

God Will Wipe Away Every Tear: A Phenomenological Study of the Impact of Two Faith-Based
Grief Support Groups

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A Dissertation Presented in Partial Fulfillment

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Abstract

The purpose of this phenomenological, qualitative study was to describe the impact of GriefShare, a faith-based, grief support initiative for the participants at Diamondhead, Mississippi and Gulfport, Mississippi. The theory guiding this study was Robert Neimeyer's social constructionist theory as it explains the meaning found in GriefShare's narrative processes. The study participants were nine females and one male who attended at least three GriefShare sessions. The researcher interviewed and audio-recorded all participants using Otter.ai live transcription. The researcher used the constant comparison method and member checking to analyze the data collected during the interviews. As participants described their lived experiences of GriefShare, five themes emerged: (1) spiritual connection with others, (2) relationship with God, (3) qualified leaders led by God, (4) meaning found in videos and workbooks, and (5) perceived role of social support. The emerging themes described the impact of GriefShare among all participants, and the analysis supported Robert Neimeyer's social constructionist theory. Culturally sensitive mental health professionals can use these findings to incorporate faith-based, grief support groups like GriefShare into their grief interventions. Recommendations for future research include quantitatively expanding the participant group to GriefShare participants across the U.S. for increased empirical value.

Keywords: qualitative, grief, faith-based, support group, impact, meaning, GriefShare.

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List of Abbreviations

Beck Hopelessness Scale (BHS)

Brief Religious Coping Scale (RCOPE)

Christian Support Group (CSG)

Complicated Grief (CG)

Faith-Based, Grief Support (FB-GS)

Faith-Based, Grief Support Group (FB-GSG)

Grief Support Group (GSG)

Hospice Support Group (HSG)

Mental Health Professional (MHP)

Meaning of Reconstruction and Loss Framework (MRL)

Negative Religious Coping (NRC)

Novel Coronavirus Disease of 2019 (COVID-19)

Prolonged Grief Disorder (PGD)

Positive Religious Coping (PRC)

Uncomplicated Grief (UG)

Chapter One: Introduction

Overview

Unforeseen deaths such as those due to the novel coronavirus disease of 2019 (COVID-19) are cause for concern as they may increase prolonged grief disorder (PGD, Cacciatore et al., 2021). Prolonged bereavement has been well-documented as a serious public health concern that adversely impacts mental health outcomes (Cacciatore et al., 2021). The research included herein is important for those who have lost someone, and for those who desiderate grief support within their faith-based community.

“Grief is a social phenomenon” (Worden, 2018, p. 43), so mental health professionals (MHPs) should understand how inappropriate social support can contribute to unresolved grief (Cacciatore et al., 2021). Interestingly, bereaved individuals report their perception of social support is more satisfying than the availability of social support (Worden, 2018). Although perceived social support alleviates bereavement stress, six months to a year after the loss, the bereaved are expected to move on or get over it (Worden, 2018).

“Grief is the price we pay for love...” (Hall, 2014, p. 8), so social support is key during the grief process. Research has also shown that failure to find meaning or make sense after loss is correlated with increased complicated grief (CG) symptoms (Hall, 2014). Therefore, MHPs should be aware of how grief support groups (GSG) impact the bereaved. Lack of screening could result in GSG members having CG.

Group therapy techniques and creating a new normal after loss can promote self-regulation, build social connections, and set aspirational goals for the future (Fields et al., 2018). GSGs allow its members to revisit their world, tell stories of their past, and relive old memories

more positively. Conventional thoughts on treating grief and CG include becoming more involved interpersonally and increasing time outside the home (Fields et al., 2018).

GSGs should be helpful and result in positive outcomes, but some GSG members have reported participating in groups that were non-therapeutic (Dyregrov et al., 2013). GSG members also report having group leaders who lacked knowledge of group processes or structural impacts on group members. Group members' expectations and needs should be a priority when planning and organizing GSGs (Dyregrov et al., 2013).

Within the researcher's local community, GriefShare, is the predominant faith-based, grief support group (FB-GSG). This study theorized that group members would find meaning for their loss in GriefShare's narrative processes (Neimeyer et al., 2014). How does GriefShare impact the bereaved? The contents and the organization of Chapter One include the Background, Situation to Self, Problem Statement, Purpose Statement, Significance of the Study, Research Questions, Definitions, and Summary.

Background

Over time, our understanding of grief and bereavement has evolved. In recent years, the human experience of grief and bereavement has shifted. Predictive stages can no longer define loss and therapeutic outcomes (Hall, 2014). As acute grief reactions become chronic, psychiatric intervention becomes necessary (Worden, 2018).

More importantly, counseling professionals are to "gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally competent counselor in collaborating with a diverse client population" (American Counseling Association, 2014, p. 8.). MHPs should be trained in grief and bereavement as individuals may seek mental health treatment when they feel stuck in their grief (Worden, 2018). To facilitate bereaved clients'

sense-making, MHPs must understand (1) cognitions, (2) feelings, (3) physical sensations, and (4) behaviors that the bereaved experience during grief (Worden, 2018).

Long-term social support, confiding in others, social integration, and time spent with others can lead to support satisfaction (Worden, 2018). Individuals who have multiple roles at the time of their loss also adapt better than those who have minimal roles at the time of their loss (Worden, 2018). Thus, it is beneficial to grieve together (Worden, 2018).

MHPs should also recognize when inappropriate social support contributes to unresolved grief. Poor social support is linked to psychosocial maladjustment, reduced quality of life, depression, and poor coping behavior (Cacciatore et al., 2021). For the bereaved, support groups are beneficial because they offer a way to receive social support and work through grief (Robinson & Pond, 2019).

The theoretical context for this study was the social constructionist model which holds that grief is not an interior process (Neimeyer et al., 2014). The bereaved often seek meaning in their broader community and cultural environment. From a social constructionist perspective, grief and bereavement set the stage for communicative activity in which the meaning of the deceased's life and death become entrenched within the broader community (Neimeyer et al., 2014).

Over time, bereaved individuals' self-narratives organize life experiences into repetitive themes. The narratives are then exchanged in intimate, interpersonal domains, i.e., family and church (Neimeyer et al., 2014). The bereaved communicate their narratives publicly through eulogies, speeches, and GSGs. They consider various cultural contexts to express their grief because they want to remain congruent with the prevailing social order. In other words, the meaning that bereaved individuals find through communicative activity must be congruent with

the meanings that underly the larger context (Neimeyer et al., 2014). For example, an adult surviving son may recall how his deceased mother took him to the church where his mother is eulogized.

Situation to Self

The researcher's motivation for conducting this study was personal. On April 20, 2020, her 57-year-old sister-in-law told her brother that she was extremely sick. She stayed home fearing she might contract COVID-19 in the hospital.

During the pandemic, emergency room visits significantly decreased for heart attack, stroke, and appendicitis. Patients avoided seeking medical care out of concern concerned they could get COVID-19. The delay in seeking treatment led to increased morbidity and mortality (Masroor, 2020). Four hours after reporting not feeling well, the researcher's sister-in-law died of a heart attack.

As a faith-based believer, the researcher thought the church community would guide her family through the loss. Instead, the church community offered their immediate condolences and monetary support. The philosophical assumptions for this study are ontological. "The ontological foundation opens the door for a sacramental view of the life of the church. This perspective sees the Holy Spirit's work as central to the church. It pushes the local church to intentionally develop services and ministries that focus on helping the body become who God created it to be" (Davis, 2021, p. 25).

The researcher's family deemed their loss as unexpected, and they questioned why the church community did not have FB-GS readily available. The paradigm for this study was the postmodern social constructionist view that continuing bonds are fundamental resources in grief work (Hall, 2014). In addition, postmodernism holds that there are no absolute truths and that

our society is built on social constructs (Dzhurova, 2020). Grief reconstructed the researcher's world disrupted by loss. Sudden and unexpected loss inhibited her family's ability to rebuild its assumptive world. The death of their loved one destroyed the idea that the universe was benign, and that life was predictable (Hall, 2014).

The researcher felt the local church should have provided the biblical framework for the meaning-making process. The researcher felt the loved one's death was unfair, unmerited, and arbitrary. Making sense of the death became a coping issue (Hall, 2014), because God took someone vital to her family dynamic.

For 27 years, the researcher's sister-in-law and brother were inseparable, so the researcher's brother had difficulty accepting the death. He experienced recurrent intrusive thoughts of the deceased. The researcher's brother exhibited extreme bitterness and alienated previous social relationships (Supiano, 2012). He repeatedly asked, "Didn't Jesus Christ say He came for us to have an abundant life?"

Three years later, the researcher's brother has not returned to church, and her family still has difficulty accepting the loss. The family found no religious or spiritual meaning in the loss (Hall, 2014). To date, the church has not followed up on their grief recovery.

Problem Statement

Making sense of the loss will not alleviate distress, but it does allow for less focus on the loss. Meaning-making is an interactive process in which loss is supported or unsupported within families (Hall, 2014). Hall (2014) also points out that 10% to 15% of bereaved individuals' grief due to unexpected deaths can be chronic for months, even years.

Grief support networks have proven useful for those whose loss and grief adversely impact their functioning (Hartig & Viola, 2016). As stated above, MHPs should understand how

GSGs impact the bereaved, but there is minimal research on the type of GSGs that communities should offer the bereaved (Nuzum et al., 2017).

The researcher found one qualitative study that explored the positive and negative effects of GSGs. Dyregrov et al. (2013) described group members' experiences, satisfaction, and benefits of the GSGs. Members identified four positive factors (1) meeting with peers, (2) sharing thoughts and feelings, (3) exchanging advice, and (4) sharing hope. In contrast, the same group members identified five negative factors (1) additional personal stress, (2) unfulfilled expectations (3) unmet needs, (4) unsatisfactory group leadership, and (5) poor structure and organization (Dyregrov et al., 2013).

The researcher found no qualitative studies that explored the positive and negative impact of FB-GSGs, but she did find one quantitative study which explored the efficacy of Christian support groups in coping with the death of a loved one. Goodman and Stone (2009) administered the Beck Hopelessness Scale (BHS), the Brief Religious Coping Scale (RCOPE), and self-report demographic information to 83 adults. Forty-nine of the adults had participated in a hospice support group (HSG), and 34 of the adults had participated in a Christian support group (CSG, Goodman & Stone, 2009).

Researchers found no statistically significant difference in participants' endorsement of BHS negative criteria, and no statistically significant difference in participants' endorsement of RCOPE positive criteria (Goodman & Stone, 2009). Christian-oriented groups and secular groups frequently identified and ascribed their ability to cope to a generalized higher power or a specific spiritual connection (Goodman & Stone, 2009). Additional research is needed on the extent to which religion and spirituality impact bereavement (Worden, 2018).

Purpose Statement

This qualitative research study fills the gaps in the scientific literature as it relates to faith-based interventions and their impact on the broader mental health community. The purpose of this qualitative, phenomenological study was to describe the impact of GriefShare, a FB-GS initiative, on participants in Diamondhead, MS, and Gulfport, MS. FB-GS was defined by GriefShare's Statement of Faith found in Table 1.

Table 1

GriefShare's Statement of Faith

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right-hand of the Father, and in His personal return in power and glory.
4. We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
6. We believe in the resurrection of both the saved and the lost: they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ.

(GriefShare, n.d., para.1)

As stated above, the theory that guided this study was Robert Neimeyer's social constructionist model as it explains how FB-GS can facilitate the search for meaning through non-secular, social processes, e.g., intercessory prayer. Although the participants in the Goodman and Stone (2009) study self-identified as Christian, the researchers found no statistically significant difference in the Christian and secular support groups (Goodman & Stone, 2009).

For this research study, all group members participated in GriefShare, a biblically based, faith-centered ministry (GriefShare, n.d.). GriefShare resources are designed to equip bereaved individuals for effective and ongoing grief support within the faith-based community.

Participants can join GriefShare at any time, and they do not self-report their religious or spiritual orientation. Goodman and Stone (2009) asserted that a Christian-oriented approach to grief support was no less or no more effective than a secular one. GriefShare is non-denominational, so this study is “faith-based” not “Christian-based.”

Significance of the Study

In the Old Testament, Isaiah said to “bind up the brokenhearted” (Worden, 2018). By incorporating spiritual beliefs and religious customs into the grief process, healing is enhanced (Heath & Cutrer-Párraga, 2020). Historically, the bereaved have relied on their religious institutions and religious leaders to overcome their grief (Worden, 2018).

MHPs tend to downplay the role of religion and spirituality as coping mechanisms for bereavement (Hall, 2014). Grief is a natural process comprised of cognitive and behavioral reactions that are influenced by individuals’ cultural and familial factors (Knight & Gitterman, 2014). MHPs should assess the individual’s social, ethnic, and religious background to predict how a bereaved individual will adapt following a loss (Hall, 2014).

Based on Robert Neimeyer’s social constructionist model, MHPs should be aware of the social factors that impact GSGs (Neimeyer et al., 2014). As noted above, GSGs and FB-GSGs should yield positive outcomes (Dyregrov et al., 2013). A qualitative, descriptive, content analysis of the FB-GS literature is important because the current research literature does not describe how FB-GSGs impact the bereaved.

GriefShare is built on the "helper-therapy principle" which was coined by Frank Riessman. The principle asserts that group members benefit by providing support to other group members (Riessman, 1965). GriefShare group leaders tend to emerge when they are forced to play the helper role (Riessman, 1965). Many leaders who have experienced their own grief choose to start a GriefShare program within their faith-based community (GriefShare, n.d.).

GriefShare provides specific guidance for an initial 13-week period. However, group members may participate for as long as they deem necessary (GriefShare, n.d.). The practical significance of this study was that GriefShare offered members the opportunity to narrate their lived experiences.

The two GriefShare groups in this study were offered in two locations, and they repeat 13-week cycles within the same church setting. Group sessions occur when services are not being held. The general population was Caucasian females (approximately 90%) and Caucasian males (approximately 10%) between the ages of 55 and 75. Some of the group participants attended the church site while others lived within proximity.

When a potential GriefShare group leader decides to run a group, she or he posts the location, date, and time to the GriefShare website. Anyone can participate in the sessions, so their involvement in this study was random. Because GriefShare groups meet weekly around the world, this study can affect change for a vast non-secular and secular audience.

Bereaved individuals highly value FB-GSGs (Dyregrov et al., 2013). Members identify FB-GSGs as a place where painful feelings are recognized, reactions are normalized, and the environment is central. Meeting others who have managed to live with their grief, provides hope. Again, research has documented minimal impact of GSGs (Dyregrov et al., 2013).

This phenomenological, qualitative study is important because it expands the scarce research on faith-based organizations' impact in helping community members to overcome grief. Often, bereaved individuals rely solely on religion and spirituality without therapeutically confronting grief symptoms (Harris et al., 2019). By qualitatively examining FB-GSG, MHPs have valuable information that can help heal their grieving clients.

The role of grief in religion, spirituality, and faith changes across society. Despite the changes, religion, spirituality, and faith play a key role in the how people grieve (Garces-Foley, 2014). MHPs must understand that there are incomprehensible losses in which therapeutic intervention may not be enough. The loss of a child for a parent is all-consuming; the loss is one of the worst experiences for the parents (Dixon, 2019).

Osman et al. (2017) described the experiences of mothers who lost their babies at birth. Ten women were interviewed between one to six months after they had a stillbirth. Four descriptive structures emerged (1) feelings of alienation, (2) feelings of pain, (3) altered stability in life, and (4) despair eases. These four descriptors supported balancing fear and worries for one's life and health by accepting God's will and putting trust in Him to balance feelings of anxiety.

Eighty five percent of the world's population identifies with some sort of religious practice (Pew Research Center, 2020); thus, MHPs need to be competent as they work with those bereaved who identify with a particular faith (Ens, 2019). Ens (2019) conducted a phenomenological inquiry of the lived experiences of five participants who received non-faith-based counseling and faith-based counseling. The researcher identified four themes that were common to the participants.

Ens (2019) determined that the four themes represented the participants' understandings of the importance of religion and spirituality in human life. The themes that emerged were: (1) spirituality is intrinsic to the human experience, (2) the therapist should be informed or trained to help others with their perspectives, (3) the client needs to be heard and to be understood, and (4) the client needs to feel safe in the therapeutic conversation. Safety, which is key in attachment theory, is paramount in the therapeutic conversation.

Given this, MHPs who work with faith-based clients would benefit from sensitivity training. Ens (2019) research identified how MHPs should understand their biases and assumptions when dealing with religious and spiritual issues. The researcher also offered suggestions for MHPs to use spiritual values to help clients during periods of transition and growth (Ens, 2019). MHPs must understand how their clients' religious and spiritual beliefs are interwoven with their experience of loss and grief (Dyer & Hagedorn, 2013).

Around the globe, 5.8 billion adults and children have religious affiliation (RA). Participants' RA is important in exploring religion-related outcomes (Frei-Landau et al., 2020). Eighty four percent of the 2010 world population had some type of faith (Pew Research Center, 2020). That said, the probability of a bereaved client having RA is relatively high. MHPs should approach faith-based collaborations as mutually beneficial. When in doubt, they should seek church leaders' wisdom and not consider themselves as grief experts (Harris et al., 2019).

Research Questions

Researchers start the qualitative research process with research questions to better understand the phenomenon of interest (Heppner et al., 2015). Qualitative research allows for the understanding of people's complex lives by investigating individual perspectives. More

specifically, the qualitative research methodology reiterates the process by which individuals give meaning to their lived realities and social experience (Heppner et al., 2015).

“Creating one or two broad questions can be a fertile starting point for thinking through the specifics of what the study is about and what data will need to be collected” (Agee, 2009, p. 434). For this study, the research question was “How does GriefShare impact the bereaved?” The question sought to find meaning (Dyregrov et al., 2013).

