meaning.

#### Rando's process model

More recent developments switch to process models. Rando (1988) proposed a process model. Her basic ideas are: (a) the goal of mourning is to adapt to the loss of the loved one, while maintaining a connection through memory, (b) the process involves three main phases: avoidance, confrontation, and accommodation, (c) the grief process is not linear, but rather circular. According to this model, healthy accommodation is not defined by the absence of grief but the ability to accept the reality of death and move forward. (Note that Wong's chapter in this book emphasizes death acceptance as a necessary step towards pursuing a meaningful life). Rando (1993) emphasizes two processes involved in moving forward: (a) to revise the assumptive world and (b) to invest one's emotional energy in new life goals and ideals.

#### The Dual Process Model

Margaret Stroebe and Henk Schut (1998, 1999, 2001a,b) have put forward a dual-process model which encompasses both loss and restoration-oriented coping. The oscillation between these two processes reflects the bereaved person's need for meaning-making in order to move forward. The restoration-orientation includes attempts to reorganize one's life and develop a new self identity.

M. Stroebe and Schut (2001a) recognize the importance of meaning-making, but they focus on cognitive meanings which can be empirically tested. They have argued that it is imperative that first, the term "meaning" needs to be empirically defined. The

cognitions involved in the loss and restoration orientations maybe different, but they all contribute to meaning-making.

#### The meaning-reconstruction model

Neimeyer (1998, 2000) is primarily responsible for developing this influential model. Rooted in constructivism, the central process of grieving involves the use of narratives to construct the experience of loss. The model conceptualizes loss in terms of the disruption of one's narrative construction of self and one's world of meaning; there is far less emphasis on the emotional upheaval following loss. The main proposition of the model is that narratives are constructed to make sense of the loss. The model also emphasizes discourse and rhetoric provided by individuals to deal with the death. The bereaved individuals take an active part in the grieving process and in constructing new meanings for transformation and growth.

#### Meaning-entered process model

My graduate student Sherrie Mok (1996) and I first proposed a meaning-centered model, which integrates various grieving processes in the literature around the key construct of personal meaning. The seven processes are:

1. Dealing with the pain of the loss
2. Yearning for reunion
3. Coping with diverse emotions
4. Letting go
5. Filling the void
6. Confronting one's mortality
7. Reconstructing life

Although each of the processes may require different coping skills, they can all be facilitated when they are centered on one's personal meaning such as one's identity, core values, and meaning and purpose. In this model, personal meaning functions as the hub of a wheel which provides forward movement, stability, and coordination to the seven processes of coping with grief.

This model is based on the convergence of three threads of developments. Firstly, Frankl's logotherapy (1984) emphasizes that human beings cannot live fully unless they have a sense of purpose for their lives and an understanding of the ultimate meaning for their existence. Secondly, Wong (1989) has made a compelling case that both specific meaning and ultimate meaning are needed for successful aging. Finally, there is clinical and research evidence supporting the important role of meaning and purpose in the grieving process (Middleton & Raphael, 1987).

Later, I (Wong, 2002a, 2003a) revised the model, which involves four major processes, each of which follows a different path of recovery, but they can all interact with each other. The new feature of this model is the emphasis on the transformation through meaning.

**1. Mourning the loss:** This involves primarily the affective process, which begins with numbness and shock, moving through the roller-coaster ride of intense emotions, and finally settling into a subdued and serene sense of sadness. This process is not linear; however, the cycles may become less frequent and less intense. Recalling and reliving the positive moments may mitigate against the feelings of loss. Often, grieving involves many emotions, such as guilt, anger,

shame, regrets, hostility, and sadness. Clarifying emotions is part of the process.

Sorting out and reconciling conflicting feelings contribute to recovery.

**2. Accepting the loss:** This is the most basic and most complex task. To accept the finality of the loss, the process occurs not just at the cognitive level, but also at the social, behavioral, existential, spiritual, and emotional levels. Cognitive acceptance involves more than an intellectual understanding that death is final; it also requires some level of cognitive resolution to reduce instances of intrusive thoughts and ruminations. Spiritual acceptance may involve establishing a spiritual connection with the deceased and experiencing an inner vision of a spiritual union. Emotional acceptance may be most difficult to achieve when the initial emotional attachment is very strong, even when there is a replacement for the attachment. One can truly let go, only when one has achieved acceptance at the emotional level.

