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# Is Mother Loss Curriculum Effective in Promoting a Healthy Grieving Process?

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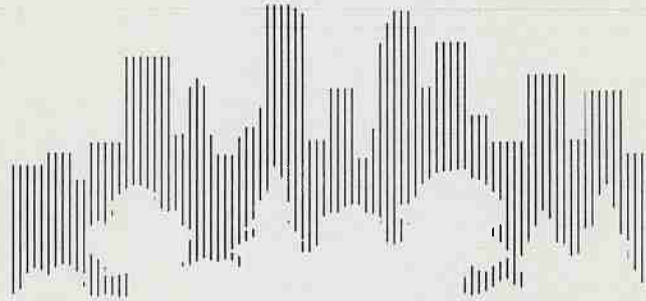
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**MASTERS IN SOCIAL WORK  
THESIS**

Patricia A. Hill

**Is the Mother Loss Curriculum Effective  
in Promoting a Healthy Grieving Process?**

2000

**MSW  
Thesis**

Thesis  
Hill

Is the Mother Loss Curriculum Effective  
in Promoting a Healthy Grieving Process?

Patricia A. Hill

Submitted in partial fulfillment of  
the requirements for the degree of  
Master of Social Work

AUGSBURG COLLEGE  
MINNEAPOLIS, MINNESOTA

2000

MASTER OF SOCIAL WORK  
AUGSBURG COLLEGE  
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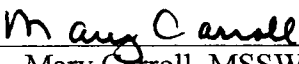
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## ABSTRACT

Is the Mother Loss Curriculum  
Effective In Promoting a Healthy Grieving Process?

A practice evaluation of a grief counseling group for adult daughter's who have experienced the death of their mother.

Patricia A. Hill

May, 2000

The death of a mother for a daughter carries certain effects that are different than those experienced with the death of a father or another loved one. This practice evaluation was initiated to study the effectiveness of the curriculum in promoting a healthy grieving process. Current literature is minimal in regards to the impact of mother loss on adult daughters as well as methods in which to assist adult daughters through the grief process. The research design and method included a grief/depression self test which was administered as a pre/post-test and eight weekly evaluations. Both were quantitative although the evaluations included some qualitative data. The research demonstrated that the Mother Loss curriculum was effective in promoting a healthy grieving process.

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## CHAPTER 1

### Introduction

It is expected within all of our lives that we will experience the death of our parents. The death of a loved one is a painful and sad experience however, for a daughter, the death carries certain effects that are different than those experienced with the death of a father or another loved one. "...Mother represents comfort and security no matter what our age, and where the mother-child bond is so primal that we equate its severing with a child's emotional death" (Edelman, 1994, p. xxiii). Depending on when the death occurs in a woman's life, the impact of the loss varies. Adolescent girls who experience the death of their mother are faced not only with the loss, but tend to experience less validation of this loss due to the developmental phase their peer group is at. Other teens have a difficult time understanding this loss as opposed to an adult woman who is closer to or has faced the death of a mother. The grieving adolescents' developmental process may be halted due to the difficulties in adapting to her loss. At any age, no longer is the mother around to provide guidance on being a woman, a mother, or partner/spouse. The emotional loss is as profound and disturbing as the physical loss.

The process of grieving a personal loss is an important one, and not always something that can be done independently. By adulthood we have often experienced more than one type of loss in our lives and these losses, especially if unresolved, traumatic, or compounded, can lead to complicated grief (Worden, 1991). It is often a person experiencing complicated grief that needs professional assistance. Research shows that group therapy is an effective form of grief counseling in that it provides normalization for the individual since others within the group will be experiencing the

same or similar loss. It also provides a support system that the individual may not have elsewhere.

Current grief theories have moved away from a linear process in which there is a beginning and end, to a process in which the grief is integrated and re-experienced throughout their life. Dr. John Schneider's (1994) theory of Transformational Grief focuses on the three processes *what is lost, what is left, and what is possible*. This theory of transformational grief portrays grief as a circular process which a person will experience throughout their life. The belief is that grief is never over, but as the intensity decreases, the focus of loss changes as their life continues. It is this theory of transformational grief that is integrated into a Mother Loss curriculum. This curriculum is intended to assist the mourners in identifying the phases of transformational grief and assist them in a healthy grieving process. The following study of a Mother Loss group approach is intended to provide social workers with an empirical framework for a Mother Loss counseling group for adult daughters who have lost their mothers to death.