The semi-structured interview format allowed the researcher the flexibility to explore similar themes that might emerge (Hays & Singh, 2011). The qualitative researcher drew a holistic picture from within the natural setting. Simply put, it was an inquiry from the inside (Ospina, n.d.).

Definitions

1. *Bereavement* - Bereavement is defined as the attempt to adapt to loss (Worden, 2018).
2. *Emic* - Perspectives from the study’s participants (Denzin & Lincoln, 2017).
3. *Epoché* - Epoché is characterized as the experience, contents, and objects of phenomena (Moran, 2005).
4. *Grief* - “Grief is defined as the response to the loss in all of its totality – including its physical, emotional, cognitive, behavioral, and spiritual manifestations – and as a natural and normal reaction to loss” (Hall, 2014, p. 8).
5. *Idiographic* - Knowledge is obtained about a small group of participants (Denzin & Lincoln, 2017).
6. *Phenomenology* - Phenomenology is the “descriptive, non-reductive science of whatever appears, in the manner of its appearing, in the subjective and intersubjective life of consciousness” (Moran, 2005, p. 15).

7. *Religious Affiliation* - The search for connection with the infinite; having a sense of spirituality and holiness (Frei-Landau et al., 2020).

Summary

This phenomenological qualitative research study focused on the lived experiences of those who suffered loss and sought support from two GriefShare groups. The approach was a valid design because the goal was to understand the meaning of members' lived experiences (Creswell & Poth, 2018). Broadly, the research question for this study sought to describe the impact of a FB-GSG. More succinctly, what was the impact of GriefShare on the bereaved? The phenomenological qualitative research method was the most obvious method for answering this question and for addressing the data collections strategies to follow.

Chapter Two: Literature Review

Overview

As noted in Chapter One, unresolved grief can adversely affect bereaved individuals' functioning (Dyer & Hagedorn, 2013). The literature review provided context for this research study as it demonstrated the significance of the study and reiterated the stated problem. Chapter Two is comprised of four main sections: (a) the Overview, (b) a Conceptual Framework section, (c) a Related Literature section, and (d) a Summary. This qualitative inquiry was driven by the need to help MHPs understand how they can use FB-GS initiatives like GriefShare (n.d.) to help bereaved clients move beyond their grief (Denzin, 2017).

Theoretical Framework

Sigmund Freud

For almost 50 years, Sigmund Freud's paper, *Mourning and Melancholia*, significantly shaped grief intervention. Freud considered grief work the process by which the survivor breaks ties with the deceased. Loss triggers melancholia and mourning (Freud, 1917).

Mourning follows the death of a loved one while melancholia is the objective love that is never lost (Freud, 1917). Freud believed that CG would result if the bereaved survivor did not completely let go and complete his or her grief work (Freud, 1917). Oddly, Freud mourned his daughter's death for 30 years (Hall, 2014).

Elisabeth Kübler-Ross

Years later, Elisabeth Kübler-Ross wrote *On Death and Dying*, based on her anticipatory grief model work (Kübler-Ross, 1969). Kübler-Ross (1969) summarized the coping mechanisms she had observed from patients dying of terminal illness. The first stage was denial and isolation which was the initial refusal to accept the inevitable. The second stage replaced denial and

isolation with anger, envy, and rage. The third stage was bargaining in which the dying tried to stop the unavoidable (Kübler-Ross, 1969). The fourth stage was depression when bargaining was replaced with great sadness. The fifth, and final stage, was acceptance in which the dying accepted their fate and were no longer angry or depressed (Kübler-Ross, 1969).

Like Freud, Kübler-Ross believed that CG would result if the bereaved did not complete each stage in succession. Over time, Kübler-Ross' theory has been empirically rejected. Kübler-Ross' theory has also been criticized for implying that bereaved individuals must go through set stages of grief (Hall, 2014).

John Bowlby

To understand the impact of loss on human behavior, one must understand attachment (Worden, 2018). For the grieving, attachment behavior is important, regardless of the individual's age (Bowlby, 2012). The relationship between the attached individual and the attachment figure determines the level of the emotion (Bowlby, 2012).

However, it is the family of origin that determines an individual's attachment behavior. Joy and security are evidenced if the relationship goes well. Anxiety and jealousy are observed if the relationship is threatened (Bowlby, 2012).

Attachment behavior results when an individual maintains proximity with another individual who is perceived to be better able to cope with the world (Bowlby, 2012). When the individual cannot attain a sense of security, he or she worries about others' attitudes and intentions. In turn, insecure relational expectations, emotions, and behaviors are formed (Mikulincer & Shaver, 2021).

Attachment theory is a leading model for understanding emotion regulation and personal and social adjustment. Conceptualizing grief within the Bowlby attachment framework helps

MHPs understand how attachment security can have adaptive benefits (Mikulincer & Shaver, 2021). For instance, interactions with a supportive partner regulates and reduces distress. The interactions cultivate people skills because an individual who feels protected has greater audacity.

In contrast, if the attachment figure becomes unavailable or is lost due to death, the psychological benefits are prohibited (Mikulincer & Shaver, 2021). The detached person may feel unprotected and alone because his or her safety and security are gone. As a result, she or he may feel intense distress (Mikulincer & Shaver, 2021).

Attachment theory explains the certainty of grief as human beings have an innate psychobiological system that motivates them to seek closeness, to protective others, and to attain safety, comfort, and support. Bowlby's attachment theory included grief and depression like Kübler-Ross, but Bowlby emphasized how emotions often occur after a broken relationship (Bowlby, 2012).

Infants who experience prolonged separation, e.g., parent's death, will cry and resist other people's soothing effort in the attempt to reestablish contact with the absent figure (Mikulincer & Shaver, 2021). Similarly, loss-related distress may also be impacted by an individual's attachment orientation. Dispositional attachment anxiety is related to a sense of helplessness and vulnerability. The individual who was overdependent on her or his partner may experience intense emotional reactions due to separation and loss (Mikulincer & Shaver, 2021).

For those with attachment-anxiety, the loss of a loved one can seem catastrophic. Studies have shown that attachment anxiety is correlated with intense grief reactions following the death of a loved one (Mikulincer & Shaver, 2021). Attachment theory also relates to GSG in that the theory explains what the bereaved may experience while participating in GriefShare.

Participants in Mikulincer and Shaver study reported a positive impact, achieved safety, comfort, and support despite the loss of the attachment figure (Mikulincer & Shaver, 2021).

J. William Worden

As noted in the previous section, Worden (2018) stressed the importance of understanding how attachment can impact loss. Worden (2018) is considered a leading proponent in bereavement, terminal illness, and cancer care. He has spent more than 30 years researching life-threatening behavior and life-threatening illness (Worden, 2018).

Worden's world-renowned book, *Grief Counselling and Grief Therapy: A Handbook for the Mental Health Practitioner* (Handbook), is considered the standard reference on grief counseling and grief therapy. The work provides MHPs with tools to recognize issues surrounding death, i.e., CG and depression. The handbook guides the MHP through Bowlby's attachment theory, through loss, and through the grief experience. Worden (2018) instructs MHPs on how to recognize grief's feelings, behaviors, cognitions, and physical sensations.

In the Handbook, Worden (2018) defines mourning as the process of adapting to loss, and bereavement as the loss to which one is trying to adapt. The process includes remembering the loved one and adjusting to life without them. He explains how the mourning process can help the bereaved remediate their pain by accepting the reality of their loss (Worden, 2018).

Worden (2018) recommends grief counseling and grief therapy as specialized interventions for those with uncomplicated grief (UG). Grief counseling helps the bereaved through UG by completing the tasks of mourning. The author offers various principles, e.g., group counseling and funeral rituals, to evaluate the efficacy of grief counseling (Worden, 2018).

Worden defines grief therapy as specialized techniques used to help the bereaved through CG and abnormal grief reactions (Worden, 2018). Grief therapy includes specific procedures

and therapeutic techniques to resolve CG. The procedures and techniques evaluate the efficacy of grief therapy in certain types of loss, e.g., violence, suicide, stillbirths, anticipatory grief, and HIV/AIDS.

Worden (2018) also focuses on individual and relationship grief reactions, and he emphasizes the grief impact on the family. MHPs are to consider their own losses, unresolved conflicts, their death awareness, and their counseling limitations prior to collaborating with bereaved clients. Interestingly, Worden's (2018) bereavement process has staunch similarities to postmodern social constructionist views as the bereaved are encouraged to remember their loved one.

Postmodern Social Constructionist Views

Dennis Klass, an early proponent of postmodern social constructionist views, held that grief was resolved when the bereaved individual maintained a continuing bond with the deceased (Klass et al., 2006). From a postmodern social constructionist perspective, continuing bonds are not denial. The deceased loved one provides enriching resources for the bereaved to function. After death, the bereaved find places, i.e., memorials, for their loved one within their lives and communities (Klass et al., 2006).

Robert A. Neimeyer, a later proponent of postmodern social constructionist views, posited that grief is a reconstructing of the world disrupted by loss (Neimeyer et al., 2014). Grief and mourning are a social process by which the bereaved seek meaning in the personal, familial, communal, and cultural spheres. Simply put, mourning establishes meaning in the deceased's life and death and in the broader community.

Neimeyer et al. (2014) promoted a social constructionist model of grieving because narrative processes resulted in finding meaning. Grieving is a multilevel phenomenon that draws

from individual self-narratives that serve to organize life experiences into stable structures over time. The bereaved construct the deceased's identity as she or he was and as he or she is now. Doing so, they establish individual and communal continuing bonds with the deceased (Neimeyer et al., 2014).

This research study aligned with the social constructionist model as it describes how the bereaved utilize distinct cultural contexts (Neimeyer et al., 2014). Bereaved individuals' grief expressions must fit within the prevailing social and political order. Their grief must also be congruent with the meanings they attribute to loss (Neimeyer et al., 2014).

MHPs should be mindful of bereaved individuals who protect themselves from the reality of their loss by denying the meaning of their loss. The loss can be deemed less significant than it really is (Worden, 2018). In addition, for certain bereaved individuals, restructuring after loss can be daunting if meaning cannot be found (Hall, 2014).

Meaning Making

Flahault et al. (2018) administered a qualitative study to explore how bereaved children give meaning to losing a parent to cancer. Researchers conducted nondirective interviews with 14 children, and seven themes illustrating their grief were identified: (1) grief is hard to believe, but the ceremony makes it real, (2) grief means change, (3) some things stay the same, (4) grief means missing someone, (5) grief is experienced with deep feelings, (6) grief is growing up, and (7) grief is staying little.

For the participants in this study, meaning making was rooted in the views of others. The surviving parent became a guardian of meaning (Flahault et al., 2018). The research of Flahault et al. (2018) highlights the importance of the surviving parent as a fundamental actor in providing grief support and meaning making for the bereaved child.

Losses that are sudden and unexpected can also prevent a bereaved individual's ability to rebuild his or her assumptive world. Sudden death can destroy the idea that the universe is benign, or that life is predictable (Hall, 2014). Sudden death can also leave bereaved individuals damaged, further heightening the grief response (Brysiewicz, 2008). When there is sudden death, MHPs should consider trauma. Certain deaths, e.g., homicide, can elicit trauma responses and grief reactions in response to the loss (Worden, 2018).

Brysiewicz (2008) used an interpretive hermeneutic phenomenological approach to describe the lived experiences of South African families who had lost someone to a sudden death. The participants in this study were five bereaved family members who had lost a loved one to sudden death; they were also members of a bereavement support group. Five themes emerged: (1) loneliness of grief, (2) poor receptions by hospital staff, (3) lack of closure, (4) acknowledgement of loss, and (5) helping others. The study highlighted what bereaved family members who experienced sudden death viewed as important (Brysiewicz, 2008).

A bereaved client may have no conceptual framework for the meaning making process (Hall, 2014). Bereaved clients may present for therapeutic intervention because they cannot make sense of their loss. They view the death as unfair, unmerited, or arbitrary. For some clients, the loss may be inconsistent with their worldview, so sense-making becomes a coping issue (Hall, 2014).

Khalaf et al. (2018) investigated the lived experiences of nurses' coping mechanisms, grief reactions, feelings, and emotions after their patients' deaths (Khalaf et al., 2018). The study revealed the numerous adverse effects the nurses experienced as they attempted to overcome their grief (Khalaf et al., 2018). During significant levels of CG, coping cannot be achieved when meaning cannot be found (Hall, 2014). Long-term grief, depression, anger, and anxiety

often occur when there is intensive search for meaning after an unexpected loss, i.e., death of a child. Most CG following an unexpected death is attributed to failure to find spiritual or secular meaning in the loss (Hall, 2014).

Meaning making processes are activated when there is inconsistency between pre-existing assumptions and one's understanding of an event (Lichtenthal et al., 2011). Religious and spiritual individuals who grieve the loss of a loved one tend to rely on their faith to make sense of the death. Links have been found between adapting to bereavement and making sense of life through religion and spirituality (Burke et al., 2012).

In addition, bereaved individuals find solace in their religious or spiritual beliefs when a loved one dies (Burke et al., 2012). Most religions offer a reliable framework for making sense of life events (Lichtenthal et al., 2011).

Positive religious coping is a secure relationship with God, a belief that there is a greater meaning to be found in life, and a sense of spiritual connectedness with others. Negative religious coping is expressions of a less secure relationship with God, a tenuous and ominous view of the world, and a religious struggle to find and conserve significance in life (Pargament, et al., 2001, p. 710).

Interestingly, Lichtenthal et al. (2011) found that NRC predicted meaning making (Lichtenthal et al., 2011). NRC and difficulties with meaning making also predicted PGD. Lichtenthal et al. (2011) proposed that meaning making was harder when bereaved individuals' assumptions were compromised during a faith crisis.

Bereaved individuals' complex relationships, spiritual crises, and meaning making challenges all contribute to prolonged grief reactions (Lichtenthal et al., 2011). Meaning making interventions that address bereaved individuals' spiritual concerns can facilitate the grief process.

Thus, bereaved individuals who experience a loss and who are no longer connected to their religion can benefit from increased religious community (Lichtenthal et al., 2011).

What is meaning making? Meaning making includes: (1) making sense of the loss, the death was somehow predictable, or religion or spirituality provide meaning and (2) finding positives in the loss, the death led to post traumatic growth (PTG). Sense-making and benefit-finding are distinct processes that represent two psychological issues for bereaved individuals (Hall, 2014). Interestingly, individuals' perceptions of PTG and psychological distress varied significantly based on their bereavement status and religious factors (Currier et al., 2013).

Currier et al. (2013) suggest that religion may contribute to growth and healing and that there may be potential spiritual impact of bereavement (Currier et al., 2013).

Making sense of the loss does not alleviate distress, but it does allow for less focus on the loss. Meaning making is an interactive process in which loss can be supported or unsupported within families and other groups (Hall, 2014). Ten to 15% of individuals bereaved due to unexpected deaths can be chronic for months, even years (Hall, 2014).

Hussein (2018) explored mourning and faith-based intervention in maladaptive grieving processes. The researcher also analyzed the meanings of psychospiritual practices used to address maladaptive grief processes and their psychological and emotional after-effects. Findings revealed that mourning and faith-based social interventions are meaning making processes (Hussein, 2018).

Dennis Klass

Bereavement theory holds that understanding of grief leads to the understanding of the impact of grief (Hall, 2014). Klass et al. (2006), a forerunner in grief, noted that resolving grief requires an understanding of what it means to be human. The resolution of grief is tied to the

meaning of our bonds with people in our lives, the meaning of family and community, and the meaning attributed to individual lives, while facing our own mortality (Klass et al., 2006).

The stages of grief discussed earlier have been rejected. More recent theories have incorporated the cognitive, cultural, social, and spiritual aspects of grief (Hall, 2014). Klass et al. (2006) suggest adapting to the post death relationship by constructing and reconstructing new connections.

Bereavement is not a psychological state from which one recovers. Furthermore, bereavement does not abruptly end. Rather than letting go, the goal should be to repeatedly negotiate and renegotiate the meaning of the loss (Klass et al., 2006).

The aforementioned conceptual framework offers divergent perspectives on grief. Sigmund Freud's theories on griefwork are still relevant today, and rarely is there a discussion on grief without Elisabeth Kübler-Ross' stages of grief. John Bowlby's attachment theory helps us to understand why human beings grieve, and J. William Worden explains why there is no grief without attachment. Finally, Dennis Klass and Robert A. Neimeyer give the bereaved permission to grieve and to maintain continuing bonds with their loved ones.

Prolonged Grief Disorder

Although grief is considered an individual phenomenon, grief is a family affair (Breen et al., 2018). Grief is complex and challenging, so a holistic view of grief is necessary. MHPs are encouraged to increase their focus on researching, theorizing, educating, and practicing how to use innovative approaches to address the complexities of grief (Breen et al., 2018).

The American Psychiatric Association's (2022) *Diagnostic and Statistical Manual of Mental Disorders, fifth edition, text revision* (DSM-5-TR) and World Health Organization's

(2019) *International Statistical Classification of Diseases and Related Health Problems* (11th ed.; ICD-11) include prolonged grief disorder (PGD) as a diagnosis.