**3. Adjusting to the loss:** This involves the process of making a series of mental and behavioral changes to adapt to the new dynamics within the family and in the larger social network. It also involves working through personal and interpersonal issues, such as forgiveness of self and others, resolving interpersonal conflicts, and re-establishing some relationships.

**4. Transforming the loss:** This process is fundamental to recovery. It moves from struggling with the loss to incorporating it into the new reality and future plans, such as redefining one's self-identity and life goals. This process will involve reinvesting one's psychological energy, making new friends, developing new plans, and engaging in productive activities. Basically, it involves the discovery of new meanings and the reconstruction of existing meaning structures. It requires the re-

authoring of one's life story. In short, it provides not only a new perspective for the loss but also for narratives of one's past and future. I consider this transformation necessary for grief resolution, restoration, and personal growth. However, it would be difficult to experience the transformation without adopting the attitude of approach acceptance or neutral acceptance as described in the Death Attitude Profile (Gesser, Wong & Reker, 1987-88; Wong, Reker, & Gesser, 1994)

#### Empirical support for meaning-making

There is mounting evidence that individuals tend to engage in meaning-seeking or meaning-making after loss (Davis, Nolen-Hoeksema, & Larson, 1998; Davis, Wortman, Lehman, & Silver, 2000; Gallagher, Lovett, Hanley-Dunn & Thompson, 1989; Hogan & Schmidt, 2002; Janoff-Bulman & Frantz, 1997; Uren & Wastell, 2002). Bereaved elderly individuals engage in meaning-seeking as early as two months into the grieving process (Gallagher, et al., 1989). There is also clinical evidence that at the beginning of bereavement therapy, there is a need to address the meaning of the loss (Raphael, Middleton, Martinek & Misso, 1993). Wheeler (2001) reported that most parents initiated a search for meaning after the death of their child; the great majority of parents believed that their lives since the death of the child had meaning, which came from connections with people, activities, beliefs and values, personal growth, and connections with the lost child. Research also shows that it is helpful to make finer distinctions in meaning-based processes in coping with bereavement. For example, Davis et al. (1998) found evidence for both making sense and benefit-finding in parents who lost a child. Attig (2001) differentiated between making meaning and finding meaning.

Research shows that people who can recreate a high sense of purpose in life have less negative response to bereavement, and experience greater life satisfaction (Ulmer, Range & Smith, 1991). Several studies have also shown evidence of personal growth or transformation as a result of bereavement (Janoff-Bulman, 1989; Frantz, Farrell, & Trolley, 2001; Nolen-Hoeksema & Davis, 2002). According to Nolen-Hoeksema and Davis (2002), positive outcomes typically involve “a fundamental shifting of the life goals and purposes that significantly influences one’s sense of identity” (p. 599).

### **Meaning-management theory and grieving**

In view of the above review, it makes perfect sense that meaning-management theory (Wong, 2006 in this book) should contribute to our understanding of grieving. Originating from existential-humanistic psychology (Wong, 2005a, b), MMT also encompasses constructivist, narrative perspective, cognitive, and behavioral processes. While the dual-process model emphasizes cognitive meaning, meaning-reconstruction model focuses on narrative meanings. MMT recognizes the importance of both. MMT is comprehensive enough to encompass a broad spectrum of responses, ranging from attribution, existential and religious coping, spiritual quest, goal-setting, life review, and personal projects. Meaning-seeking, meaning-making and meaning-construction can all contribute to the positive resolution of grief.