This evaluation of the Mother Loss counseling group for adult daughters whose mother's have died was initiated to answer the following (research) question, "Is the Mother Loss counseling group, based on transformational grief, effective in promoting a healthy grieving experience?" This study evaluated the grief and depression of four adult women who have experienced the death of their mother. Three of the members experienced the death of their mother within the last seven months, one member's mother died when she was 15 years old. The age ranges of the members were 28-42 years of age. The counseling group was developed using a closed-ended eight-session group, utilizing a Mother Loss curriculum. Quantitative data was collected after each member of the

group completed a pre and post grief/depression self-test as well as weekly session evaluations. Qualitative data was collected from the weekly evaluations. This study identified recommendations for changes in the Mother Loss curriculum for future use. The following chapter will identify past and current literature on grief, loss of a parent as an adult and child, and the effectiveness of counseling groups.

### Review of Literature

Adults are confronted with daily stressors and losses that impact their lives and often make living a difficult process. It is expected that a parent will die before their child however, when the death of a parent occurs it is often life changing and creates both developmental and existential implications for the child or adult child (Jordan & Ware, 1997). At times this occurs sooner than expected and without preparation. Grief will likely occur with any death, however some people may benefit from the support of a counseling group due to their grief reaction or where they are in their grief process. Grief is defined as a person's reaction to loss that is experienced physically, emotionally, mentally and physically (DeSpelder & Strickland, 1999; Lehmann-Norquist, 1998). Grief that does not occur, is postponed, masked, or distorted is termed complicated grief (Lehmann-Norquist, 1998; Worden, 1991). When a person is experiencing complicated grief, the ability to cope and adjust to the demands of daily living is hindered. Therefore it may be necessary for an adult child experiencing complicated grief to seek assistance with their grief process.

In the following sections, I will present the literature on the history of grief, the impact and effects of an adult and childhood loss of a parent, and the benefits of group counseling.

### History of Grief Research

Earlier theorists believed grief was a process which a person would overcome in due time. The grief process included tasks, which insinuates a potential and/or possible end in grief. The main task of the grief process according to these early theorists involved withdrawing the emotional ties with the lost loved one (Freud, 1957; Lindemann, 1944). Such emotional freedom would lead to the completion of the process, which Lindemann reasoned could occur within 4-6 weeks. Later the time frame to complete the tasks of grief was extended from 4-6 weeks to one to four years (Bowlby, 1980; Parkes, 1972, 1986; Rando, 1984; Sanders, 1989; Worden, 1982, 1991).

Many stages of grief were developed based on the belief that there is an end to grief and detachment from the deceased is necessary. Rando defines grief as “the process of experiencing the psychological (affects, cognition’s, perceptions, attitudes, and philosophy/spirituality), behavioral, social (reactions to and interactions with others), and physical reactions to the perception of loss” (1993, p. 22). Mourning is defined as “the cultural and/or public display of grief through one’s behaviors” (Rando, 1993, p. 23). Bowlby (1961) identified three phases of mourning: 1) yearning and search for the deceased, 2) disorganization and despair and, 3) reorganization. Worden (1982) identifies the four tasks of mourning as 1) accepting the reality of the loss, 2) experiencing the pain of the grief, 3) adjusting to a life in which the deceased is missing and, 4) withdrawing emotionally and developing other relationships. Worden (1982) states that mourning is complete when the tasks' of mourning are complete. This insinuates a linear process in which there is a beginning and an end. Later however, Worden (1991) no longer viewed grief as linear and identifies the end of grief as when a person can resume his/her life,

although grief is never really over. Worden quotes Freud (1961), who after his own experience with grief acknowledged on a personal rather than professional level that his grief was something he would never fully overcome:

“We find a place for what we lose. Although we know that after such a loss the acute stage of mourning will subside, we also know that we shall remain inconsolable and will never find a substitute. No matter what may fill the gap, even if it be filled completely, it nevertheless remains something else” (Freud, 1961, p. 386).

Recent theorists have begun to assert that grief is unending; its beginning and end invisible to the human heart. Grief is a process with no fixed end point. The ability to detach emotionally from the deceased is believed to be impossible and even undesirable (Horacek, 1995; Rando, 1988; Zisook & Shuchter, 1986). The intensity of an individual's grief may diminish through recognizing the losses that occur from the death, redefining their life without the deceased, and imagining the future without the physical presence of their lost family, friend or lover however, they never finishing grieving. Later on in life, this grief may be triggered by another loss, an anniversary or developmental milestone (Schneider, 1994; Rando, 1988). Although the tasks or stages of grief have been completed, grieving will continue. The newer grief models began to portray a circular process as opposed to past models that depicted a linear process. Viewing grief as circular, a person's adaptation to their loss is portrayed as changing and continuous.