Table 2

DSM-5-TR: Prolonged Grief Disorder Diagnostic Criteria

- A. The death, at least 12 months ago, of a person who was close to the bereaved (for children and adolescents, at least 6 months ago).
- B. Since the death, there has been a grief response characterized by one or both of the following, to a clinically significant degree, nearly every day or more often for at least the last month:
 - 1. Intense yearning/longing for the deceased person
 - 2. Preoccupation with thoughts or memories of the deceased person (in children and adolescents, preoccupation may focus on the circumstances of the death)
- C. As a result of the death, at least 3 of the following 8 symptoms have been experienced to a clinically significant degree since the death, including nearly every day or more often for at least the last month:
 - 1. Identity disruption (e.g., feeling as though part of oneself has died)
 - 2. Marked sense of disbelief about the death
 - 3. Avoidance of reminders that the person is dead (in children and adolescents, may be characterized by efforts to avoid reminders)
 - 4. Intense emotional pain (e.g., anger, bitterness, sorrow) related to the death.
 - 5. Difficulty with reintegration into life after the death (e.g., problems engaging with friends, pursuing interests, planning for the future)
 - 6. Emotional numbness (i.e., absence or marked reduction in the intensity of emotion, feeling stunned) as a result of the death
 - 7. Feeling that life is meaningless as a result of the death
 - 8. Intense loneliness (i.e., feeling alone or detached from others) as a result of the death
- D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- E. The duration and severity of the bereavement reaction clearly exceeds expected social, cultural, or religious norms for the individual's culture and context.
- F. The symptoms are not better explained by major depressive disorder, posttraumatic stress disorder, or another mental disorder, or attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

(American Psychiatric Association, 2022)

Table 3*ICD 11: Prolonged Grief Disorder Diagnostic Requirements (6B42)*

- History of bereavement following the death of a partner, parent, child, or other person close to the bereaved.
- A persistent and pervasive grief response characterized by longing for the deceased or persistent preoccupation with the deceased accompanied by intense emotional pain. This may be manifested by experiences such as sadness, guilt, anger, denial, blame, difficulty accepting the death, feeling one has lost a part of one's self, an inability to experience positive mood, emotional numbness, and difficulty in engaging with social or other activities.
- The pervasive grief response has persisted for an atypically long period of time following the loss, markedly exceeding expected social, cultural or religious norms for the individual's culture and context. Grief responses lasting for less than 6 months, and for longer periods in some cultural contexts, should not be regarded as meeting this requirement.
- The disturbance results in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. If functioning is maintained, it is only through significant additional effort.

(World Health Organization, 2019)

Individuals experiencing PGD may long for their deceased loved one or be preoccupied with thoughts of the deceased (World Health Organization, 2019). However, the DSM-5-TR and ICD-11 differ regarding time criterion and symptoms. For instance, in the DSM-5-TR, PGD is diagnosed 12 months after loss while in the ICD-11, PGD is diagnosed 6 months after loss (World Health Organization, 2019).

However, it is unclear how the DSM-5-TR distinguishes PGD from bereavement-related posttraumatic stress disorder (PTSD). Lenferink et al. (2020) explored the structure of DSM-5-TR PGD and DSM-5 PTSD for those experiencing traumatic loss. Lenferink et al. findings support PGD as a distinguishable, but related, syndrome from PTSD.

During bereavement and treatment, MHPs should be especially mindful of PGD with those parents who have children facing life-limiting illnesses. Blazin et al. (2018) sought to understand how bereaved parents' spiritual experiences affect objective measures of grief, meaning making, and depression. Thirty bereaved participants completed the Prolonged Grief

Disorder Questionnaire, the Integration of Stressful Life Experiences Scale, and the Beck Depression Inventory (Blazin et al., 2018).

Research has shown that bereaved parents are often forced into meaning reconstruction, i.e., benefit-finding and sense-making (Bogensperger & Lueger-Schuster, 2014). Blazin et al. (2018) findings indicated that bereaved parents who had a negative spiritual experience have increased risk for prolonged grief symptoms. Specifically, bereaved parents are less likely to find meaning in their children's deaths (Blazin et al., 2018).

Researchers have proposed different definitions for pathological grief (Lenferink et al., 2021). Suggested proposals include traumatic grief, CG, or prolonged grief (Lenferink et al., 2021). In certain instances, PGD and CG are used interchangeably.

Irrefutably, we are experiencing various disasters with death and suffering in the U.S. In recent months, there have been mass shootings, school shootings, gun violence, hurricanes, tornadoes, fires, and floods. Some Americans may experience PGD while others may mourn without having incapacitating feelings of grief (American Psychiatric Association, 2022). Over time, most individuals adapt to the loss of a loved one. It is only a minority of individuals that develop severely disabling symptoms that continue for a prolonged period (Lenferink et al., 2021).

This study focused less on the diagnoses of bereaved individuals and more on how grief has become a public health need for the current generation (Chang, 2021). It considers how spaces are being created for communal expressions of grief. Death cafes are accessible structures that allow local strangers to ask questions about mortality and to share their perspectives.

Unlike GSGs, death cafés are open to anyone who is curious about death. Death cafes are a death-positive movement designed to decrease the stigma of death (Chang, 2021).

Although death cafes are open forums, they do not create an intentional space for healing.

A phenomenological research approach surmises that multiple realities can co-exist simultaneously (Moustakas, 1994). Everyone faces the inevitability of death (Tan & Andriessen, 2021). However, people grieve differently (McGee et al., 2018).

This qualitative research study filled the gaps in the scientific literature as it relates to FB-GSGs and their impact on the broader mental health community. More specifically, the emergence of themes helped to identify the impact of GriefShare on group members. The study provided information that MHPs can use to ensure their grief interventions are managed in the best way possible (Brysiewicz, 2008).

Individual and Collective Grief

Around the world, trauma is inflicted individually and collectively, so we need to understand the impact of individual and collective loss (Castrellón et al, 2021). Finding meaning in loss facilitates healing but meaning making does not occur in isolation (Castrellón et al, 2021).

Grief has a personal, intimate side, and grief has a public, social side (Moltmann, 2016). Individuals are shaped by their environment and their surrounding relationships. Trauma, loss, and grief are not individual constructs; they are concepts filled with social meaning. Losses transform individuals, so healing and recovery should be viewed as social phenomena in which others impact, and are impacted by, the individual (Castrellón et al, 2021).

As noted earlier, grief can adversely affect those who experience frequent loss. Betriana and Kongsuwan (2019) sought to describe the lived grief experiences of 14 nurses caring for patients who had died in an intensive care unit. Findings revealed five major thematic

categories: (1) empathetic understanding, (2) balancing self, (3) avoidance, (4) anticipating the future of own death, and (5) relating bargaining technologies (Betriana & Kongsuwan, 2019).

The aforementioned study reiterated how grief affected the nurses' spiritual, emotional, cognitive, relational, and professional well-being and how the nurses grieved individually and collectively. Individually, the nurses had difficulty distancing themselves emotionally from the dead patient; they each reported how they were faced with the inevitability of their own deaths (Betriana & Kongsuwan, 2019). Collectively, the nurses that were caring for the patients experienced grief with other nurses who were also caring for dying patients. Three themes emerged (1) care of the dead body, (2) detachment, and (3) thanatophobia, the fear of death or dying.

Grief can also individually and collectively adversely affect those who experience infrequent loss. Nikfarid et al. (2017) explored the lived experiences of Iranian mothers of children with cancer and their chronic sorrow. Findings revealed eight individual thematic categories: (1) maturity, (2) normalization of life, (3) coping, (4) uncertainty about future, (5) remembering the misfortune, (6) constant comparison, (7) crisis engagement, and (8) living in the ominous shadow of cancer. Most participants reported that their child's disease had resulted in circumstances that were not possible, but for their child's death (Nikfarid et al., 2017).

Moreover, findings revealed three collective thematic categories: (1) religious fear and hope, (2) climbing up shaky rocks, and (3) continuous role changing (Nikfarid et al., 2017). The study showed how the mothers' similar experiences were better comprehended in their traditional socio-cultural context.

McGee et al. (2018) explored miscarriage with 10 females who sought support services for their miscarriage experience. For some, ambiguous loss theory did not fully describe the

participants' miscarriage experience. However, McGee et al. (2018) noted how two religious and spiritual themes emerged, i.e., "In the end, I have my faith" and "He loves me in a different way." The study demonstrated how grief impacts the bereaved differently and how the bereaved experience commonality through religion and spirituality (McGee et al., 2018). However, bereaved individuals experiencing the same type of loss may experience grief quite differently.

Related Literature

Religion and Spirituality

Incorporating religion, spirituality, and social connections into the grief process can enhance therapeutic outcomes (Heath & Cutrer-Párraga, 2020) and facilitate meaning of the experiences. MHPs who are trained in diverse multicultural perspectives (Heppner et al., 2015), often avoid spirituality in secular counseling settings (Dyer & Hagedorn, 2013). MHPs can develop a bereavement care process that values their bereaved clients' religious principles and their social interactions (Kongsuwan et al., 2019).

Whitehead (2015) utilized a case study methodology to explore how Christian "mommy blog" communities created spaces for those impacted by infant loss. The blog format allowed for narrativization of the devastating experience. Frequently, grieving mothers placed their traumatic personal experiences within an ongoing religious narrative (Whitehead, 2015). As the blogger told her story of loss, it became a greater shared story, i.e., the child's story, the parents' story, and the blog community's story (Whitehead, 2015).

Damianakis and Marziali (2012) explored spirituality's role in helping older adults grieve the loss of a spouse based on a group psychotherapy model. Twenty-four adults between the ages of 65 to 82 participated in a 14-week group therapy intervention. Qualitative analysis revealed that the therapy groups yielded prominent themes that demonstrated a correlation

between spirituality, mourning the loss, self-identity changes, and social re-engagement (Damianakis & Marziali, 2012).

In other related literature, Burke et al. (2011) conducted a longitudinal study in which 46 African American homicide survivors explored the relationship between CG, positive religious coping (PRC), and negative religious coping (NRC). PRC and NRC were measured using the 21-item religious coping scale (Brief RCOPE, Pargament et al., 2001). PRC and NRC subscales assessed items such as “wondering whether God had abandoned me” or “sought help from God in letting go of my anger” (Burke et al., 2011, p. 291).

NRC are negative thoughts and behaviors towards God or anger towards the faith-based community. The bereaved survivors collectively experienced NRC, questioned God’s power, or felt spiritually abandoned (Burke et al., 2011). NRC was correlated with CG, and CG resulted in high levels of spiritual struggle six months later (Burke et al., 2011).

Interestingly, Burke et al. (2011) found that PRC was unrelated to bereavement outcomes. Meaning is created when the bereaved redirect their attention toward spiritual resources and away from their loss. In turn, cognitive assimilation is facilitated and existing assumptions about their faith is reinforced (Lichtenthal et al, 2011).

Stelzer et al. (2020) examined the role that communal religiosity had in personal religiosity and bereavement outcomes. Thirty-three bereaved adults participated in a mixed-methods analysis. Researchers assessed participants’ interview mentions of communal and personal religiosity and their self-reported religious coping and grief symptoms.

Personal and communal religiosity predicted PRC, NRC, and grief severity (Stelzer et al., 2020). Furthermore, personal religiosity predicted more NRC for those participants who reported low communal religiosity. Researchers found that personal religiosity, alone, is not

necessarily protective against loss. Personal and communal religiosity together lead to PRC and reduced NRC (Stelzer et al., 2020).

Consider Anike (2014) in which researchers sought to understand how religion facilitates the adaptation process of eight bereaved Catholic African Americans. Seven themes emerged (1) support and presence of pastors and church community members, (2) attendance of Eucharistic prayer and other church activities, (3) faith and submission to God's will, (4) belief in afterlife and reunion with deceased family members, (5) increased prayer practice, (6) continuous bonds and family support, and (7) sharing of narratives about the deceased. African Americans place maximum value on religion as a resilience factor that enhances their adjustment after the loss of a significant other (Anike, 2014).

Continuing, Yoon (2015) conducted a phenomenological study that explored the lived experiences of bereaved parents and assessed Christian spirituality's role in coping with the loss of a child. Interpretive Phenomenological Analysis was done with three individual bereaved parents and three Korean bereaved couples several years after the loss of a child. The researcher found one essential factor and six variable factors of Christian spirituality that affected bereaved parents as they coped with their grief. The factors included (1) faith community as a support source, (2) the moment God was encountered, (3) God giving life meaning to the bereaved, (4) changes in perspective on life and death, (5) sharing life stories, (6) family sustaining life, and (7) remembering the deceased child. Spiritual healing and transformation of bereaved parents were emphasized in the interpretation of the findings (Yoon, 2015).

Religion and spirituality's coping mechanisms have been found to be positively correlated with the treatment of mental health issues, i.e., grief/bereavement, suicide, depression, personality disorders, psychosis, anxiety, and posttraumatic stress disorder. The theoretical

implications are assuredly related to the stigmatization that surround death (Dyer & Hagedorn, 2013).

Kongsuwan et al. (2019) explored the lived experiences of grieving husbands who had lost their wives from critical illnesses. Five thematic categories described the meanings of the experiences which were reflective of the four lived worlds of relation, body, time, and space (Kongsuwan et al., 2019). The hope was to be healed by detachment from the deceased while maintaining attachment with social connections. Furthermore, the grief experience was not complicated (Kongsuwan et al., 2019).

Pastoral Counseling

Spirituality's impact on the bereavement process has received enormous attention in pastoral counseling (Dyer & Hagedorn, 2013). Capps (1995), an expert in pastoral counseling, posited that unresolved grief and hopelessness were the main causes of depression. Unresolved grief and hopelessness create a sense of a blocked future (Capps, 1995).

In grief, some of the traits are (1) feeling pain, (2) loss of interest in the outside world, (3) loss of a capacity to adopt any new objects of love, and (4) turning away from active effort that is not connected with thoughts of the deceased (Capps, 2008). In mourning, there is little remorse present in melancholia, nor is there the expectation of impending punishment. In mourning, the loss is painful, but it is experienced as integral to life itself (Capps, 2008).

Pastors are key figures in the church, so their leadership and guidance are imperative for social program awareness (Finney, 2020). Capps (1995) defined the pastor's role within the church as the agency of hope. The literature review was wrought with bereaved individuals needing to be with others to experience increased hope, connectedness, and self-efficacy (Pivarunas, 2016).

Capps (1995) noted that apathy is futility. A better course of action is to throw ourselves into our hopes with patience. “It is what we can do for ourselves as we wait for the world out there to prove that our waiting was not in vain” (Capps, 1995, p. 154). Pastors can instill hope in other people. MHPs who are clinically trained can still seek training from pastors to build rapport and relationships within their community (Harris et al., 2019).

Pastors have a solid understanding of the nature of hope; they have a better sense of what makes them unique among professionals. Capps (1995) stated that the line between pastoral ministry and other helping professions has become blurred. In ministry of care, there is no longer a clear distinction between pastors and other professionals (Capp, 1995).

Pastoral care and counseling were successful in finding a place among the helping professions, i.e., psychotherapists, psychiatrists, and social workers (Capps, 1995). Previously, pastors self-identified with various counseling models. Pastors should not become wedded to a particular counseling model (Capps, 1998). Pastors can no longer work in silos in addressing grief within the broader faith-based community.

In collaborating with bereaved individuals, MHPs must understand how their remembered past (and loss) can play a significant role in their efforts to solve their problem in the present. Bereaved clients bring the baggage of experience to current problem-solving efforts. Bereaved individuals must face the reality of their loss. “All difficulties faced in life do not have a solution, no matter how “faithful” we may happen to be” (Capps, 1998, p. 166).

Capps (1998) held that if an approach is effective and consistent with Christian values, one may choose to use it. Counseling interventions that are not (1) effective and (2) congruent with Christian values should not be used (Capps, 1998). Again, there is no research on how FB-GSG impact the experiences of the bereaved (Nuzum et al., 2017). Jerome (2011) explored how

students' religious and spiritual beliefs were incorporated into school-based grief interventions following school and community tragedies. The researcher encouraged MHPs to consult with community spiritual leaders to merge students' spiritual resources with spiritually based interventions (Jerome, 2011).

Throughout the literature review, there are recurring themes of finding meaning in loss through religion and spirituality. Five decades ago, Kübler-Ross (1969) developed the five-stage model to depict the grief process for terminally ill patients. The stages were coping mechanisms to deal with the inevitability of death (Dzhurova, 2020). A search of the literature did not yield any correlational studies between the deceased's acceptance and the bereaved overcoming their grief.

Undeniably, Kübler-Ross' five stages model still has its place in grief research. Hashim et al. (2013) found the model to be crucial in working with terminally ill patients. More recently, Dzhurova (2020) used Kübler-Ross' model to define and analyze narratives that occurred during COVID-19 as mourning and unresolved loss were found to have substantial impact on COVID patients.

Traumatic events, e.g., mass shootings, gun violence, pandemics, hurricanes, tornadoes, fires, and floods have exacerbated grief on a global scale. Kübler-Ross' stages of grief imply inescapable outcomes in which death is only resolved by acceptance (Klass et al., 2006). This study was predicated on the notion that the journey towards death (Hashim et al., 2013) and the grief that follows can be improved.

We must move beyond Kübler Ross' assertion that the grief process consist of five stages: denial, anger, bargaining, depression, and acceptance (Bulut & Can, 2021, p. 7). Changes are needed in regard to the myths surrounding death and dying (Hashim et al., 2013). Rather

than a destructive process for the dying, death can become a constructive process for the living (Bulut & Can, 2021).

In grief, there is realization of loss and an integration into the bereaved individual's life story (Moltmann, 2016). The bereaved say farewell to their loved one, but in faith, they know that death is not a final inevitability. "God has taken our loved one to be with him, while we say goodbye to him or her" (Moltmann, 2016, p. 64). This realization means that the loved one's dying is different; the death is no longer tragic.

Grief is a part of the deceased transformation into eternal life. Grief is not endless because death is not the end (Moltmann, 2016). As such, grief is transformed from a complaint into a community with the dead. "We can see beyond the graves and the tragedies into God's future" (Moltmann, 2016, p. 64). Revelation 21:4 states, "And God will wipe away every tear from their eyes; there shall be no more death, nor sorrow, nor crying. There shall be no more pain, for the former things have passed away" (New King James Bible [NKJ], 1982/2004).