Another strength of the MMT is that it capitalizes on the positive, transformative power of meaning and spirituality, which are closely related (Wong, 1998a). More recent research has provided compelling evidence of people’s resilience in coping with loss and trauma (Bonanno, 2004; Bonanno & Kaltman, 1999; Tedeschi, Park, & Calhoun, 1998). Bonanno (2004) recognizes the important role of positive emotions in extremely aversive

events. Positive psychology is paying increased attention to the role of positive affect in human flourishing (Fredrickson & Losada (2005). MMT goes one step further by recognizing that positive emotions are closely related to finding meaning and purpose (Frankl, 1984; King, Hicks, Krull, & Del Gaiso (in press); Wong, 1998b). MMT not only affirms the positive role of meaning in resilience, but also provides a roadmap for existential and spiritual quest in adverse situations (Wong, 2005b).

#### Transformation through meaning management

Elsewhere (Wong, 2006a – chapter in this book), I have described meaning management in details. Here, I want to quote the following two paragraphs to highlight the natural connection between meaning management and grief transformation:

“Meaning management refers to managing our life through meaning. More specifically, it refers to the need to manage-based processes, such as meaning-seeking and meaning-making, in order to understand who we are (identity), what really matters (values), where we are headed (purpose), and how to live the good life in spite of suffering and death (happiness).

Therefore, meaning management is to manage our inner life, which is the sum total of all our feelings, desires, perceptions, thoughts, our inner voices and secret yearnings, and all the ebbs and flows of our consciousness. The objective of meaning management is to manage all our fears and hopes, memories and dreams, hates and loves, regrets and celebrations, doubts and beliefs, the various meanings we attach to events and people, in such a way as to facilitate the discovery of happiness, hope, meaning, fulfillment, and equanimity in the midst of setbacks, sufferings, and deaths.”

The relevance of meaning management becomes self-apparent if we recognize that successful grief resolution and transformation involve the following meaning-related processes: (a) Revising one's identify, (b) re-evaluating one's values and priorities, (c) seeking new purposes and directions for one's life in terms of investing in new goals and relationships, and (d) taking adaptive actions to regain the joy and passion for living in spite of the loss. These processes are attempts to repair the shattered presumptive world (Janoff-Bulman, 1989, 1992) and meet the four basic needs of meaning (i.e., identity, values, purpose, and control) (Baumeister, 1991). Bereaved individuals can learn how to manage these processes through education, coaching, and counseling taught by someone trained in meaning-centered counseling.

### **Meaning-centered counseling (MCC) for bereavement**

Over the past ten years, I have published numerous papers on MCC (e.g., Wong, 1997, 1998b, 1999, 2000, 2002b, 2006b). The advantage of MCC is that it is relevant not only to grief resolution but also to a wide range of personal and family crises associated with bereavement. Different from most models of counseling, MCC offers a larger and brighter vision, predicated on the need to enlarge the small "I" to encompass family, community, humanity, environment, and God. What makes MCC unique are its double-vision of healing and transformation, and its two-pronged strategy of solving presenting problems as well as addressing larger existential/spiritual concerns. The double vision on both one's present problem and one's larger responsibilities to others helps liberate the individual from self-absorption and self-pity. MCC shows people how to create pockets of heaven on earth in the midst of sorrows, uncertainties, and adversities. Its positive approach to psycho-education emphasizes values, concepts, and skills that can be used to

live a more hopeful and fulfilling life in spite of the loss and trauma. It represents the new development of positive existential psychology and existential psychotherapy that make use of concepts and findings from positive psychology (Wong 2005a, b).

I have had the privilege to present MCC workshops to diverse professional groups in different countries. Not surprisingly, professionals working with terminal patients in hospices and palliative care facilities are most receptive to MCC. The message and techniques of transforming suffering and cultivating blessings are also enthusiastically embraced by occupational therapists. They find MCC a very practical and promising approach to help restore a sense of meaning and hope to patients who are severely paralyzed or handicapped. Finally, agencies and professionals providing services and support to the bereaved are also eager to learn MCC.

Like other existential theories (Tomer and Eliason, 2006, a chapter in this book), MCC recognizes that there is a formless and all engulfing void in human existence. All behaviors, in one way or another, are aimed at filling that primordial and universal void. Unfortunately most of the endeavors have failed. Self-centered pursuits of pleasure, possessions, and power lead only to disillusion and misery. Paradoxically, selfless compassion and surrender to a higher purpose lead to fulfillment (Frankl, 1984; Wong, 2005a, b). MCC provides a proposition for positive, abundance living in spite of the existential anxieties and adverse life circumstances. Here, I can only provide a brief outline highlighting the distinctive of MCC and show how MCC can be effectively employed to help the bereaved.