Current grief theorists identify tasks or phases of grief as opposed to stages that delineate an end to grief. The grief tasks or phases are something an individual moves in and out of due to their ability to cope and adapt. Grief reactions may naturally fade or



lessen with time yet it takes conscience effort to complete the tasks (Horacek, 1995; Worden, 1991). This conscious effort means an individual will allow themselves to mourn, to feel the feelings associated with their experience such as sadness, regret, anger, unfairness, as well as identifying the losses and moving forward in their life. Grieving has become a process that transforms us; we are able to grow, learn and recognize that we have become who we are due to the loss (Bassoff, 1988; Schneider, 1994; Worden, 1991).

Having moved from the perspective that grief is a process that ends to one that is circular allows for greater understanding of the grief process. Once the acute reactions to a loss have passed, one is likely to re-experience grief during various life transitions and experiences.

#### Childhood Loss of a Parent

Although grief is experienced at all ages, the loss of a parent during childhood creates issues that are different from parental loss at other developmental times. Young children believe death is reversible, partial and avoidable. At seven to twelve years of age death is viewed as permanent, final and inevitable (DeSpelder & Strickland, 1999). Specific issues for children experiencing the loss of a parent increase the possibility of complicated grief.

Attachment and identification with a mother is what assists a child in developing her sense of self as a woman. When such an important relationship is severed through death, the child's sense of self is inevitably altered. (Pill & Zabin, 1997). The relationship a daughter has with her mother assists her in all of her future relationships. It is this relationship with a mother that a daughter's development is based on and fosters the

affiliative and empathic strengths. The relationship teaches daughters about the connection with women and the importance of support. Therefore, the loss of a mother at an early age may impact all the daughter's future relationships (Edelman, 1994; Pill & Zabin, 1997). A daughter who has lost her mother early in life may have a difficult time developing relationships with other females or may find herself desperate to attach to woman and create enmeshed relationships (Bowlby, 1980; Edelman, 1994).

Due to a child's developmental level, their ability to understand death is not the same as an adult's nor do they have the ability to process their loss. (Harris, 1995; Staudacher, 1987; Bowlby, 1988). A child has the ability to experience grief and the ability to mourn, however they may do so in ways that adults find difficult to understand. First of all, children do not yet have the ability to express their emotions verbally as well as adults. These emotions are often expressed through play behavior as opposed to being verbally spoken. After the death of a loved one, a child will experience frequent periods in which they do not think about the loss. To the adults in the child's life, it may appear as if the child is not missing the parent and the child is likely to be misunderstood (Bowlby, 1980). This misunderstanding of the child's emotion will keep the adults from acknowledging or validating the child's grief, since they view the child as "handling it well." Lack of validation may lead to unresolved grief for the child, and they may find themselves only beginning to grieve in adulthood.

Children may be more apt to experience unhealthy grieving due to their *magical* and egocentric thinking as well as their lack of experience with death (Long & Hildreth, 1997). Because of a child's developmental level, their *magical thinking* leads them to believe that if they wish something true, it can happen. A child will often engage in

magical thinking about the deceased parent, pretending that the parent suddenly walks through the door, excusing their absence with car trouble or a business trip. To a degree magical thinking is expected however, continued magical thinking will lead to unresolved or complicated grief.

Not only are there observed differences of grief between adults and children but children of different ages and developmental stages exhibit differences in grief behavior (Edelman, 1994). The loss of a parent in childhood is catastrophic. Parents are the center of the child's world, which means the loss of a parent is the devastation of that world. Whereas when the loss of a parent occurs in adulthood, there are often other significant persons in the adults' life. If the person they counted on most can disappear, no longer is life a safe, secure, or predictable place (Harris, 1995; Staudacher, 1987). This loss of security is an important variable in the child's ability to grieve. If a child is not able to feel secure, their grieving may be postponed until adulthood (Edelman, 1994; Rando, 1988; Worden, 1991). Fears of losing the other parent, their own death, or being unprotected may arise (Long & Hildreth, 1997; Staudacher, 1987). Anxiety regarding these fears during childhood may manifest into fears of unrelated losses during adulthood, inability to make decisions, or avoidance of risks (Long & Hildreth, 1997). Fear of success and failure is integrated into the adult due to the assumption that life is cruel and unfair.