Social Support

The literature review led to recurring themes of how social support can fill attachment voids and serve as a coping mechanism during grief. Therefore, an exploration of related literature on social support is warranted. Adams et al. (2019) explored the grief experiences of seven adults bereaved by the suicide of a sibling.

Semi-structured phone interviews revealed four themes: (1) meaning making and growth through grief, (2) the process of grief, (3) grief interactions, and (4) continuing bonds.

Participants' stories highlight the impact of family relationships on the grieving process in siblings and the need for family members to respect, understand, and communicate with each other as they process their grief (Adams et al., 2019).

Social support facilitates survivors' psychological adaptation following a violent death (Hannays-King et al., 2015). Hannays-King et al. (2015) explored social support with 10 Black mothers after the loss of their child to gun homicide. The research findings indicated that the mothers experienced altered relationships with friends and families after their loss. Participants reported feeling isolated during their grief process. Understanding the role of social support in grief is critical to developing appropriate interventions for the bereaved (Hannays-King et al., 2015).

Cacciatore et al. (2021) emphasized the importance of social support in enhancing wellbeing and health in various populations. For traumatic grief, social support is particularly important in the case of unexpected deaths, e.g., heart attacks, stroke, homicides, car accidents, suicide, or drug overdose. Researchers still do not fully understand how grieving individuals interpret and define social support, and little is known about the specific behaviors that grieving individuals perceive as helpful during traumatic grief (Cacciatore et al., 2021).

Psychosocial resources can ameliorate grief reactions that follow a collective loss (Wayment & Silver, 2021). Researchers explored college students' grief reactions following an on-campus shooting. They also explored whether their grief and distress reactions were distinguishable.

Finally, Wayment and Silver (2021) investigated whether self-identity was associated with grief but not distress. Grief was positively correlated with solidarity with other students. General distress was positively correlated with exposure to the shooting and prior mental health issues (Wayment & Silver, 2021).

Jones et al. (2019) explored the lived experiences of 11 men and women between the ages of 18 and 49 who had lost their spouse. The three themes that emerged were (1) the

relationship prior to death, (2) coping, and (3) concerns. Jones et al. (2019) emphasized the need for accessible resources for young, widowed individuals.

Arnold et al. (2005) reiterated that MHPs should provide bereaved clients with available information and connect them with service providers. Researchers designed quantitative and qualitative measures to assess 74 parents who had experienced the death of a child. In addition to quantitative measures, two qualitative measures were utilized to expand the understanding of grief's complex emotional response (Arnold et al., 2005).

Findings suggested a parent's grief is ongoing after the loss of a child. The study offers significant implications to explore grieving families' commonalities in the grieving experience regardless of the time since death and the cause of death of the child. More importantly, the findings may inform the development of services for bereaved parents (Arnold et al., 2005).

Aoun et al. (2015) described the bereavement risk and support needs of 678 bereaved family members. Researchers assessed data fit based on the three-tiered public health bereavement support model. They also examined bereaved family members' caring experience and their perceived satisfaction with bereavement support (Aoun et al., 2015).

Findings showed that 58.4% of respondents were low risk; 35.2% were moderate risk; and 6.4% were high risk. The analysis revealed different experiences and needs that aligned with the expectation of low, moderate, and high bereavement support needs. Such findings could inform community organizations and informal networks to prioritize care according to the bereavement need level (Aoun et al., 2015).

Sekgobela et al. (2021) also explored widows' experiences of widowhood based on their various sources of support. Widows attached meaning to various sources of psychosocial support. They also experienced positive and negative interactions with their support sources.

Widows also experienced happiness and satisfaction when their psychosocial support needs were met, and they experienced disappointment during negative encounters (Sekgobela et al., 2021).

In addition, Huggins et al. (2020) explored 10 mothers' grief and coping after the homicide of their son. The findings revealed four themes: spirituality and meaning making, collective support, concealment, and suppression of emotions, and normalizing the child against stigma. The 10 grieving mothers also struggled as their sons' murders remained unsolved. Support was needed to help the mothers with their grieving process (Huggins et al., 2020). Huggins et al. (2020) practical implications pertain to the meaning that grief group members attach to various sources of psychosocial support.

Grief Support Groups

Bereaved individuals may find social support in grief support networks (Burke et al., 2011). Hartig and Viola (2016) conducted a study of 185 online grief support networks. Upon joining an online grief support community, participants reported less psychological distress. Members who participated for more than a year reported their grief as less severe than members who participated less than a year (Hartig & Viola, 2016). The study did not include members' assessments of the impact of the online grief support community.

Jones et al. (2019) described the lived experiences of 11 men and women between the ages of 18 and 49 who had lost their spouse. The three themes that emerged were (1) relationship prior to death, (2) coping, and (3) concerns. Although the study omitted members' assessment of their grief support community, Jones' et al. (2019) thematic analysis revealed themes related to the need for accessible social resources.

The researcher for this phenomenological study found one study in which the findings indicated support for group programs. Brassil (2015) implemented a quasi-experimental

quantitative design to evaluate the potential effectiveness of a Grief Resolution Group Program on grief intensity, grief adaptation, and personal growth. One hundred and forty participants provided responses to the Hogan Grief Reaction Checklist and the Integration of Stressful Life Experience Scales (Brassil, 2015). The Treatment Group had the greater improvement in their Adaptation to Grief and Personal Growth scores across time.

In addition, the Intensity of Grief scores were substantially lower for the Treatment Group than for the Contrast Group. The Treatment Group showed an increase in Personal Growth in comparison to the Personal Growth pretest scores. Researchers stated that this research had implications for more effective interventions for MHPs (Brassil, 2015).

Flåten et al. (2018) qualitatively explored how seven Norwegian group leaders experience GSG processes. Researchers found two inter-related themes: (1) group leaders' engagement and confidence were linked to facilitating the group activity and (2) attaining group cohesion is a challenging balance. Researchers suggest that group work is enhanced if well-qualified leaders understand and pay attention to the prescreening, homogenous groups, ongoing group processes, group cohesion, and individual timing (Flåten et al., 2018).

McKinnon and Chonody (2014) sought to discover the formal supports and identified unmet needs of 14 individuals bereaved by suicide. Thematic analysis revealed two major supports that were lacking. Survivors were not consistently connected with service providers, or survivors were not provided information on available services. Researchers discussed how the study highlighted the under-researched lived experiences of those grieving due to suicide (McKinnon & Chonody, 2014).

Supiano (2012) sought to discover the impact of a suicide survivors' group and their self-reported grief distress and their process of finding meaning in their loss. Findings revealed four

themes: (1) ways of coping, (2) wanting to die or live, (3) personal impact and response, and (4) attribution of suicide causation. The themes were explored within the context of personal and spiritual awareness, group support, meaning making, and interaction with others. Research findings suggested that suicide survivors may benefit from participating in support groups, but there has been little research on how GSGs impact the experience of suicide survivorship (Supiano, 2012).

This researcher found one peer reviewed study in which group members reported positive and negative aspects of a GSG. Dyregrov et al. (2013) investigated grief group participant's experiences, satisfaction, and benefits with the grief group. The positive aspects were meeting with peers, sharing thoughts and feelings, exchanging advice and information, and sharing hope. The negative aspects were unfulfilled needs, additional personal stress, and dissatisfaction with structure, organization, and leadership (Dyregrov et al., 2013).

Group members also indicated their group leaders lacked knowledge of the impact of different organizational and structural factors (Dyregrov et al., 2013). A major takeaway was that participants' expectations and needs should be considered when organizing and planning groups. By doing so, group organizers increase the experience of a positive outcome (Dyregrov et al., 2013).

Grief is a social phenomenon, and grieving together is important. The level of perceived social support from inside and outside the family plays a significant role in the mourning process (Worden, 2018). Religion and spirituality within the community can play a vital role in helping bereaved individuals to overcome their grief.

MHPs who do not identify as faith-based are still culturally and ethically responsible for including religion and spirituality in their work with bereaved clients (American Counseling

Association, 2014; National Board for Certified Counselors, 2016). In the literature review, recurring themes of religion and spirituality have emerged. Therefore, an exploration of religion and spirituality related literature is warranted.

Faith-Based, Grief Support Groups

In recent years, faith-based organizations (FBO) have taken on a larger role within the community. Zhi et al. (2017) evaluated FBOs level of preparedness and response capabilities with respect to mass-fatality incidents (MFI). Almost all the respondents believed that their FBO could provide grief counseling and emotional care in response to MFIs (Zhi et al., 2017).

For this study, the researcher explored the literature for studies that discussed members who took advantage of a religious congregation's mental health-related services. There was only one study. Downing (2007) described the structure and essence of faith-based, support group. Prior to the Downing (2007) study, no research had explored the divorce experience through the application of the phenomenology.

Although dated, Downing's (2007) research synthesized meanings and essences which illustrated the solitary struggles of the co-researchers. Additionally, the research findings had personal and professional implications for this study as they included helpful responses to encourage and connect relationships through communication. Downing highlighted the importance of religious faith's association with fewer health risk behaviors, decreased psychological distress, increased coping skills, and self-esteem. Yet again, the study did not report the individual or collective impact of the FB-GSG on its members.

The researcher for this study discovered one study that explored faith-based intervention with five women with an eating disorder. Pivarunas (2016) conducted an extensive review of literature, and only one investigation had explored a faith-based, intervention for this population.

For those participants who identified as religious, findings indicated that the eating disorder had negative religious ramifications (Pivarunas, 2016). Findings indicated that participants needed to have relational growth with God and with others to experience increased hope, connectedness, and self-efficacy (Pivarunas, 2016).

Studies like the Pivarunas (2016) highlight how MHPs can no longer work in silos. Participants identified a need for relational growth both in their relationship with God and others. Participants also reported experiencing increased self-efficacy, connectedness, and hope. Faith-based themes were discussed in terms of their limitations and clinical implications (Pivarunas, 2016).

Tarpeh and Hustedde (2021) described faith-based organizations' role in community development. Although the organizations employed many of the major concepts, they did not have an explicit understanding of the approaches they were implementing. Their study included recommendations on strengthening faith-based, community development organizations through understanding of the concepts of solidarity and agency (Tarpeh & Hustedde, 2021).

Although the research above supports the use of GSG as an intervention, FB-GSG intervention research is lacking. In the last decade, only six peer-reviewed American Counseling Association journals referenced religion or spirituality and their impact on grief (Dyer & Hagedorn, 2013). To include religion and spirituality in their work, MHPs can encourage their clients to seek support within their faith-based community. MHPs must still investigate the impact of FB-GSG and look for ways to utilize them as a pathway to optimal mental health (Dyer & Hagedorn, 2013).

This study theorizes that grief can be understood through the meaning that individuals attach to GriefShare. One might assume that because faith-based social interventions are

meaning making processes (Hussein, 2018) that finding meaning while undergoing a faith-based intervention is a given. Keesee et al. (2008) demonstrate why it is not certain.

Keesee et al. (2008) examined how 157 parents who had lost a child to death contributed objective risk factors and meaning making to grief severity. Participants completed the Core Bereavement Items, Inventory of Complicated Grief, questions assessing sense-making and benefit-finding, and the circumstances surrounding their losses (Keesee et al., 2008).

Findings showed that the age of the child at death, violence of the death, and length of bereavement contributed to significant differences in normative grief symptoms (Keesee et al., 2008). Also, the cause of death was the only neutral risk factor that significantly predicted the degree of CG. Finally, sense-making was the greatest predictor of grief severity for those parents who had made little to no sense of their child's death (Keesee et al., 2008).

Sowell et al. (2004) exploratory qualitative design study consisted of 38 men and women currently using agency services who participated in one of four focus group sessions. Thematic analysis of the content of the audiotapes of the group sessions revealed that the overarching issue for participants was the ability to obtain and maintain employment. Related to this issue were six themes: (1) job readiness and support, (2) self-esteem issues, (3) substance use and treatment, (4) communications, (5) women's issues, and (6) transportation.

Based on these client-generated themes, a multi-level case management program was presented (Sowell et al., 2004). Although Sowell et al. (2004) provided services through a faith-based agency, no faith-based themes emerged. This study suggests that subsequent exploration of the lived experiences of a FB-GSG could hypothetically not result in faith-based themes.

For MHPs to accurately assess the efficacy of faith-based interventions, they must understand how these groups impact their bereaved clients' treatment (Heppner et al, 2015).

However, the researcher found no research on definitive outcomes for GSG whether non-secular or secular. Finney (2020) created and established a Christ-centered, GSG group in East Cleveland, Ohio to enhance the spiritual wellness of the members of the Omega Baptist Church. The study revealed that there is a ministry opportunity for churches to provide FB-GSG for bereaved individuals (Finney, 2020).

The church's role in the lives of believers along with psychosocial support provides the support necessary to create and maintain successful groups. FB-GSG and sound doctrines help group leaders implement strategies to mediate the psychological difficulties of grief. These groups can provide biblical support and peer interactions to give the participants spiritual tools to assist them as they work through their grief (Finney, 2020).

GriefShare

Within the researcher's community, GriefShare is the prevailing grief support initiative. GriefShare, a FB-GS initiative, creates an intentional space for healing (GriefShare, n.d.). Group leaders and group participants work collectively and individually to overcome their grief. This study sought to explore the impact of GriefShare on the participants' lived experience of a FB-GSG.

Bereaved individuals must decide that they must step into roles for which they are unaccustomed. They must develop skills they have not had, and they must move forward with a new perception of themselves and their world (Worden, 2018). MHPs can help their bereaved clients find a new place in their life for their deceased loved one. The place should allow the individual to move forward with his or her life and form new relationships (Worden, 2018).

Worden (2018) suggests gradually re-shifting the emotional energy dedicated to the deceased. Some bereaved individuals are hesitant to form new relationships because they feel

that this disrespects their loved one's memory. Some bereaved individuals feel that no one can take their loved one's place. MHPs can help them realize that it is acceptable to fill the void with a new relationship (Worden, 2018).

As stated above, the purpose of this phenomenological, qualitative study was to describe the impact of GriefShare, a FB-GS initiative, and how the intervention impacts group members. More broadly, this research study was designed to increase understanding of how bereaved clients interact within their broader social environment (Heppner et al., 2015) and faith-based community. Based on the literature review and related literature sections, the impact of the FB-GSG can be understood through the meaning that bereaved individuals attach to their psychosocial support.

As noted in Chapter One's discussion on research gaps, the researcher found one dated quantitative study that explored the efficacy of Christian support groups in coping with the death of a loved one. Additional research was needed to explore the degree to which religion and spirituality impact bereavement (Worden, 2018). Surprisingly, FB-GSG, like GriefShare, often implement approaches they do not understand (Tarpeh & Hustedde, 2021). As a result, those who use faith-based services often question the intervention's efficacy. When questions are left unanswered, services are no longer utilized. For example, Trinitapoli et al. (2009) studied the distribution of 120 congregation-based, health programs in the U.S. to identify patterns in the sponsorship. Findings suggest that members do not take advantage of the health-related services provided by religious congregations and that congregation-based health programs are not serving the neediest communities (Trinitapoli et al., 2009).

Ekanayake et al. (2013) surveyed 38 Sri Lankan survivors' responses, coping strategies, and mobilized resources following a natural disaster. Survivors emphasized the need for

religious faith and practices and extended supportive networks in fostering recovery and maintaining emotional well-being (Ekanayake et al., 2013). Like Ekanayake et al. (2013), this research study reduced members' lived experiences with GriefShare to a description with universal essence (Creswell & Poth, 2018).

The purpose of this study was to investigate the impact of GriefShare, a FB-GSG. How does GriefShare impact the bereaved? Obviously, a biblical framework shaped this study because it holds that MHPs, faith-based and non-faith based, can use faith-based interventions to comfort and offer hope.

As people struggle through grief alongside others, they are sustained by God's mercy (Powlison, 2017). They bring wisdom, sympathy, humility, care, insight, confidence, patience, and hope to others who struggle through their grief. They also bring their life experiences with God (Powlison, 2017).

Someone eases our grief and comforts us in our troubles (Powlison, 2017). The Scripture reads, "Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and God of all comfort, who comforts us in all our tribulation, that we may be able to comfort those who are in any trouble, with the comfort with which we ourselves are comforted by God" (New King James Bible [NKJ], 1982/2004, 2 Corinthians 1:3-4).

God's comfort transforms the meaning and gives us purpose (Powlison, 2017). In our grief, we have lasting hope (Starcevich, 2015) through Jesus' death and resurrection. The Apostle Paul wrote, "But I do not want you to be ignorant, brethren, concerning those who have fallen asleep, lest you sorrow as others who have no hope. For if we believe that Jesus died and rose again, even so God will bring with Him those who sleep in Jesus" (New King James Bible

[NKJ], 1982/2004, 1 Thessalonians 4:13-14). God's love changes the meaning of everything that affects us (Powlison, 2017).

Jesus Christ's resurrection moves believers "from ignorance and unreasonable grief to knowledge and hope" (Starcevich, 2015, p. 116). The resurrection of Jesus Christ is the hallmark of hope, and hope is only made possible through death (Fringer, 2017). "There is no resurrection apart from death and there is no hope other than the hope of sharing in both the death and resurrection of our Lord and Saviour both now and forevermore" (Fringer, 2017, p. 183).

The vast possibility of religious and spiritual outcomes along with the researcher's ontological philosophical assumptions guided this research choice. In ontological qualitative studies, the researcher incorporates multiple realities (Creswell & Poth, 2018). This study was a compilation of phenomenology based on the participants' lived experiences of the FB-GSG (Creswell & Poth, 2018).