#### Defining characteristics of MCC

1. It emphasizes both healing and personal transformation

2. It provides psycho-education about the important role of meaning and purpose
3. It adopts a two-pronged strategy of addressing both presenting problems and underlying existential/spiritual issues
4. It takes a holistic and collectivistic approach
5. It incorporates multicultural and spiritual perspectives as an integral part
6. It emphasizes the value of compassionate and responsible actions
7. It emphasizes the need for practical changes in daily living
8. It capitalizes on people's capacity for symbolism and narratives

These characteristics are evident in the following therapeutic goals:

1. To connect individual healing with social responsibility
2. To provide a therapeutic environment
3. To achieve a deeper understanding of the problem from a larger perspective
4. To achieve a deeper understanding of one's needs, desires, wants and hopes
5. To discover one's true identity, purpose and one's place in the world
6. To pursue what really matters in life
7. To develop positive attitudes, actions, and habits in daily living
8. To grow and develop one's full potential
9. To cultivate blessings for self and others
10. To contribute to the betterment of humanity
11. To transform a victim's journey into a hero's adventure
12. To recover or regain the centre of the authentic self
13. To discover meaning and hope in boundary situations

### Intervention strategy

1. **Accept** and confront the reality -- the reality principle
2. **Believe** that life is worth living – the faith principle
3. **Commit** to responsible actions – the action principle
4. **Discover** the meaning and purpose of life – the meaning principle
5. **Enjoy** the results of positive changes – the reinforcement principle

The five-part intervention strategy provides conceptual framework or roadmap for counseling and therapy. Each step entails a number of skills.

### *Cultivating acceptance*

Cultivating acceptance is an important step towards healing grief resolution. A variety of skills are needed to reduce or bypass a client's defense mechanisms such as denials or exaggerations in order to avoid the need for going through the process of healing. We can use cognitive-behavior and narrative skills to make it easier to accept the reality of the painful loss. Here are some helpful skills:

- Learn all about the situation surrounding the death
- Learn to understand the loss through life review
- Learn how one really feels by confronting one's own emotions
- Learn to clarify one's feelings by talking about them
- Talk about the past and life with the deceased
- Know what can be changed and what cannot
- Learn to accept that the process of healing can be long and painful
- Accept misfortune or adversity without bitterness
- Accept one's own mistakes and regrets

- Accept other people's mistakes and weaknesses
- Remember both the blessings and injuries from the deceased
- Accept suffering for the deceased as evidence of love
- Confess one's failures, mistakes, and regrets
- Learn to accept the loss cognitively and emotionally
- Learn to let go behaviorally, cognitively, and emotionally
- Learn to live with the pain and the loss
- Accept life in its totality
- Accept each moment as it comes without judgment
- Accept painful reality with equanimity
- Learn to endure suffering with patience
- Learn to live with unavoidable difficulties

*Cultivating beliefs and affirmations*

Acceptance without affirmation can lead to more depression. Use encouragement, validation, and other skills to reinforce positive beliefs and self-affirmations. Explore various possibilities and opportunities that are still available and realistic achievements. Bring out client's strengths and aspirations. Be sensitive to clients' cultural background and faith traditions. For those who do not believe in God, the spiritual principles of compassion, meaning-making, and higher purpose can be good substitutes for religious beliefs.

- Believe that there is a reason or purpose for what has happened
- Believe that there are some spiritual lessons and benefits
- Believe that God will see me through

- Believe that the pain will be less tomorrow
- Believe that there is some goodness in life that is worth fighting for
- Believe that the devastating loss may be the opportunity for a new beginning
- Believe that I can become what I am meant to be
- Believe that the future could be better
- Learn to appreciate life in its worst and its best
- Recognize that breathing is the basis for hope
- Affirm the intrinsic value of life
- Affirm that positive meaning can be found in any situation
- Believe that one is not alone in troubled times
- Practice daily affirmation
- Practice gratitude and thankfulness

### *Cultivating commitment*

MCC places priority on practice and action. To practice one lesson consistently is more beneficial to the client than learning many lessons without practicing any.