A child's self-blame in regards to the death may manifest in adulthood as an overwhelming sense of responsibility for everything that goes wrong in their life, despite the reality of a situation (Bowlby, 1980). Some children may take on new roles within the family to comfort themselves; caring for their younger siblings or providing comfort to

their father (Eisenstadt, 1978). Imagine how difficult it would be for a child to sort out the ambivalent personal feelings they may have, or how they would make sense of God's role in regards to their parents death? When children are not allowed to attend the funeral, they are unable to see that the parent is dead which may leave the child with false hopes of the parental return. The process of a funeral is important so that the child has some closure and can say his/her good-byes (Staudacher, 1987).

The childhood death of a mother has significant and serious implications for a daughter. Loss of identity, security, halting of the child's development, as well as the loss of guidance in regards to being a woman, partner, and mother all create fertile ground for complicated grief and possible need for professional support.

#### Adult Loss of a Parent

Over 50% of American women between the ages of forty and sixty will experience the death of one or both parents (Scharlach & Fredriksen, 1993). Little scientific attention has been paid to this experience which likely points to the cultural assumption that it is a normative process. However, depending on the meaning of the relationship and the roles the parent played in the adult child's life, the intensity experienced by each daughter is likely to be different. There are five dimensions that influence grief; emotional (the feelings we have), cognitive (the way we think), behavioral (the way we act), physical (the responses of our body), and spiritual (the meaning and values we have), (Schneider, 1994). The physical age of a person is seen as one of the most important influences in grief (Umberson & Chen, 1994). The death of a parent occurring during the adult child's twenties with the parent being in mid-life, verses the adult child being in their sixties and the parent in their eighties creates different issues

for the grieving daughter. As a person ages their loss is less likely to be about the regret of missed experiences or shared milestones, such as marriage or the birth of a child (Rando, 1988). A positive relationship with parents creates adverse effects on grief since it may make the process of roles reversal more difficult. Due to the roles of family members such as caretaker, or cook, the death of a mother changes these roles and often times a daughter will be expected to take on roles that the mother traditionally filled (Edelman, 1994). A familial source of validation and approval is lost and gone is the historian of the adult child's life and experiences (Jordan & Ware, 1997; Rando, 1988; Umberson & Chen, 1994; Wheaton, 1990).

The loss of a parent during mid-life often includes more than just feelings of sadness such as relief, guilt, and regret which complicate the grief process. Since it is frequently necessary to care for ailing parents, the difficulties of doing so along with managing personal responsibilities such as career and family can lead to feelings of relief after the death of a parent. Although the death of a parent may evoke shock, disbelief or denial, these intense feelings and beliefs are more likely to persist when the death is unexpected (Sheldon, 1998). During the grieving process the need to address and cope with these feelings are necessary (Rando, 1988).

Daughters, more so than sons, maintain closer contact and report closer affective closeness with parents and are more adversely affected by parental death (Umberson & Chen, 1994). The gender of the parent as well as the gender of the child impacts the grief response. Due to the shorter life expectancy of men, the mother-daughter relationship is one of the longest lasting relationships of a daughter's life (Edelman, 1994). The relationship with a mother is more likely to be characterized by shared values and views,

greater affective closeness, and greater stability than are relationships with fathers (Rossi & Rossi, 1990). These findings suggest that a mother's death would increase the intensity of the grief response compared to a father's death due to gender, length of the mother-daughter relationship, the sharing of values/beliefs, degree of affective closeness and the stability of the relationship.

Parent-child relationships in which angry or ambivalent feelings are present, increase the likelihood of complicated or prolonged grief. Social trends show an increase, or a recognition of conflicted relationships with parents. Alcoholism, neglect, drug use, physical/sexual/emotion abuse, or mental illness of a parent, create the basis for relationships in which conflictual feelings are abound (Rando, 1993). The primary feelings caused by these situations often create secondary emotions by the death of that parent. A child who is the victim of a mother's drug use and physical abuse will struggle to deal with the mixed emotions she may feel by the death of that mother. Sadness and longing combined with anger, relief, resentment, and guilt complicate the mourning process for both an adult and a child.