Participants' lived experiences served as evidence of various realities (Creswell & Poth, 2018). As Powlison (2017) stated above, we bring our life experiences with God, and He eases and comforts us. However, there are times when God's comfort does not transform the meaning of our grief, nor does it give us purpose. Consider bereaved parents who have suffered loss of their child and suffered the loss of their assumptions about the world and their spiritual beliefs (Elder, 2012). The parents may find themselves simultaneously holding on while trying to let go. Bereaved parents must restructure their worldviews and hold onto their religious and spiritual beliefs to help them make sense of their child's death (Elder 2012). No longer does their preconceived notions of a higher power fit into their lived experience. Though difficult, they must reconnect their spirituality to the meaning of their unbearable loss (Elder 2012).

Unfathomable loss can dismantle the foundations of our spiritual and religious assumptions, and successful coping with grief may require a complete restructuring of our core religious and spiritual beliefs (Daniel, 2017). Although individuals may have relied on faith-based teachings or references, grief may cause them to become more religious or to abandon spirituality entirely. Typically, religious coping is seen as a positive response to loss.

However, Daniel (2017) asserted that religious coping could be viewed as dysfunctional if one believes God replies to pleas for direct intercession. The researcher contends that dysfunction is not in the belief that God replies to pleas; the dysfunction is in the locus of control. Control is being sought by the self when control should be sought by God (Pargament, 2001).

Bereavement can push one's religious and spiritual resources to the brink. A remarkable example is C.S. Lewis' *A Grief Observed*. Following his wife's death from cancer, Lewis felt that God was absent. He wrote, "Of course it's easy enough to say that God seems absent at our greatest need because He is absent — non-existent. But then why does He seem so present when, to put it quite frankly, we don't ask for Him?" (Lewis, 1963, p. 10).

The author angrily questioned God. Lewis wrote, "Oh God, God, why did you take such trouble to force this creature out of its shell if it is now doomed to crawl back —to be sucked back — into it?" (Lewis, 1963, p. 18). The author also questioned God's versions of Heaven and Hell. On page 28, the author wrote, "If His ideas of good are so very different from ours, what He calls 'Heaven' might well be what we should call Hell, and vice-versa."

Later in the book, Lewis began to understand the majesty of God. The author states, "His love and His knowledge are not distinct from one another, nor from Him. We could almost say He sees because He loves, and therefore loves although He sees (Lewis, 1963, p. 57).

At the end of the book, Lewis began to feel God's presence, and no longer feared that his wife was no longer in his life. The author wrote, "What's left is not a problem about anything I could do. It's all about weights of feelings and motives and that sort of thing. It's a problem I'm setting myself. I don't believe God set it me at all (Lewis, 1963, p. 55). Lewis attributed the loss of "H" to the will of God. Neimeyer et al. (2014) noted that once God saw Lewis and his wife were happy. God stopped it.

Pleas for intercession and C.S. Lewis' observation of his grief are lamenting. The omission of lament in the church has had detrimental consequences (Dickie, 2021). The modern church lacks compassion for pain-bearers and fails to bring hope into pain. The church must stand with pain-bearers in corporate lament. Restoring lament to the church can facilitate a caring, healthy community (Dickie, 2021). By restoring lament practices, those who are ravaged with pain can receive hope and have their communal bonds strengthened (Dickie, 2021).

GriefShare (2014) encourages pleas for God's intercession. Lamenting is a productive way of going to God. "God meets us where we are, not where we pretend to be, and not where we wish we were" (GriefShare, 2014, :34)

Bereaved individuals may question why God allowed their loved one to die (Burke et al., 2012). Once the question is unanswered, some may also begin to question their pre-loss beliefs about God; they may find their belief in God wavering. Bereaved individuals may feel purposeless and spiritually drained (Burke et al., 2012). These are the times when the bereaved should "cling to God, trust Him, understand that He is sovereign and in control" (GriefShare, 2014, 2:45).

Based on the discussion above, hermeneutic philosophical assumptions informed this research choice similar to Hussein (2018). The researcher used hermeneutics inform the analysis and methodological framework for mourning and faith-based intervention in maladaptive grieving processes. The researcher also analyzed the meanings of psychospiritual practices used to address maladaptive grief processes and their psychological and emotional after-effects. Findings revealed that mourning and faith-based social interventions are meaning making processes (Hussein, 2018).

This study explored the lived experiences of GriefShare participants to address mental health needs and PGD implications. Sowell et al. (2004) identified social service needs and case management implications for homeless and marginally housed individuals accessing services at a suburban faith-based agency. The goal was to provide data from the perspectives and experiences of clients that could be used to develop and/or revise services to facilitate clients' movement more fully toward self-sufficiency (Sowell et al., 2004).

Allen et al. (2013) examined 188 cancer patient-caregiver pairs to explore the risk factors that may predict psychological distress. Researchers surmised how the findings could help hospice bereavement departments to solidify bereavement services. Despite having access to bereavement services, more than half of the former caregivers had high psychological distress one year following loss.

Nuzum et al. (2017) explored the spiritual impact of stillbirth with bereaved parents. Stillbirth was acknowledged as an enormously challenging spiritual and personal experience with long-lasting impact for the grieving parents. The emerging themes were questioning core beliefs, searching for meaning, and maintaining hope. However, most of the parents reported that their spiritual needs were not addressed by the hospital, and all the parents' faith was

challenged. Only one parent experienced a stronger faith following stillbirth (Nuzum et al., 2017).

This study sought to address the research question by further exploring the lived experiences of those who have participated in GriefShare. The individual interviews demonstrated how religion and spirituality are used to treat grief. An exploration of the themes that emerge during the data analysis were used to determine the impact of the intervention in the treatment of grief.

Grief is universal, but how people grieve is not the same (Finney, 2020). Like Finney (2020), this study also described the impact of two faith-based groups along with the resulting themes that occur. The researcher designed a ministry project and implemented as a Christ-centered, longstanding grief support group for the congregation of the Omega Baptist Church in East Cleveland, Ohio. Researchers reiterated that the Old and New Testaments record various expressions of the grieving process, but there are no instructions on how churches are to support those who grieve (Finney, 2020).

During the five-week program, facilitated leadership was to provide effective coping skills to be shared with self-identified grieving individuals in weekly one and a half-hour session. Program implementation was needed to enhance the spiritual and emotional wellness of the Omega Baptist Church, a shattered urban community (Finney, 2020). The participants were to be recruited via church announcements and listings. Grief sources were explored through the pre-test questionnaire and interviews. The project's success was evaluated through qualitative data collection. The overall effectiveness of the grief intervention was to be measured via pre- and post-test questionnaires. The study revealed that there is a ministry opportunity for churches to provide FB-GSG for bereaved individuals. These groups can provide biblical support and

peer interactions to give the participants spiritual tools to assist them as they work through their grief (Finney, 2020).

Religion and spirituality's impact on mental health concerns has been studied in the counseling literature, but sadly, spirituality's impact on clients' bereavement experience has not (Dyer & Hagedorn, 2013). Without this information, MHPs may feel ill-equipped to have religion and spirituality conversations with bereaved clients. MHPs may also hesitate to include these interventions into the therapeutic setting (Harris et al., 2019). Therefore, this study is so important; it has theoretical as well as practical implications.

Furthermore, MHPs must consider grief within and outside the context of religion and spirituality. Burke and Neimeyer (2014) implemented a cross-sectional study to investigate the multidimensional outcomes of 150 griever. Violently bereaved individuals reported greater CG and complicated spiritual grief (CSG) than individuals bereaved by natural death. Although CG and CSG are theoretically different constructs, they were correlated across the larger sample. Specific cause of death differentially predicted CG and CSG (Burke & Neimeyer, 2014).

MHPs should be intentional in recognizing strengths and weaknesses within their communities; they should work collaboratively with faith-based leaders. MHPs should also be intentional in pointing out the ways that religion, spirituality, and community churches are trusted resources (Harris et al., 2019). Faith-based leaders are open to hosting group sessions and compared them to peer support groups that may already exist.

In addition, therapeutic groups can be inviting when they are being held within a religious setting, which can help to reduce the stigma of mental health. This study emphasized the value of the church as an important part of the support networks. MHPs can create

professional relationships with faith-based leadership to connect to their bereaved clients with other church members (Harris et al., 2019).

Summary

Current psychological understandings of grief emphasize meaning-making and the transformation of relationships between the living and the dead (Klass et al., 2006; Neimeyer et al., 2014). Religion and spirituality can enhance healing for the bereaved. FB-GSGs can further these efforts, but MHPs must learn faith-based interventions so their bereaved clients receive proper treatment.

The minimal FB-GSG information in counseling journals is troubling, to say the least. MHPs must treat the whole client, and to be successful, they must incorporate spirituality into their therapeutic process. Upon reading this literature review, one can see how the use of faith-based interventions can address bereaved individuals' grief. This literature review shines a glaring light upon the deficiencies in the FB-GSG research literature. MHPs must constantly assess the effectiveness of faith-based interventions to ensure that their bereaved clients receive proper treatment. Increased understanding of the impact that faith-based grief support has on bereaved individuals is integral.

Bereavement departments should utilize readily available risk factors to focus services on former caregivers who may benefit from bereavement services. Bereavement departments' initial risk assessments should also include standardized depression screenings for caregivers (Allen et al., 2013). Even if the MHP is not religious or spiritual, he or she should still be competent in addressing the religious and spiritual needs of their clients.

According to Djelantik et al. (2021), there has been a significant increase in individuals suffering from PGD due to the considerable number of COVID deaths. They assert that the

circumstances surrounding pandemic deaths also increase the risk for the development of prolonged grief (Djelantik et al., 2021). Mental health problems viral outbreaks and natural disasters have been documented, but there is historically less interest in CG or prolonged grief (PG, Eisma et al., 2020).

This phenomenological research study qualitatively explored recurring themes to increase understanding of the interactions between the bereaved and their faith-based communities (Hays & Singh, 2011). This study postulated that the lived experiences of a FB-GSG would result in faith-based themes that increase understanding and result in faith-based themes that delineate outcomes. The researcher surmised that this study's findings would increase understanding of how bereaved clients interact within their broader social environment (Heppner et al., 2015) of the faith-based community.

The researcher believed that the church was responsible for supporting its members and the community in all stages of their lives (Finney, 2020). MHPs can utilize this study's findings to understand how FB-GSGs impact their clients (Harris et al., 2019). Theoretically, the impact was understood through the meaning that bereaved individuals attach to their psychosocial support (Harris et al., 2019).

This phenomenological, qualitative study is important because it expands the scarce research on FBO's impact in helping community members to overcome their grief (Finney, 2020). Often, bereaved individuals rely solely on religion and spirituality without therapeutically confronting grief symptoms (Harris et al., 2019). There are numerous secular grief support interventions, but religious and spiritual clients need interventions that align with them (Finney, 2020). The Holy Bible, prayer, and faith-based, teaching makes faith-based, support groups

essential to griefwork (Finney, 2020). By qualitatively examining FB-GSG, this study provides ethically responsible MHPs with knowledge that will facilitate the healing of their clients' grief.

Future empirical research could be qualitative, quantitative, or mixed research methods. Future research should examine religious and spiritually sensitive faith-based interventions. This one study is inadequate. Subsequent research should explore how grief and death remain quite draconian. According to Heppner et al. (2015), only one-fourth of their participants indicated they would spontaneously mention the death to a recently bereaved person that they knew. Another one-fourth preferred that neither side mention the death at all (Heppner et al., 2015). This qualitative research study fills the gaps in the scientific literature as it relates to faith-based interventions and their impact on the broader mental health community.

Chapter Three: Methods

Overview

This phenomenological research approach surmises that multiple realities can co-exist simultaneously (Moustakas, 1994). Everyone faces the inevitability of death (Tan & Andriessen, 2021), but people grieve differently (McGee et al., 2018). Chapter One and Chapter Two explain how grief is a social phenomenon (Worden, 2018), how the bereaved search for meaning after loss (Neimeyer et al., 2014), and how social support can help to overcome grief (Cacciatore et al., 2021).

The previous two chapters have shown how grief support networks have proven useful for bereaved individuals whose grief adversely impacts their functioning (Hartig & Viola, 2016). The chapters also reiterate religion and spirituality's impact on bereavement (Dyer & Hagedorn, 2013). MHPs who understand the impact of faith-based interventions can incorporate these techniques into their grief recovery practices to enhance healing (Heath & Cutrer-Párraga, 2020).

The purpose of this qualitative, phenomenological study was to describe the impact of GriefShare, a FB-GS initiative, on participants in Diamondhead, MS, and participants in Gulfport, MS. Qualitative researchers start the research process with research questions to better understand the phenomenon of interest (Heppner et al., 2015). For this study, there is one research question. How does GriefShare impact the bereaved? The contents and the organization of Chapter Three include the Design, Research Questions, Setting, Participants, Procedures, The Researcher's Role, Data Collection, Data Analysis, Trustworthiness, Ethical Considerations, and Summary.

Design

Denzin and Lincoln (2017) assert that qualitative research involves a naturalistic and interpretive approach in which researchers explore phenomena in their natural settings.

Qualitative research allows for the understanding of people's complex lives by investigating individual perspectives. Qualitative researchers try to make sense of phenomena through the meanings that individuals attribute to them (Denzin & Lincoln, 2017).

This study used a qualitative research methodology to understand grief (Heppner et al., 2015). The qualitative research methodology reiterates the process by which individuals give meaning to their lived realities and social experience (Heppner et al., 2015). This design is appropriate because the researcher sought to understand the meanings that group members attribute to two GriefShare groups on the Mississippi Gulf Coast.

Moreover, hermeneutic philosophical assumptions informed this research choice. Hussein (2018) used hermeneutics to inform the analysis and methodological framework for the study that explored mourning and faith-based intervention in maladaptive grieving processes. The researcher also analyzed the meanings of psychospiritual practices used and their psychological and emotional after-effects. Findings revealed that mourning and faith-based social interventions are meaning making processes (Hussein, 2018). Therefore, the researcher theorized that themes would emerge during GriefShare that were also meaning making processes.

Research Questions

RQ1: How does GriefShare impact the bereaved?

Setting

The setting of this phenomenological, qualitative research study was two GriefShare settings on the Mississippi Gulf Coast. The first takes place at the Diamondhead United Methodist Church, 5305 Noma Drive, Diamondhead, MS 39525. This site location was chosen based on an internet search of “faith-based, grief support groups” within a 10-mile radius of the researcher’s residence. The second setting is Northwood Church, 14281 Oneal Rd., Gulfport, MS 39503. This site location was chosen after the researcher heard an announcement about the church’s ongoing GriefShare group.

The group leaders at the two site locations are comparable in that both started a GriefShare group after she and he experienced a personal loss. They both saw a need for a FB-GSG within their community. Thereafter, the two group leaders set up their GriefShare group using the initiative’s website (GriefShare, 2022).

GriefShare is part of *Church Initiative*, a nonprofit, nondenominational ministry that creates and publishes video-based programs (GriefShare, 2022). Church Initiative’s curriculums are designed to help churches minister to those who experience life crises (Church Initiative, n.d.). GriefShare is not aware of any prior research on their ministry. Group leaders within the community are trained to represent GriefShare (K. Castine, personal communication, August 22, 2022).

The settings for this study are valid because the goal was to understand the meaning of lived experiences (Creswell & Poth, 2018) of the two groups. More specifically, what lived experiences did a group member experience as he or she participated in GriefShare? The phenomenological, qualitative research method is the most obvious method for answering this question.

Participants

A critical element of the phenomenological approach is being intentional in selecting participants for the study. The participants are those group members who have detailed knowledge of the phenomenon (Moustakas, 1994). Most research studies are done on purposive and convenience samples. The samples may be randomly or nonrandomly drawn (Andrade, 2021).

For this study, the participants were recruited through a purposive, convenience sampling method (Andrade, 2021). The sample is purposive because its characteristics are defined for a purpose that is relevant to the study. The sample is convenient because it is drawn from a source that is readily accessible to the researcher (Andrade, 2021).

The qualitative sample size should be representative of the population being studied. Academic researchers suggest sample sizes of ten as adequate for sampling among a homogenous population (Boddy, 2016). Typically, improvement in grief symptoms is observed after the third session (K. Castine, personal communication, August 22, 2022).

GriefShare does not offer a program for children or adolescents (GriefShare, n.d.). For this study, participants must be 21 years of age or older. The goal was to have ten group members who had attended at least three GriefShare sessions.

Thereafter, the researcher collaborated with group leaders to distribute recruitment materials. The researcher briefly introduced potential participants to the study by providing material that included an overview of the research study. The researcher also included her telephone number and email address.

Participants who wished to learn more about the study and/or who wished to volunteer were encouraged to call or e-mail the researcher. Thereafter, the researcher described the

research protocol and decided whether the potential participant was eligible to take part in the study. Potential participants who screened eligible were informed that they must be willing to participate in one individual interview.

Procedures

The researcher believes that there are countless ways of looking at grief. Qualitative researchers use interviews and observations to capture individuals' points of view (Heppner et al., 2015). 60-minutes were allowed for individual interviews. Thereafter, all participants respond to member checking via email. The researcher introduced herself as a doctoral candidate, and she provided the study's purpose, risks/benefits, research implications, and confidentiality.

All the data collected will remain confidential, so the researcher foresaw minimal risk to participants. The individual interviews were audio-recorded with participants' written and verbal consent. The researcher drafted detailed notes during the individual interviews. For member checking, the researcher reviewed the participants' audio transcript.

In addition to the noted captured by Otter.ai, the researcher made notes for themes related to the impact of the GriefShare workbooks. The researcher did not have to do follow-up calls with any interviewees for clarification. All interviews and notes were uploaded to the researcher's password locked computer.