Commitment to action is the key to getting started on the journey of healing and transformation.

Counselors have the responsibility to work with the client to clarify the lesson, simplify the action, and explain the relevance of the practice. They need to help clients realize that commitment to action is essential to moving forward, and to use reinforcement techniques to encourage commitment and bring about the desired changes.

- Join a support group
- Learn and practice new skills to cope with grief

- Practice existential coping and religious or spiritual coping
- Practice mindful meditation or relaxation exercises
- Practice new ways of managing one's negative emotions
- Practice meaning-seeking and meaning-making skills
- Practice meaning-reconstruction skills
- Practice focusing and concentration
- Learn to live one day at a time
- Do some kind deeds for those who suffer
- Develop and implement a plan of action
- Take small steps towards one's goal
- Keep on making improvements
- Never give up trying

#### *Facilitating discovery*

Many skills can be used to help clients see life in a new way and discover things they have never noticed before. Various meaning-seeking, meaning-making, and meaning-reconstruction skills can be used to discover new meanings of old events. Reframing and perspective taking are often helpful. Meaning-reconstruction can help reveal new insights about one's life. Pay special attention to special moments of awakening. Mindful meditation is useful in discovering present moments, while life review is useful in making sense of the past.

- Discover the bright and dark sides of life
- Discover the significance of mundane matters
- Discover the hidden beauty in the midst of ugliness

- Discover the unique beauty of each season
- Discover joy in every step and every breath
- Discover newness in old routines
- Discover creativity in drudgery
- Discover sacred moments in secular engagements
- Learn to hear, see, and think deeply
- Learn to pause and reflect
- Look up to the sky beyond the horizon
- Walk towards the sun and leave behind the shadow
- Discover the positives of one's past through life review
- Discover a new identity and new future through re-storying

#### Enjoying the outcomes

Some progress in healing is inevitable if one follows the above four strategic steps.

Positive feelings and outcomes reinforce positive practices.

- Enjoy the liberty and relief that come from acceptance
- Enjoy the power of letting go
- Enjoy the hope and consolation that come from belief
- Enjoy the healing and transformation that come from commitment and action
- Enjoy the blessings of discovery and moments of Eureka

#### **The positive existential psychology of the good grief**

MCC provides a conceptual framework and a set of skills to facilitate healing and transformation. MCC insists on the possibility of discovering hope and meaning, no matter how bad the situation. Spirituality and religious faith play an important role in

getting the bereaved to gain a glimpse of hope beyond the grave. By emphasizing the need to discover a larger vision and a higher purpose for human existence, MCC provides one of the keys to resilience.

Meaning management is essential to this transformative process. In order to move forward, we have to somehow reconstruct our meaning-systems in order to adapt to different set of realities following bereavement. This evolution of meaning in response to loss continues so that we can maintain some sense of coherence in the midst of change and loss. We can experience positive changes, when the dead are weaved into the fabric of life, and the past is integrated with the future as the basis for self-identity.

MCC emphasizes the transcendental function of grief, which awakens one's spiritual and existential yearnings, and spurs one to rise above the painful experiences of mourning. Recovery always involves the reconstructing of painful and sorrowful experiences through the transformation of assigned meanings.

One can never go back to the past. Therefore, recovery does not mean a return to the normal life before the bereavement. True recovery actually means that the bereaved person has found new meaning and purpose, which enables the person to reach a higher level of maturity.

C. S. Lewis (1961), *A Grief Observed*, documents the transformation from overwhelming grief and anger at God to a new understanding of God and life. Such transformation can happen to any one who is open to the spiritual reality beyond the physical realm.

There is no medicine, no magic, and no logic to expel the affliction of bereavement. The only hope is to transform it into a poem, a song, or a story that makes us feel like

human beings again. That tender feeling of love and liberty makes life worth living in the wasteland of death.