Upon analysis of the content of the audiotaped individual interviews, member checking, and discussion of the videos and workbooks, thematic categories emerged that described the meanings of the experiences of GriefShare. For the individual interviews, the categories were idiographic, knowledge obtained about a small group of participants. For the member checking, the categories will be emic, perspectives from the participants (Denzin & Lincoln, 2017).

The Researcher's Role

As the “human instrument” in this study, the researcher conducted an extensive internet search of the faith-based, grief intervention community on the Mississippi Gulf Coast.

Additional research data was collected through ten individual interviews to acquire the lived experiences of those who have participated in GriefShare. The ten study participants signed the informed consent certifying that they attended at least three GriefShare sessions. Participants’ RA was important in exploring religion-related outcomes (Frei-Landau et al., 2020), and all participants in this study had religious affiliation. Fifty percent of the participants in this study did not attend church regularly.

The researcher’s relationship with the group leaders and participants was professional, and she had no role at either setting. Based on the researcher’s community, the participants in the study were nine Caucasian females and one Caucasian male. As an African American female, the researcher admits bias. African Americans are less likely than other ethnic or racial groups to attend any type of counseling services (Harris et al., 2019). As noted earlier, African Americans place emphasis on their religion as a resilience factor to adjust to the loss of a significant other (Anike, 2014).

The researcher wrote memos-to-self to capture her lived experience as an African American, Christian middle-aged, female living on the Mississippi Gulf Coast. The ten individual interviews and the member checking provided the evidence needed to better understand the impact of GriefShare. The results revealed bereaved group members’ experiences that influence their perceptions of GriefShare as a community resource.

Data Collection

Edmund Husserl, the founder of phenomenology, identified phenomenology as the “descriptive, non-reductive science of whatever appears, in the manner of its appearing, in the subjective and intersubjective life of consciousness” (Moran, 2005, p. 15). In phenomenological research, idiosyncrasies are integral to meaning. The researcher uses induction to allow the data to speak (Ospina, n.d.). A process through which the data speak is through epoché, which Husserl characterized as the experience, contents, and objects of phenomena (Moran, 2005). In its most basic form, epoché facilitates rapport during the qualitative interview (Simms, 2005). Greater insight was facilitated as group members shared common interests and similar experiences as it related to GriefShare.

Interviews

In qualitative research, the sample size is based on the scientific paradigm under which the investigation is taking place (Boddy, 2016). Literature suggests data saturation is reached with 9-17 interviews (Hennink & Kaiser, 2022). Ten individual interviews were conducted to explore the impact of GriefShare. Those group members who volunteer for one individual interview will be informed that interviews would be audio-recorded. They were also informed that member checking would be conducted via email.

The participants provided written and verbal consent to (1) participate in the study, (2) have individual interviews audio-recorded, and (3) discuss the impact of GriefShare videos and workbooks. The researcher used Otter.ai to transcribe verbatim the content noting the emerging themes that provided insight into the participants’ lived experiences.

The researcher formulated the individual interview protocol questions using Harris et al. (2019) as the researcher’s interview protocol sought to obtain individual participants’ feedback

on a faith-based group. The semi-structured format of the individual interview allowed the researcher the flexibility to explore themes that emerged (Hays & Singh, 2011). The ten open-ended questions were based on Niemeyer et al. (2014) Meaning of Reconstruction and Loss Framework (MRL, Tan & Andriessen, 2021). Each question allowed the interviewee to describe the process he or she went through to rebuild their understanding after loss (Tan & Andriessen, 2021).

The questions sought to find individual meaning in interactions with a MHP (question 2 and question 3), GriefShare (question 4 and question 5), loss/grief (question 6), religion/spirituality (question 8), and the faith-based, group leaders' knowledge (question 9). This last question was based on Dyregrov et al. (2013) research in which group members indicated their group leaders lacked knowledgeable of the impact of different organizational and structural factors.

The research questions were designed so the interviewee shifted from processing the loss experience to identifying and appreciating positive attributes in life (Tan & Andriessen, 2021). Using the MRL framework, bereaved individuals in this study participated in sense-making, benefit-finding, and identity change (Tan & Andriessen, 2021). Below is the list of the questions asked during the individual interviews:

1. If you have participated in counseling before, please tell me why you chose to go to the GriefShare?
2. In what ways, if any, were you encouraged by a mental health professional to seek out a GriefShare?
3. In what ways, if any, do you feel a mental health professional may have discouraged you from seeking out GriefShare?

4. How would you define GriefShare?
5. What are some ways GriefShare helped you to cope with loss and grief?
6. In what ways do you think GriefShare is beneficial? What are some limitations?
7. Often, people who experience loss and grief are more likely to turn to their religion and spirituality. Why do you think this may be?
8. Tell me about a time you experienced a loss or grief and used your religion and spirituality to cope. What did this look like? How was it helpful? How was it not helpful?
9. Researchers have noted members' concerns with faith-based, grief support group leaders. What are your reactions to this statement?
10. If you were to label GriefShare leaders, what would that label be and why?

Member Checking

The discussion resulted in transcripts utilized for member checking (Mishra, 2016). For this study, member checking, or participant validation, were used to confirm the credibility of the results (Birt et al., 2016). Member checking was utilized to explore participants' beliefs, attitudes, and opinions. Member checking afforded the participants and the researcher an additional opportunity to respond and interact with one another (Birt et al., 2016).

Although the details of the member checking are not commonly reported, the data collected in this study will allow readers to make judgments about the usefulness of the study's procedures. Member checking will also enhance trustworthiness (Birt et al., 2016).

The researcher informed participants that they will be involved in member checking. The researcher also informed participants how Otter.ai would create transcriptions of their interviews

for member checking. The goal was to ensure that the findings reflect the essence of what participants said about their experiences (Burke et al., 2013).

All individual interviewees confirmed that the researcher's primary themes also resonated with them. Once the transcriptions were provided to the individual interview participants, they checked for accuracy and certified that the data was reflective of their lived experiences (Birt et al., 2016) of GriefShare. Member checking helped the researcher to ensure that the individual interview narratives were clear and succinct (Burke et al., 2013).

Prior to starting the member checking, the researcher confirmed that all participants had signed their consent to participate in the study and their consent to be audio-recorded. Using Otter.ai, the researcher reviewed the transcription content noting the additional emerging themes that provided insight into the group's lived experiences. Table 4 outlines the Synthesized Member Checking (SMC) Flow Chart Process.

Table 4*Steps and Protocols in Synthesized Member Checking (SMC) – modified*

1. Prepare synthesized summary from emerging themes along with individual interview data which represent the themes.
 - a. Non-scientific wording to engage all participants.
 - b. Open questions.
 - c. Clear space for feedback.
2. Check participants' eligibility to receive SMC report. Ethically, this reduces harm to participants.
 - a. Grief status
 - b. Current contact details
3. Email SMC report and request confirmation of request. Ask participant to read, comment, and return.
 - a. Ask, "Does this match your experience?"
 - b. Ask, "Do you want to change anything?"
 - c. Ask, "Do you want to add anything?"
 - d. Provide a copy for the participant to keep.
4. Gather responses and added data.
 - a. Record responses.
 - b. Add additional written responses to the data set.
5. Integrate findings.
 - a. Cross-reference added data with existing codes.
 - b. Elicit and integrate new findings.
 - c. Report disconfirming cases.

(Birt et al., 2016, p. 1806)

Birt et al. (2016) developed and used SMC with patients who were diagnosed with melanoma. The researchers developed the SMC because previous member checking did not consider the value of method checking or its interpretative benefit in qualitative research. SMC provided participants the opportunity to "engage with, and add to, interview and interpreted data, several months after their semi-structured interview" (Birt et al., 2016, p. 1802).

The member checking protocol sought to obtain similar post-interview feedback. The semi-structured, modified format of the SMC steps and protocols allowed the researcher the flexibility to explore additional themes that might emerge (Hays & Singh, 2011). The SMC steps were formulated to describe themes related to group members' experiences and individual interviews.

Document Analysis

GriefShare participants' workbooks and their personal notes were not analyzed during this study. The workbook is used throughout the 13-week program as a primary resource. The curriculum also includes videos, note-taking sections, daily personal Bible study, weekly journaling and "grief work" sections, Christian leaders' insights, helpful articles, Scripture tear-out cards, and gospel presentations (GriefShare, n.d.).

Observations

The researcher did not conduct an observation protocol. The qualitative research method in this study included the observations that occurred in the field, i.e., during the interviews. Therefore, the observational data was integrated as confirmatory research (Jamshed, 2014).

Data Analysis

Edmund Husserl, the founder of phenomenology, identified phenomenology as the "descriptive, non-reductive science of whatever appears, in the manner of its appearing, in the subjective and intersubjective life of consciousness" (Moran, 2005, p. 15). In phenomenological research, idiosyncrasies are integral to meaning. As stated earlier, researchers use induction to allow the data to speak (Ospina, n.d.).

Also noted was epoché, the process by which the data speaks. Husserl characterized this experience as contents and objects of phenomena (Moran, 2005). In its most basic form, epoché facilitates rapport during the qualitative interview (Simms, 2005). Similar to interviews, greater insight was facilitated as group members shared a common interest and similar GriefShare experiences.

This phenomenological, qualitative study was comprised of group members' individual interviews and member checking. The individual interviews were approximately 60 minutes, so

each participant could thoroughly respond to the ten open-ended questions. Member checking was completed via email so each participant could check for the accuracy and resonance with their experiences. Otter.ai was used to compile the audio recordings for transcription.

The Otter.ai program transcribed the audio data from the interviews verbatim (Chia et al., 2020). Otter.ai is an artificial intelligence (AI) speech-to-text website or an auto-transcription website. During the interview, the researcher switched on Otter.ai live interview. Thereafter, a real-time transcript appeared on the Otter.ai website. The researcher refined the transcription by checking it against the playback recording. It was not deemed necessary to play the recording and manually transcribe the interview.

The Otter.ai program and auto-transcription website are good because a conventional human transcription method takes a significant amount of time. Although Otter.ai shortened the interview transcription time, the researcher was aware of possible limitations. Using Otter.ai, the researcher annotated, organized, analyzed, and visualized the individual interviews. Otter.ai supported qualitative inquiry of various text materials.

Otter.ai automatically uploaded the individual interviews to the secure server, so the researcher could qualitatively highlight sections of text. Otter.ai organized hierarchical tags that can be formed, combined, and recalled quickly. All documents, tags, and highlights were stored securely on the server for easy exploration and scripting.

Using Otter.ai, the researcher retrieved the document with the sections highlighted, marked, and annotated with the associated tags. The researcher exported a highlighted list across all documents. Otter.ai helped to identify themes and patterns in the responses provided to the ten open-ended individual interview questions. The researcher highlighted and coded the

narrative data in Otter.ai to analyze data. The researcher analyzed qualitative data until saturation occurred (Presley, 2021).

Data was assembled using a reflective thematic analysis. Thematic analysis is systematic exploration in which the phenomenon's meaning is contextualized (Creswell & Poth, 2018). Through reflection, the phenomenon is organized to deepen the understanding of the lived experience (Creswell & Poth, 2018).

The constant comparison method was used to analyze data collected in individual interviews (Leech & Onwuegbuzie, 2007). The researcher re-read the data, and underlined phrases or units of data. For example, if a participant attributed her lived experiences to the group leader listening to her, the researcher coded it as "qualified leader led by God." Before applying a new code, the researcher checked the previous codes to verify whether a similar code existed (Leech & Onwuegbuzie, 2007).

Trustworthiness

This study was developed to ensure trustworthiness and rigor (Morse, 2015). The qualitative research was conducted using the phenomenological approach, meaning the validity of the research was based upon the truth as participants' perceptions. Participants reviewed and responded to the data for consistency, and they certified the data as reflective of their responses (Leech & Onwuegbuzie, 2007). The participants accessed any information gathered to clarify or make corrections to their individual statements allowing minimal space for error before, during, and after the interview process.

Credibility

Credibility is internal validity (Morse, 2015). Credibility of this study depended upon the researcher's analytical abilities and on the richness of the information gathered. The researcher

ensured there was triangulation, persistent observation, debriefing, and member checks (Morse, 2015). Simply, credibility was the extent to which the findings accurately described reality.

Dependability and Confirmability

Another word for dependability is reliability. Dependability is achieved through credibility, triangulation, replication, and tracking (Morse, 2015). This study demonstrated dependability and confirmability through consistency. This was facilitated through the context and setting of the study.

Transferability

Transferability was considered in conducting this qualitative research study. The context found in this study was applicable to another context. However, external validity may be limited by the purposive and convenient nature of the sample (Andrade, 2021). Although the findings of this study may not be generalized to the entire FB-GSG population, the findings may be generalized to the population from which the sample is drawn (Andrade, 2021), i.e., GriefShare. Internal validity is relatively high if the methodology is robust and repeatable; internal validity will be moderate (Andrade, 2021).

Ethical Considerations

One ethical consideration is to ensure that each stage of research is conducted with sensitivity and respect. There is potential for the bereaved to experience pain and significant grief. To limit the possibility of exacerbation or intrusiveness, the researcher will only accept participants who are more than six-months post loss (Dyregrov et al., 2013). Another ethical consideration will be to maintain the confidentiality of the participants (Creswell & Poth, 2018). The individual interviews will be conducted to in a manner to maintain confidentiality and reduce breaches in confidentiality.

Summary

This qualitative phenomenological research study was designed to understand the impact of GriefShare within the community. The study sought to address gaps in FB-GSG literature which omit the impact of such groups. The epoché process was used to build rapport during the qualitative interviews. Approximately ten participants were purposely and conveniently sampled from GriefShare groups along the Mississippi Gulf Coast. Reflective thematic analysis and the constant comparison method allowed the phenomenon's meaning to be contextualized for increased understanding. Participants reviewed and certified their data for validity, and the researcher maintained participants confidentiality.

Chapter Four: Findings

Overview

The purpose of this qualitative, phenomenological study was to describe the impact of GriefShare, a FB-GS initiative, on participants on the Mississippi Gulf Coast. In Chapter Four, the researcher presents the research question and the emerging themes. For this study, there was one research question: How does GriefShare impact the bereaved? The researcher answers the research question before concluding the chapter. Chapter Four consists of (a) description of participants (b) results to include theme development (c) research question responses and (d) tables.

Participants

This qualitative, phenomenological dissertation provides a rich description of each individual who participated in the study. The qualitative research methodology is used to understand grief and to reiterate the process by which individuals give meaning to their lived realities (Heppner et al., 2015). The design is appropriate because the researcher sought to understand the meanings that participants attributed to two GriefShare groups on the Mississippi Gulf Coast. The researcher chose random biblical pseudonyms for the participants' protection and de-identification. The pseudonyms are reflective of the participants' personalities.

The inclusion criteria for participation were (1) at least 21 years of age (2) attended at least three GriefShare sessions, and (3) religious affiliation. Although the number of participants for this study was small ($N = 10$), a variety of losses and religious experiences were represented.

Interested participants who met the inclusion criteria contacted the researcher via telephone. Upon initial contact, the researcher explained the study and the informed consent. Thereafter, a date and time were set for the individual interview.

Participants were informed that they would be audio-recorded and that they would be given a pseudonym for confidentiality. Informed consent was obtained prior to beginning each interview. The researcher also reviewed the ground rules prior to starting the interview. The researcher then asked ten open-ended questions allowing each participant to respond uninterrupted. The researcher used clarifying questions to encourage participants to be as detailed as possible. Each interview lasted up to one hour. Immediately following each participant's interview, the researcher showed him or her how Otter.ai transcribed the interview in real time.

Location	Diamondhead, Mississippi	4
	Gulfport, Mississippi	6
Gender	Female	9
	Male	1
Race	Caucasian	10
Number of GriefShare Sessions Attended	≥ Three	7
	≥ Six	3

The subsections detail a rich description of each individual who participated in the study. The researcher chose to paragraphically display each participant's story. Each story exemplifies why she or he came to GriefShare. Each story also discusses GriefShare's impact.

Ruth

After 24 years of marriage, Ruth's husband died of pancreatic cancer. Her husband was Jewish but accepted Jesus Christ shortly before his death. Ruth attributed her ability to overcome her grief to GriefShare, the group leaders, her church, her neighbors, and her golf team members. Ruth's husband, Boaz, died in July 2021. A year later, Ruth changed professions and became a funeral home assistant.

Naomi

In October 2021, Naomi's husband died. In February 2022, she joined GriefShare. Naomi and her husband were one month short of being married 50 years. Naomi believes GriefShare, her faith in God, and her two daughters helped her to survive her husband's death. Now, Naomi lives alone with her dog, Sandy. Naomi said that it amazes her that she can finally look at her husband's picture without crying.

Hannah

Hannah and her husband were married 57 years. In January 2022, Hannah's husband died of complications related to COVID-19. Hannah worked as a nurse for 40 years, so she blamed herself for her husband's death. Months after her husband's death, Hannah read Matthew 10:30 (New King James Bible [NKJ], 1982/2004) which says, "But the very hairs of your head are all numbered." That passage of scripture and GriefShare allowed Hannah to forgive herself for not going to the doctor when she and her husband contracted COVID-19.

Sarah

After Sarah's 27-year-old daughter died, Sarah traveled to Washington state to see her remains. Sarah's son-in-law refused to let her see her daughter or attend the funeral services. Afterwards, Sarah became estranged from her family. Soon, this led to volatile behavior. After her arrest, Sarah's lawyer recommended that she attend GriefShare. However, it was Sarah's husband who finally convinced her to go to GriefShare. Sarah attended GriefShare and another FB-GSG simultaneously. Sarah suggested to the FB-GSG that they implement GriefShare.