Even when everything is taken away from us, and when we are dying alone, we can hear the angels singing, and feel the peace from heaven. I take great comfort in the promise of Jesus: "Blessed are those who mourn, for they will be comforted." (Matthew 5:4, The Bible, NIV).

Healing is a gift, because it can neither be purchased nor manufactured, no matter how resourceful we are. It remains shrouded in mystery, maybe because its origin is spiritual and transcendental. However, we do know that we are likely to receive this gift, when we stretch our hands heavenward in our brokenness. The blessings of grieving constitute part of positive existential psychology or mature positive psychology (Wong, 2001a), which includes such phenomena as meaning-based post-traumatic growth (Wong, 2003b) and tragic optimism (Wong, 2001b). The rigor of positive psychology research coupled with the profound concepts of existential psychotherapy can break new grounds in achieving a more hopeful understanding of grieving and healing.

I want to conclude by quoting from Ringma (2000) who eloquently expanded on the idea of the gift of healing:

Nouwen suggests that "finding new life through suffering and death: that is the good news." Christ's death mirrors precisely that message. Suffering may seem senseless, but it need not have the last word. New hope can spring up from the ruins of previous expectations and plans. New life can come from the greatest disappointments. But this can only come if we embrace the pain of our dashed hope

and grieve our losses to the point of relinquishment. It is at that place, with nothing in our hands, that good gifts will come our way (p. 128).

In the final analysis, grieving is the pain of letting go of love. Grieving is also the pain of searching for what has been lost. In the process, we discover something far more precious than we ever knew. Indeed, blessed are the broken hearted, for they will find healing and transformation. This chapter proposes that the good grief can set us free and make us grow.

## References

- Attig, T. (2001). Relearning the world: Making and finding meanings. In R. A. Neimeyer (Ed.), *Meaning reconstruction and the experience of loss* (pp. 33-53). Washington, DC: American Psychological Association.
- Baumeister, R. F. (1991). *Meanings of life*. New York: Guilford.
- Bowlby, J. (1980). *Attachment and loss: Vol. 3. Loss: Sadness and depression*. New York: Basic Books.
- Bonanno, G. A. (2004) Loss, trauma, and human resilience - Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59, 20-28
- Bonanno, G., & Kaltman, S. (1999). Toward an integrative perspective on bereavement. *Psychological Bulletin*, 125, 760-776.
- Davis, C. G., Nolen-Hoeksema, S., & Larson, J. (1998). Making sense of loss and benefiting from the experience: Two construals of meaning. *Journal of Personality and Social Psychology*, 75, 561-574.
- Davis, C. G., Wortman, C. B., Lehman, D. R., & Silver, R. C. (2000). Searching for meaning in loss: Are clinical assumptions correct? *Death Studies*, 24, 497-540.
- Edelman, H. (1994). *Motherless daughters: The legacy of loss*. New York: Dell Publishing
- Frankl, V. (1984). *Man's search for meaning: An introduction to Logotherapy*. Riverside, NJ: Simon and Schuster Adult Publishing Group.

- Frantz, T. T., Farrell, M. M., & Trolley, B. C. (2001). Positive outcomes of losing a loved one. In R. A. Neimeyer (Ed.), *Meaning reconstruction and the experience of loss* (pp. 191-209). Washington, DC: American Psychological Association.
- Fredrickson, B. L., & Losada, M. F. (2005). Positive affect and the complex dynamics of human flourishing. *Journal of the American Psychological Association, 60*(7), 678-686.
- Gallagher, D., Lovett, S., Hanley-Dunn, P., & Thompson, L. W. (1989). Use of select coping strategies during late-life spousal bereavement. In D. A. Lund (Ed.), *Older bereaved spouses: Research with practical applications* (pp. 111-122). New York: Hemisphere.
- Gesser, G., Wong, P. T. P., & Reker, G. T. (1987-88). Death Attitudes Across the Life-Span: The Development and Validation of the Death Attitude Profile (DAP). *Omega, 18*, 113-128.
- Hogan, N., & Schmidt, L. A. (2002). Testing the grief to personal growth model using structural equation modeling. *Death Studies, 26*, 615-634.
- Janoff-Bulman, R. (1989). Assumptive worlds and the stress of traumatic events. *Social Cognition, 7*, 113-116.
- Janoff-Bulman, R. (1992). *Shattered assumptions: Toward a new psychology of trauma*. New York: Free Press.
- Janoff-Bulman, R., & Frantz, C. M. (1997). The impact of trauma on meaning: From meaningless world to meaningful life. In M. Power & C. R. Brewin (Eds.), *The transformation of meaning in psychological therapies* (pp.91-106). New York: Wiley.