Deborah

Deborah's 36-year-old son died in 2011. Deborah felt that she had no time to grieve because she immediately became guardian to her son's teenaged sons. Later, Deborah learned

about GriefShare while volunteering with hospice. Deborah said that she will never stop attending GriefShare because every time she attends, she learns something new. Raised Catholic, Deborah believes God has been by her side her entire life, especially during the death of her son.

Esther

Esther's wife died after 11 years of marriage. Prior to their marriage, they had been best friends for 57 years. Esther's wife was in hospice two months prior to her death. The hospice provider told her about GriefShare. In Western Europe, where Esther was born and spent most of her life, death is not talked about. Esther appreciates how death is mourned in the U.S. Esther attended GriefShare on and off in 2021 and 2022. She plans to go to GriefShare when she can attend the entire 13-weeks.

Rachel

Rachel's 28-year-old son committed suicide in 2019; he was diagnosed as bipolar at the age of 12. Rachel's ex-spouse still blames her for her son's death. In 2020, Rachel began seeing a mental health professional (MHP). However, in 2022, Rachel told her husband that she needed additional help. At the first GriefShare session, Rachel asked Jacob to tell everyone about her son's suicide. Immediately, Rachel felt that GriefShare made a difference because her son's suicide was no longer a secret.

Jacob

Jacob and Rachel were married 19 years when Rachel's son committed suicide. Jacob recalled a similar tragic event when his uncle had also committed suicide. Although Jacob was not the biological father, he deeply mourned the loss of his stepson. Jacob said he was hurting because Rachel was hurting. Jacob said that he felt different during the first GriefShare session.

He also saw an immediate difference in Rachel as well. Jacob said he and Rachel plan to continue GriefShare as soon as it starts again.

Miriam

After 27 years of marriage, Miriam lost her husband. As a chaplain for hospice patients, Miriam felt guilty for grieving the loss of her husband. Her pain was so deep that she did not want to pray. At times, she would ask the Lord why she felt that way. Miriam knew that she needed help and sought a MHP. It was Miriam's therapist who recommended GriefShare. Miriam said that GriefShare helped her to overcome her grief. Now, she spends her time helping others to start their own GriefShare groups.

Anna

After 30 years of marriage, Anna's husband was diagnosed with an aggressive cancer. From diagnosis to death was less than six weeks. Anna worked as a hospice nurse for twenty years and thought she could handle her husband's inevitable death. Instead, Anna went into a deep depression as she cared for her husband at home. Anna said her husband died in her arms, and it feels like yesterday. Anna's pastor offered to counsel her. Later, Miriam told her about GriefShare. During the first GriefShare session, Anna felt immediate relief. Anna has always had a relationship with God, so she believes that God intentionally led her to GriefShare through her husband's death.

Results

Theme Development

The following data analysis steps are also discussed in Chapter Three. This phenomenological, qualitative study was comprised of group members' individual interviews

and member checking. Each participant thoroughly responded to the ten open-ended questions. Afterwards, member checking was accomplished via email.

The researcher reviewed each participant's transcript for accuracy, credibility, and transferability as the findings may be generalized to the population from which the sample is drawn (Andrade, 2021). The researcher emailed interview transcripts to participants. Each participant certified via email that transcripts were accurate and resonated with their experiences. Audio data from the interviews and member checking was transcribed verbatim using the Otter.ai program (Chia et al., 2020).

During the interviews, the researcher switched on Otter.ai live interview. Thereafter, a real-time transcript appeared on the Otter.ai website. The researcher refined the transcription by checking it against the playback recording.

The Otter.ai program and auto-transcription website significantly reduced the amount of transcription time. However, the researcher was keenly aware of limitations, and manually transcribed instances to ensure the participant's interview was captured verbatim.

Using Otter.ai, the researcher annotated, organized, analyzed, and visualized the individual interviews. The researcher exported participants' interviews with the sections highlighted, marked, and annotated with the associated tags. For this study, the unit of analysis was interviews; the interviews provided the meaning context during the analysis (Point & Baruch, 2023). The researcher also exported a highlighted list across all interviews.

The researcher analyzed the text transcript. Latent content such as pauses, silence, or sighs was omitted. Using Otter.ai, the researcher re-read the transcripts to develop categories that emerged from the data. Otter.ai highlighted pertinent points and annotated recurring statements. From this data, the researcher identified themes.

Otter.ai was the only software utilized. Otter.ai identified themes and patterns in the responses provided to the ten open-ended individual interview questions. The researcher also highlighted and coded the narrative data from Otter.ai to until saturation occurred (Presley, 2021). All documents, tags, and highlights were stored securely on the server for easy exploration and scripting.

Data was assembled using a reflective thematic analysis. Thematic analysis is systematic exploration in which the phenomenon's meaning is contextualized (Creswell & Poth, 2018). Through reflection, the phenomenon was organized to deepen the understanding of the lived experience (Creswell & Poth, 2018).

The constant comparison method was utilized to analyze data collected in individual interviews (Leech & Onwuegbuzie, 2007). The researcher re-read the data, and underlined phrases or chunks of data. For example, if a participant attributed her lived experiences to no longer being alone, the researcher coded it as *spiritual connection with others*. Before applying a new code, the researcher checked the previous codes to verify whether a similar code existed (Leech & Onwuegbuzie, 2007).

Theme development was supported by using appropriate narrative and data from each data collection method, especially through the use of participant quotes. The researcher listed a series of participant quotes to connect the emerging themes. There were no unexpected codes presented that did not correlate to the research question. Data from interviews and method checking were clearly and meaningfully integrated into theme development. Table 6 presents how emerging themes were organized based on illustrative quotes.

Table 6 presents how emerging themes were organized based on illustrative quotes.

Table 6 Emerging themes and illustrative quotes	
<i>Themes</i>	<i>Quotes</i>
<i>spiritual connection with others</i> (Bowlby, 2008)	“You share what you're going through, and other people share what they're going through.” “There was people there who were just like me.” “Brings other grieving individuals together.” “You begin to observe the people in your class, and you can see the changes in them.” “enjoyed being with the others in the group...that makes a big difference” “Nobody looks down on you. Nobody holds anything against you.” “very loving and very understanding” “When I heard the testimonies of the other people, I felt like I didn't go through as hard a hardship as they did because some of them were suicide.” “I'm not alone in this.” “No one's going to judge you. Because everybody's in the same shape.”
<i>relationship with God</i> (Pargament, et al., 2001)	“He helped me through it entirely.” “You need Jesus to help you.” “Without God's help, I don't think I would have made it.” “I've had to learn to trust in God more every day.” “I use my spirituality, my religion, to help him to get to the point to accept Christ.” “I felt like God put his arms around me and told me you know, things are gonna be fine.” “my belief in God is stronger now than it was before when he passed away.”
<i>qualified leaders led by God</i> (Flåten et al., 2018)	“very knowledgeable with inspiration that God gave them.” “excellent, faith based, heart for God and people.” “Leaders of the class were very interested in our mental health or our grief and wanted to help us to walk through it.” “Leaders told us about their losses and how they handled those losses.” “compassionate, good at listening, give people time to talk” “GriefShare leaders have a calling.” “Grief Share is where you can learn to kind of be a teacher.”
<i>meaning found in videos and workbooks</i> (Neimeyer et al., 2014)	“book that we went through that had scripture and testimony.” “encourages them to watch the videos which are is very good at telling you what to expect” “I still go back to my book today when I'm feeling down” “you had a chapter each week that you went through and that helped.” “It's a learning process in GriefShare.” “Maybe they (grief support groups) don't have the tools like GriefShare does where there's a book to follow.” “The videos that they're showing GriefShare are absolutely wonderful.”
<i>perceived social support</i> (Worden, 2018).	“beneficial having two daughters.” “The church was definitely there for me. And my golf group was and my neighbors.”

As surmised, participants shifted from processing the loss experience to identifying positive attributes of their lives (Tan & Andriessen, 2021). Through qualitative data analysis, themes emerged related to the research question: How does GriefShare impact the bereaved?" The five major themes were (1) *spiritual connection with others*, (2) *relationship with God*, (3) *qualified leaders led by God* (4) *meaning found in videos and workbooks*, and (5) *perceived social support*.

Theme 1: Spiritual connection with others

Spiritual connection with others demonstrates how GriefShare's group dynamic contributes to the healing process. This was a notable finding because all participants said that the group members did or said something that positively impacted their grief. Participants expressed how being in the GriefShare group helped them through their loss. Naomi, Rachel, and Jacob repeatedly stated, "I'm not alone in this."

Theme 2: Relationship with God

Relationship with God reflected GriefShare's communal religiosity (Stelzer et al., 2020). The data revealed shared sentiments about God. However, not all participants had a relationship with God prior to their loved one's death. Esther stated that she was agnostic prior to her wife becoming terminally ill. She stated that her dying wife encouraged her to watch Christian television shows and to pray with her. Esther continues to watch those shows and is determined to return to GriefShare when sessions begin.

Participants believed that God helped them overcome their grief. Naomi and Deborah shared how God was with them before their loved one died and never left them in their grief. Quotes that illustrated this theme were: "I felt like God put his arms around me and told me you

know, things are gonna be fine” and “My belief in God is stronger now than it was before when he passed away.”

Theme 3: Qualified leaders led by God

Qualified leaders led by God were a common theme discussed by the participants. There was a notable finding that participants recounted how group leaders’ self-disclosure impacted their grief. This finding was significant in that it was in contrast to Dyregrov et al. (2013) who found that GSGs members reported having group leaders who lacked knowledge. Participants labeled GriefShare group leaders as “knowledgeable,” “excellent,” “very interested,” “compassionate,” and “good at listening.”

Two participants provided the most telling statements regarding group leaders. One female participant stated that “GriefShare leaders have a calling.” Jacob asserted, “GriefShare is where you can learn to kind of be a teacher.”

Theme 4: Meaning found in videos and workbooks

GriefShare’s narrative processes, i.e., videos and workbook, were repeatedly discussed by all participants. Although the videos and workbooks were not included in the interview questions, participants discussed them while answering question 9. When asked about their reactions to group leaders lacking knowledge, Jacob responded, “Maybe they don't have the tools like GriefShare does where there's a book to follow.” Hannah said, “encourage them to watch the videos which are very good at telling you what to expect.”

Finding meaning in loss and grief facilitates healing (Castrellón et al, 2021), and participants found GriefShare to be therapeutic. Both GriefShare groups used the same videos and workbook. Miriam commented, “I still go back to my book today when I'm feeling down.”

Jacob summed up GriefShare's videos and workbooks by stating, "It's a learning process in GriefShare."

Theme 5: Perceived social support

As Worden (2018) noted, for the bereaved, perceived social support is more gratifying than the availability of social support. There was a notable finding that group members said or did something that impacted others' grief. Participants found solace in not being alone. Rachel said, "Everybody had problems and different things that they were trying to handle."

Several participants discussed how their church and their family were there for them. Naomi stated how it was "beneficial having two daughters." Ruth, who did not have children, said, "The church was definitely there for me. And my golf group was and my neighbors."

Research Question Responses

GriefShare impacted the bereaved through *spiritual connection with others*. GriefShare allows bereaved individuals who experience a loss to increase their religious community (Lichtenthal et al., 2011). GriefShare aligns with Bowlby's attachment theory because new attachments are formed. Despite the loss of their attachment figure, participants reported a positive impact, achieved safety, and comfort (Mikulincer & Shaver, 2021). As they sought validation of the significance of their loss, meaning in the loss was found and negotiated between group members (Neimeyer et al., 2014). Naomi noted, "You share what you're going through, and other people share what they're going through."

Spiritual connection with others is supported by statements like, "You begin to observe the people in your class, and you can see the changes in them." Hannah said it was a scripture or a statement made by another group member that helped her, while Sarah broadly stated that it just "helps being with a group of people that have been through loss."

GriefShare impacted the bereaved by reaffirming their *relationship with God*. According to Pargament, et al. (2001), PRC is having a secure *relationship with God*. Each participant believed that GriefShare encouraged them to have a closer relationship with God despite their loss. Deborah said, “My belief in God is stronger now than it was before when he passed away.” Each participant spoke about their *relationship with God* with assuredness and certainty.

In addition, positive beliefs about one’s *relationship with God* and greater dependence upon one’s spiritual beliefs correlated with less intense levels of grief. Hannah noted that, “Without God’s help, I don’t think I would have made it.” As noted above, meaning is created when the bereaved redirect their attention toward spiritual resources and away from their loss. In turn, existing assumptions about their faith are reinforced (Lichtenthal et al, 2011).

GriefShare impacted the bereaved by providing *qualified leaders led by God*. As indicated previously, Flåten et al. (2018) asserted that group work is enhanced if well-qualified leaders understand and pay attention to the prescreening, homogenous groups, ongoing group processes, group cohesion, and individual timing. Each participant was emphatic that GriefShare leaders were led by God. Ruth described her group leaders as, “very knowledgeable with inspiration that God gave them.”

As theorized, GriefShare impacted the bereaved by helping group members to find meaning for their loss in GriefShare’s narrative processes (Neimeyer et al., 2014). The theme, i.e., *meaning found in videos and workbooks*, aligns with Lichtenthal et al. (2011) assertion that meaning making interventions that address spiritual concerns can facilitate the grief process.

Overall, GriefShare impacts the bereaved through the *perceived role of social support*. This aligns with Worden’s assertion that “grief is a social phenomenon.” *Social connections with others, relationship with God, qualified group leaders led by God, and meaning found in videos*

and workbooks can all be deemed as *perceived role of social support themes*. More succinctly, Grief Share's impact can be understood through the meaning that bereaved individuals attach to their psychosocial support (Harris et al., 2019). MHPs can use social support within their communities to increase healing and decrease unresolved grief (Cacciatore et al., 2021).

Observational Data

The researcher observed how forthcoming participants were as they were being interviewed. They expressed how the loss of their loved one had changed their lives, and how this study will help others to use GriefShare to overcome loss. Jacob's comments below reiterate the importance of this study in helping MHPs to understand grief and the importance of GriefShare.

“That professor knows his stuff. He's teaching me to know that stuff. We'll do it in the same in the middle of grief. You've experienced the grief, and you teach me how to cope with the grief. If you haven't experienced the grief. How do you teach me to how to cope with grief? That's just the way I look at it.”

The researcher also observed how participants believed that the researcher had a calling on her life. Ruth was the first to participate in the research study. During the interview, Ruth explained what she thought about the researcher.

“I do. I do. I believe that you, and I believe they [leaders] do have a calling. I was reading I think it was II Corinthians 1:4, where it says what you are to those of you who have gone through troubles here on Earth, and God has helped you to nourish and help those that are going through, to comfort those.”

Participants had to attend at least three GriefShare sessions to be in this study. As noted in the table 5, seven participants attended three or more sessions, and three participants attended six or more sessions. The phenomenological approach leads to intentionality in selecting

participants for a study. In this study, all participants had detailed knowledge of the phenomenon (Moustakas, 1994), and the researcher did not observe an impact in the themes that emerged based on the number of sessions attended.

Summary

The ten participants included in this study represented varied losses and religious experiences. Per the research methodology, participants agreed to be audio recorded and to provide their verbal and written informed consent. Each interview was transcribed in real time using Otter.ai. At the end of each interview, participants agreed to their transcripts being emailed to them using biblical pseudonyms to maintain their confidentiality.

Themes emerged that answered the research question: How does GriefShare impact the bereaved?" The five major themes were (1) *spiritual connection with others*, (2) *relationship with God*, (3) *qualified leaders led by God* (4) *meaning for loss found in videos and workbooks*, and (5) *perceived role of social support*. This qualitative dissertation provides a rich description of the lived experiences of the GriefShare members recruited to participate in this study.

Chapter Five: Conclusion

Overview

This qualitative, phenomenological study described the impact of GriefShare, a FB-GS initiative, on participants on the Mississippi Gulf Coast. Chapter Five is unique because the researcher presents her own interpretations and ideas. Chapter Five consists of six sections: (a) an overview of the chapter, (b) a summary of the findings, (c) a discussion of the findings and the implications in light of the relevant literature and theory, (d) an implications section (methodological and practical), (e) an outline of the study's delimitations and limitations, and (f) recommendations for future research.

Summary of Findings

The researcher conducted qualitative data analysis that resulted in themes that depict how GriefShare impacts the bereaved. The five themes that emerged were (1) spiritual connection with others, (2) relationship with God, (3) qualified leaders led by God, (4) meaning found in videos and workbooks, and (5) perceived social support. The emerging themes reverberate social constructionism and the idea that grief is not internal.

Participants in this study sought and found meaning for their loss through spiritual connection with others and their relationship with God. GriefShare's group leaders, videos, and workbooks facilitated communicative activities that helped participants overcome their grief. Although evident, social support alone did not remediate grief. Rather, it is the beliefs surrounding social support that alleviate grief symptoms.

Discussion

Theoretical Literature

Grief Theorists

In this study, the researcher explored how participants experienced the impact of GriefShare. Themes emerged during participant interviews that created meaningful therapeutic narratives. Some of the findings in this study contradict other theories on grief. Sigmund Freud (1917) believed the bereaved survivor had to let go of the deceased to complete his or her grief work. GriefShare allows the bereaved to grieve as they choose to grieve. As one participant said, “It’s a place where you can go be yourself. Cry if you need. Yell if you need to. Just be yourself and do what you need to do.”

Unlike Elizabeth Kübler-Ross (1969), GriefShare does not adhere to successive stages of grief. Also, GriefShare does not set a time limit for grief. Members are encouraged to complete as many sessions as they deem necessary. Several participants in this study said they will return to GriefShare in the near future.