- King, L. A., Hicks, J. A., Krull, J. L., & Del Gaiso, A. K. (2006). Positive affect and the experience of meaning in life. *Journal of Personality and Social Psychology*, *90*(1), 179-196.
- Lewis, C. S. (1961). *A grief observed*. New York: The Seabury Press.
- Lister, S. (2005). *Meaning-making in bereaved parents: Process and outcome*. Unpublished Dissertation, Concordia University, Montreal, Quebec.
- Middleton, W., & Raphael, B. (1987). Bereavement: State of the art and state of the science. *Psychiatric Clinics of North America*, *10*(3), 329-343.
- Mok, S. (1996). *Elderly spousal bereavement: An integrative model*. Unpublished Masters Thesis, Trinity Western University. Langley, BC.
- Neimeyer, R. A. (1998). *Lessons of loss: A guide to coping*. New York: McGraw-Hill.
- Neimeyer, R. A. (2000). Searching for the meaning of meaning: Grief therapy and the process of reconstruction. *Death Studies*, *24*(6), 541-558.
- Nolen-Hoeksema, S., & Davis, C. G. (2002). Positive responses to loss: Perceiving benefits and growth. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 598-607). Oxford, UK: Oxford University Press.
- Osterweis, M. (1984). *Bereavement: Reactions, consequences, and care*. Washington, DC: National Academies Press.
- Parkes, C. M. (1971). The first year of bereavement. *Psychiatry*, *33*, 444-467.
- Rando, T. A. (1988). *Grieving: How to go on living when someone you love dies*. Lexington, MA: Lexington Books.
- Rando, T. A. (1993). *Treatment of complicated mourning*. Campaign: Research.

- Raphael, B., Middleton, W., Martinek, N., & Misso, V. (1993). Counseling and therapy of the bereaved. In M. S. Stroebe, W. Stroebe, & R. O. Hansson (Eds.), *The handbook of bereavement: Theory, research and intervention* (pp. 427-453). New York: Cambridge.
- Ringma, C. (2000). *Dare to journey with Henri Nouwen*. Colorado Springs, CO: Pinon Press.
- Stroebe, M. S., & Schut, H. (1998). Culture and grief. *Bereavement Care, 17*(1), 7-10.
- Stroebe, M. S., & Schut, H. (1999). The dual process of model of coping with bereavement: Rationale and description. *Death Studies, 23*(3), 197-224.
- Stroebe, M. S., & Schut, H. (2001a). Meaning making in the Dual Process Model of coping with bereavement. In R. A. Neimeyer (Ed.), *Meaning reconstruction and the experience of loss* (pp. 55-73). Washington, DC: American Psychological Association.
- Stroebe, M. S., & Schut, H. (2001b). Models of coping with bereavement: A review. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 375-403). Washington, DC: American Psychological Association.
- Tedeschi, R., Park, C., & Calhoun, L. (Eds.) (1998). *Posttraumatic growth: Positive changes in the aftermath of crisis*. Mahwah, N. J.: Lawrence Erlbaum.
- Ulmer, A., Range, L. M., & Smith, P. C. (1991). Purpose in life: A moderator of recovery from bereavement. *Omega, 23*(4), 279-289.
- Uren, T. H., & Wastell, C. A. (2002). Attachment and meaning-making in perinatal bereavement. *Death Studies, 26*, 279-308.