Some of the findings of this study align with other grief theories. As expected, the findings of this study corroborate John Bowlby’s attachment theory (Bowlby, 2012). Bowlby believed that attachment behavior results when an individual maintains proximity with another individual who is better able to cope with the world. GriefShare participants found commonality in loss. Their new attachments provided security that helped them form expectations, emotions, and behaviors.

This study confirms William Worden’s thoughts on MHPs’ understanding of the issues surrounding death. Worden instructed MHPs to recognize grief’s feelings, behaviors, cognitions, and physical sensations (Worden, 2018). According to one GriefShare participant, “Leaders of

the class were very interested in our mental health or our grief and wanted to help us to walk through it.”

The findings of this study extend the postmodern social constructionist views of Dennis Klass (2006). Klass believed grief resolves when the bereaved individual maintains a continuing bond with the deceased. GriefShare encourages participants to maintain continuing bonds as part of their new life. One participant noted how she can look at her husband’s picture without crying. Participants in this study also used new bonds to connect with those outside of GriefShare who also experienced grief.

This study extends Robert A. Neimeyer’s ideas of reconstructing the world disrupted by loss. Neimeyer believes grief is a multilevel phenomenon that draws from individual self-narratives. In this study, GriefShare helped the bereaved establish individual and communal bonds with the deceased (Neimeyer et al., 2014). GriefShare also allowed group members to see their loss as significant (Worden, 2018). Rather than letting go, group members repeatedly negotiate and renegotiate the meaning of their loss (Klass et al., 2006).

Empirical Literature

Clinical Implications

This study makes novel contribution the field of grief intervention. Prior to this study, there were no research studies that described the impact of FB-GSGs. Prolonged bereavement is a serious public health concern (Cacciatore et al., 2021). Difficulty with meaning-making predicts PGD (Neimeyer et al., 2014). The participants in this study reported little to no PGD symptoms. GriefShare taught them that death is a part of life and their loved one’s life was well lived. By finding meaning in their loss, participants were protected from PGD symptoms.

This study makes unique contributions to PRC and NRC research. As noted previously, personal and communal religiosity leads to PRC and reduces NRC (Stelzer et al., 2020). GriefShare contradicts the notion that individuals with a compromised faith have difficulties comprehending an interpersonal loss (Lichtenthal et al., 2011). In this study, participants' religious beliefs before GriefShare ranged from agnostic to theistic to devout. GriefShare gave participants the ability to comprehend and communicate their interpersonal loss without difficulty.

Similar to the participants in Lichtenthal et al. study, GriefShare reinforced participants' existing assumptions about their faith. Eighty percent of the participants in this study stated they had a relationship with God before and after their loss, and GriefShare strengthened that relationship. The remaining twenty percent of the participants stated that they had a relationship with God when they were younger but did not have a relationship with God before their loss. Both participants asserted that they want to learn more about God since their loss.

NRC individuals who try to understand their loss with their spiritual belief system usually find that it yields an undesirable meaning (Neimeyer et al., 2014). After GriefShare, study participants did not question their faith, feel spiritually abandoned, nor did they ask why their loved one had died. One participant noted that his "belief in God is stronger now than it was before when he passed away."

Finally, this study corroborates the importance of GSG leaders with knowledge of different organizational and structural factors (Dyregrov et al., 2013). This study sheds a bright light on the importance of qualified group leaders. MHPs can work with the community and FBOs to ensure that group leaders are knowledgeable and GSGs are structured. This study also demonstrates how group work is enhanced if group leaders understand ongoing group processes

(Flåtén et al., 2018). One participant recalled, “Leaders told us about their losses and how they handled those losses.”

Implications

Theoretical Implications

This study has theoretical implications because it questions the ideas of some of the greatest minds on the subject of grief. For the participants in this study, GriefShare has demystified grief. GriefShare remediates grief symptoms through social connections, a relationship with God, qualified leaders who are led by God, meaningful videos and workbooks, and perceived role of social support.

GriefShare does not require that the bereaved let go of their loved one, and the process does not adhere to stages or time limits. “The pain of grief is just as much a part of life as the joy of love; it is, perhaps, the price we pay for love, the cost of commitment” (Parkes, 1975, p. 20). After loss, GriefShare helps the bereaved form attachments based on their perception of the new attachment figure’s ability to cope with the world.

The theoretical implications for this study denote how GriefShare members and leaders are connected through one common denominator, i.e., loss. To heal, connection with former attachments and reconstruction of new attachments must occur. Theoretically, GriefShare is the architect, mapping the new construction project. The group leaders are civil engineers, executing the map that the architect has created. Group members are carpenters who build the new construction.

Empirical Implications

Prior to this study, there were no research studies that described the impact of FB-GSGs. This study has empirical implications as it addresses PGD and how MHPs can utilize GriefShare to remediate grief symptoms. The participants in this study reported little to no PGD symptoms.

This study's empirical implications create "an understanding of grief that can help the bereaved to realise that they are not alone in their experience" (Parkes & Prigerson, 2010). By finding meaning in their loss, participants are protected from PGD symptoms (Neimeyer et al., 2014). The empirical implications for this study are vast, perhaps immeasurable. One participant noted, "You begin to observe the people in your class, and you can see the changes in them."

Practical Implications

This study has practical implications for MHPs. They can use the results of this study to develop a bereavement care process that values bereaved clients' religious principles and social interactions (Kongsuwan et al., 2019). In addition, MHPs can compare the findings of this study to other faith-based interventions to also understand their impact on bereaved clients' treatment (Heppner et al, 2015).

Another practical implication is that MHPs can no longer ignore religion and spirituality's role in bereavement. Thirty percent of participants stated that they sought the services of a MHP. None of them were discouraged from seeking GriefShare. In addition to developing a bereavement care process that values religious principles and social interactions (Kongsuwan et al., 2019), MHPs can recommend GriefShare as a treatment modality to build social connections that extend beyond the counseling setting.

Christian Worldview

In Chapter 2, the researcher referenced 1 Thessalonians 4:13-14 (New King James Bible [NKJ], 1982/2004). The Apostle Paul wrote this scripture to reassure the Thessalonians that their loved ones had simply fallen asleep. Paul told the Thessalonians that they should not grieve as those who had no hope in Jesus Christ.

From a Christian worldview, GriefShare's statement of faith, item 7, states, "We believe in the spiritual unity of believers in our Lord Jesus Christ" (GriefShare, n.d., para. 1). Believers in Jesus Christ believe in his death and his resurrection. GriefShare holds the Christian worldview that believers are to grieve their loved ones with hope in Jesus Christ. GriefShare also teaches that bereaved believers have hope because Jesus Christ died and rose again.

The findings of this study reiterate GriefShare's Christian worldview that grief is a part of the loved one's transformation into eternal life. GriefShare teaches that death is not the end. The bereaved believer has hope because his or her loved one is in heaven. The Apostle Paul wrote in II Corinthians 5:8, "We are confident, yes, well pleased rather to be absent from the body and to be present with the Lord (New King James Bible [NKJ], 1982/2004).

This study implores MHPs to integrate a Christian worldview to help their clients increase their hope and their relationship with God. MHP, pastors, GriefShare leaders, and members can use hope to demonstrate to all that death is a part of life. For it says in Revelation 14:13, "Then I heard a voice from heaven saying to me, "Write: 'Blessed are the dead who die in the Lord from now on.' "Yes," says the Spirit, "that they may rest from their labors, and their works follow them" (New King James Bible [NKJ], 1982/2004).

Delimitations and Limitations

There are three delimitations of this study. The first delimitation was to include participants that were 21 years of age or older. The researcher's rationale to limit the age to those 21 and over was based on conversations with GriefShare administrators. The program was distinctly designed for those 21 years of age or older. The current GriefShare program requires spiritual maturity that children and adolescents may not have. For instance, a child raised with a belief in a God who heals may have his or her faith weakened if the child's parent dies of a debilitating disease (Culliford, 2014).

As stated previously, attachment theory explains how the loss of an attachment figure may cause the detached person or child to feel unprotected and alone because his or her safety and security are gone (Mikulincer & Shaver, 2021). As a result, children grieve the loss of the roles the attachment figure or deceased held.

In addition, children and adolescents may not have emotional maturity to understand grief. Often, chronological age is used to assess children's grief patterns and their understanding of death (Deveau, 2020). However, a child or adolescent's emotional maturity cannot be equated to her or his physical development. Emotional maturity along with a child's age, developmental level, and cognition influence how children and adolescents respond to the death of a loved one (Deveau, 2020).

The second delimitation was to set the number of sessions attended to three or more. The researcher's rationale was also based on conversations with GriefShare administrators. Although the sessions, videos, and reading materials are designed for members to recover at their own pace, GriefShare administrators report observing reduced grief symptoms after the third session. Setting the number of sessions to three or more is a delimitation because of the conscious

exclusionary decisions made by the researcher during the development of the research methodology. The delimitation arose from specific choices made by the researcher (Simon & Goes, 2013).

The third, and final, delimitation was religious affiliation which is defined as the search for connection with the infinite or as having a sense of spirituality and holiness (Frei-Landau et al., 2020). The researcher's rationale was based on the fact that GriefShare members do not self-report their religious or spiritual orientation, and GriefShare is non-denominational. The researcher asked participants if they had religious affiliation, and they all responded affirmatively. In response to questions 7 and 8, all of the participants stated they turned to their religion and spirituality in their loss. They used their religion and spirituality to cope.

The limitation of this study that could not be controlled was related to the sample. Group leaders distributed the recruitment materials to participants who had attended GriefShare within the past year. The researcher agreed that a more recent experience would result in greater exploration.

This researcher found no studies that assessed duration of faith commitment and its impact on PGD. In addition, there is little to no research on how attachment to God and religious coping patterns impact the bereaved. Kelley and Chan (2012) conducted a study with 93 participants who had experienced death in the past 12 months. Researchers found that a secure attachment style to God was a significant predictor for grief outcomes.

For some individuals, attachment to God may be important to experience meaning following a significant death. Similar to the findings of this study, attachment to God effects overall PGD outcomes (Kelley & Chan, 2012), but additional research is needed on duration of faith commitment and its impact on PGD.

In addition, of the two groups, only one male volunteered to participate in the study. The researcher asked the male participant about his experience with other males who have experienced grief. The participant responded that men do not like to talk about their feelings. The researcher found literature that may explain the participant's assumption.

Typically, men are often omitted in a conversation on grief and loss. The bereaved male is seen as impaired by his inability to seek social support and his inability to express. The use of the term "masculine" emphasizes that the pattern is gender-related, not gender-specific. During grief and loss, men are not treated as other survivors; they are often marginalized from the survivor role. More men might attend FB-GSGs if they felt they did not have to "man-up." Men who seek supports are often seen as weak or un-masculine (Creighton et al., 2013).

Interestingly, Martin and Doka (2014) suggest revisiting the "masculine grief response." Rather than labeling bereaved males as impaired and marginalized (Creighton et al., 2013), perhaps they are choosing to grieve differently. Males value self-control, and mastery of their feelings, so they re-direct their focus on rational behavior and thinking. Bereaved males may appear to be suppressing their emotions when in fact their feelings are less intense (Martin & Doka, 2014).

Bereaved males have feelings about their loss. They experience anxiety and sadness similar to bereaved females, but they may not outwardly experience emotions. When emotions are expressed, often, bereaved males exhibit anger as they find anger an easier emotion to express (Martin & Doka, 2014).

In addition, bereaved males use cognitions to deal with their grief, so they are more aware of their thoughts. Bereaved males associate certain feelings with certain thoughts, so they

can use cognitive techniques to manage uncomfortable feelings. Bereaved males can be described as having a different worldview which gives them a sense of control (Martin & Doka, 2014).

Recommendations for Future Research

While conducting the research for this study, the researcher was aware of her personal experiences, ideas, and prejudices. As an African American, the researcher is unaware of potential bias sources in making recommendations for future research. However, African Americans tend to grieve differently than other cultures. Historically, African Americans have lived within a society that allocates opportunities and social resources based on race (Boulware & Bui, 2016). Countless stressors within the African American community have impacted how African Americans respond to death and grief.

Boulware and Bui (2016) explored PGD symptoms, continuing bonds, religious coping, and social support among African American adults. Similar to the findings of this study, African Americans' reported perceived social support and positive religious coping resulted in fewer PGD symptoms. Therefore, African Americans' grief and loss should be conceptualized in terms of social support, religious coping, and continuing bonds (Boulware & Bui, 2016). It is important to note that the researcher made every effort to reduce publication bias and perceived risk of publication bias.

For future research, the researcher recommends casting a wider net. A search of the GriefShare website yields a list of group leaders across the U.S. Quantitative research methods could be implemented by contacting GriefShare group leaders by region, state or city. This sampling methodology would yield a larger, randomized sample of participants. Similar to this study, GriefShare group leaders can disseminate online surveys to their group members.

Grief and loss can be traumatic experiences, so bereaved individuals should be considered a vulnerable population. Future researchers should consider how the online survey could trigger difficult emotions. Once the online survey is complete, a follow-up email should be sent to check on each participant. Often, participants will welcome an email asking how they are recovering (Smith et al., 2018).

Trained MHPs can let the group leaders know if there are concerns. MHPs and group leaders can work together to provide resources within the participants' immediate community. Based on this study and other research, bereaved individuals want to contribute to research to help others who grieve.

Summary

Unexpected deaths have increased the risk for developing PGD. This phenomenological, qualitative study is important because it expands the minimal research on FB-GSGs and their impact on the broader mental health community. There are numerous secular GS interventions, but the Holy Bible, prayer, and faith-based teaching are essential to griefwork. By qualitatively examining FB-GSGs, this study provides ethically responsible MHPs with knowledge that will facilitate the healing of their clients' grief.

The ten participants included in this study represented varied losses and religious experiences. Constant comparison and thematic analysis of participants' interviews resulted in themes that answered the research question: "How does GriefShare impact the bereaved?" The five major themes were (1) *spiritual connection with others*, (2) *relationship with God*, (3) *qualified leaders led by God* (4) *meaning for loss found in videos and workbooks*, and (5) *perceived role of social support*.

This qualitative dissertation provides a rich description of the lived experiences of the GriefShare members recruited to participate in this study. Future empirical studies should utilize quantitative methods. Researchers can work with GriefShare group leaders across the U.S. to disseminate online surveys to their group members. This type of research sampling methodology would result in a larger sample size and greater demographics.

This qualitative study presents GriefShare as a FB-GSG intervention, but there may be other options. During interviews, a participant described a FB-GSG solution that utilized partnering with another group member. To utilize this technique, careful consideration must be given to vulnerability and confidentiality. A father who lost his son to suicide may not want to self-disclose.

However, Balk et al. (2011) suggest using partnering or peer support with adolescents who may have experienced similar loss, i.e., school shooting or student suicide. This study agrees with Balk et al. (2011) as it reiterates the importance of social connection. Participants in this study expressed that no one understood how they felt. Connecting a bereaved individual to someone who may have experienced a similar loss could prove beneficial.

Ultimately, it is God, not GriefShare, who wipes away every tear. GriefShare administrators, group leaders, and members are doing God's work. The researcher's sister-in-law dying led to this research study. All of this was a part of His plan. Philippians 2:13 states, "for it is God who works in you to will and to act in order to fulfill his good purpose" (New King James Bible [NKJ], 1982/2004).

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Appendices

Appendix A: Interview Protocol

The purpose of the study is to investigate the collective and individual impact of GriefShare, a faith-based, grief support group. The research question is how does impact the bereaved? The questions will be designed so the interviewee shifts from processing the loss to appreciating life (Tan & Andriessen, 2021). Below is the list of the questions to be asked during the individual interviews:

1. If you have participated in counseling before, please tell me why you chose to go to the GriefShare?
2. In what ways, if any, were you encouraged by a mental health professional to seek out a GriefShare?
3. In what ways, if any, do you feel a mental health professional may have discouraged you from seeking out GriefShare?
4. How would you define GriefShare?
5. What are some ways GriefShare helped you to cope with loss and grief.
6. In what ways do you think GriefShare is beneficial? What are some limitations?
7. Often, people who experience loss and grief are more likely to turn to their religion and spirituality. Why do you think this may be?
8. Tell me about a time you experienced a loss or grief and used your religion and spirituality to cope? What did this look like? How was it helpful? How was it not helpful?
9. Researchers have noted how some faith-based, grief support group leaders lack knowledge. What are your reactions to this statement?

10. If you were to label GriefShare leaders, what would that label be and why?

Appendix B: Member Checking Protocol

The purpose of the study is to investigate the impact of GriefShare, a faith-based, grief support group. The research question is how does GriefShare impact the bereaved?

Table 4 below outlines the member checking steps that were formulated based on Birt et al. (2016) Synthesized Member Checking (SMC) Flow Chart Process.

Table 4 <i>Steps and Protocols in Synthesized Member Checking (SMC) – modified</i>	
6.	Prepare synthesized summary from emerging themes along with individual interview data which represent the themes. <ol style="list-style-type: none"> a. Non-scientific wording to engage all participants. b. Open questions. c. Clear space for feedback.
7.	Check participants' eligibility to receive SMC report. Ethically, this reduces harm to participants. <ol style="list-style-type: none"> a. Grief status b. Current contact details
8.	Email SMC report and request confirmation of request. Ask participant to read, comment, and return. <ol style="list-style-type: none"> a. Ask, "Does this match your experience?" b. Ask, "Do you want to change anything?" c. Ask, "Do you want to add anything?" d. Provide a copy for the participant to keep.
9.	Gather responses and added data. <ol style="list-style-type: none"> a. Record responses. b. Add additional written responses to the data set.
10.	Integrate findings. <ol style="list-style-type: none"> a. Cross-reference added data with existing codes. b. Elicit and integrate new findings. c. Report disconfirming cases.
(Birt et al., 2016, p. 1806)	