- Wheeler, I. (2001) Parental bereavement: The crisis of meaning. *Death Studies*, 25, 51-66.
- Wong, P. T. P. (1989). Personal meaning and successful aging. *Canadian Psychology*, 30(3), 516-525.
- Wong, P. T. P. (1997). Meaning-centered counseling: A cognitive-behavioral approach to logotherapy. *The International Forum for Logotherapy*, 20, 85-94.
- Wong, P. T. P. (1998a). Spirituality, meaning, and successful aging. In P. T. P. Wong & P. S. Fry (Eds.), *The human quest for meaning: A handbook of psychological research and clinical applications* (pp.359-394). Mahwah, NJ: Lawrence Erlbaum.
- Wong, P. T. P. (1998b). Meaning-centered counseling. In P. T. P. Wong & P. S. Fry (Eds.), *The human quest for meaning: A handbook of psychological research and clinical applications* (pp.395-435). Mahwah, NJ: Lawrence Erlbaum.
- Wong, P. T. P. (1999). Towards an integrative model of meaning-centered counseling and therapy. *The International Forum for Logotherapy*, 22, 47-55.
- Wong, P. T. P. (2000). Meaning in life and meaning in death in successful aging. In A. Tomer (Ed.), *Death attitudes and the older adults: Theories, concepts and applications* (pp.23-35). Philadelphia, PA: Bruner-Routledge.
- Wong, P. T. P. (2001a). *A new algebra for positive psychology*. Available on-line at [http://www.meaning.ca/articles/presidents\\_column/new\\_algebra.htm](http://www.meaning.ca/articles/presidents_column/new_algebra.htm)
- Wong, P. T. P. (2001b). *When terror hits home: A case for tragic optimism*. Available on-line at [http://www.meaning.ca/articles/presidents\\_column/tragic\\_optimism\\_sept01.html](http://www.meaning.ca/articles/presidents_column/tragic_optimism_sept01.html)

- Wong, P. T. P. (2002a). *From Death Anxiety to Death Acceptance: A meaning management model*. Available at: URL:  
[http://www.meaning.ca/articles/death\\_acceptance.htm](http://www.meaning.ca/articles/death_acceptance.htm) Accessed April 10, 2003.
- Wong, P. T. P. (2002b). Logotherapy. In G. Zimmer (Ed.), *Encyclopedia of Psychotherapy* (pp.107-113). New York: Academic Press.
- Wong, P. T. P. (2003a). *Transformation of grief through meaning-management*. Available at URL  
[http://www.meaning.ca/articles/transformation\\_grief\\_march03.htm](http://www.meaning.ca/articles/transformation_grief_march03.htm)
- Wong, P. T. P. (2003b). *Pathways to posttraumatic growth*. Available on-line at  
[http://www.meaning.ca/articles/presidents\\_column/post\\_traumatic\\_growth.htm](http://www.meaning.ca/articles/presidents_column/post_traumatic_growth.htm)
- Wong, P. T. P. (2005a). Viktor Frankl: Prophet of hope for the 21<sup>st</sup> century. In A. Batthyany & J. Levinson (Eds.), *Anthology of Viktor Frankl's Logotherapy*. Phoenix, AZ: Zeig, Tucker & Theisen Inc.
- Wong, P. T. P. (2005b). The challenges of experimental existential psychology: Terror management or meaning management. A book review of *Handbook of experimental existential psychology*. *PsycCritiques (Contemporary Psychology: APA Review of Books)*. Available on-line at <http://www.psycinfo.com/psyccritiques>.
- Wong, P. T. P. (2006b). From logotherapy to meaning-centered counseling. *Insight*, January, BC Association of Clinical Counsellors.
- Wong, P. T. P., Reker, G. T., & Gesser, G. (1994). Death Attitude Profile – Revised: A multidimensional measure of attitudes toward death. In R. A. Neimeyer (Ed.), *Death anxiety handbook: Research instrumentation and application* (pp.121-148). Washington, DC: Taylor and Francis.

Yalom, I. D. (1980). *Existential Psychotherapy*. New York: Basic Books.

Young-Eisendrath, P. (1996). *The gifts of suffering: Finding insight, compassion and renewal*. Reading, MA: Addison-Wesley Publishing Company.