Social supports such as family, partner, spouse, friends, are an important component of the grieving process. Lack of social supports increases the likelihood of prolonged or complicated grief (Sheldon, 1998). The death of a mother during childhood, adolescence or prior to mid-life, increases the possibility that the daughter will not have social supports that relate to or understand the loss. These women often report not having friends that can understand this loss or fail to understand their reactions to this loss because of the likelihood that they have yet to experience this type of loss. This sense of

isolation makes it difficult for the grieving daughter to seek comfort and validation from others.

Losing a parent prior to mid-life, especially a mother, is more significant than originally thought. The grieving process is significantly impacted by the relationship with the deceased, their current social supports, and the roles that were maintained by both the daughter and mother. Research identifying the impact on adult daughters is minimal, despite likelihood of this loss occurring.

#### Grief-Group Counseling

The death of a mother during adulthood is expected and difficulty with mourning this loss is not accepted by modern American culture. The adult daughter mourning the death of her mother may have difficulty finding peers who understand or who relate to her loss. The losses experienced by this death are not viewed as significant since adult daughters have other roles they are fulfilling such as wife, mother, employee, or sibling. The sense of isolation may motivate a bereaved daughter to search out others who relate to her loss (Lagrand, 1991; Rosenblatt, Spontgen, Karis, Dahl, Kaiser, & Elde, 1988). The ability then for a grieving daughter to relate to others who are also experiencing the death of their mother within a counseling group provides the woman with universality, and/or reduces their sense of aloneness as well as normalization (Corey & Corey, 1992; Edelman, 1994; Pill & Zabin, 1997; Yalom, 1985).

#### Universality

Those experiencing the grief of a loved one often feel alone, that others do not understand their experience. This will subsequently lead to feelings of invalidation since other's *helpful* comments or suggestions appear hurtful and insensitive to those in

mourning or the *bereaved*. When the bereaved seek out group counseling they are looking for the validation that others appear incapable of giving. Counseling groups offers people the ability to discuss their grief without the fear of stigma, criticism, or rejection (Jordan & Ware, 1997; Schwab, 1986). Group counseling offers the universality the bereaved need to assist them in their grief process.

### Normalization

By normalizing the appropriate affects, cognition's, beliefs, experiences and symptoms in the group process the bereaved is provided support, reassurance and control (Rando, 1993). Within the group process it is the facilitator's responsibility to validate the grief reactions of the members. However, in hearing other member's reactions or effects of their grief, one will begin to normalize their own reactions and effects as they compare their experiences. The experience of normalization will assist the bereaved in their grief process since they will be better able to experience their feelings and thoughts without questioning whether these are right or wrong reactions.

### Benefits of Group Counseling

A counseling group focuses on conscious problems rather than on making major personality changes and is geared towards the resolution of specific issues (Corey & Corey, 1992; Yalom, 1985). As stated previously, grief is not something that has an end, so in regards to resolution, I am referring to the continual movement of the grief phases. Possibly an individual attending a Mother Loss group is stuck in one phase of her grief and "resolution" may be viewed as the person's ability to move for the time being, from the place in which she was stuck. The group counseling process in relation to grief, allows each individual the time, space, and freedom to be emotionally attached to their



loss as they move in and out of the phases of grief (Price, Dinas, Dunn & Winterowd, 1995). Individuals are able to see in other's where they themselves have been in their grief process, where they are now, and where they may go.

Group counseling has been hailed as a therapeutic method for treatment and appears to be a beneficial mode of therapy for adult daughters whose mother's have died. Group counseling as opposed to individual counseling for the issue of grief is beneficial due in part to the need for social connectedness. The need for understanding, relatedness, and connectedness is an important aspect of the grieving process, which can successfully be implemented through the group therapy process.

#### Gaps in the Literature

Current literature is limited in regards to the impact of mother loss on adult daughters as well as methods in which to assist adult daughters through the grief process. Although information found on the effectiveness of grief group counseling is abundant (Jordan & Ware, 1997; Lagrand, 1991; Parkes, 1986; Price, Dinas, Dunn & Winterowd, 1995; Rando, 1993; Schwab, 1986; Worden, 1991), I found one research study that was specific to group work on the subject of mother loss. This study will provide research for the effectiveness of a Mother Loss counseling group curriculum for adult daughters who have experienced the death of their mother.

## CHAPTER 2

### Theoretical Framework

It is possible to compare Worden, Rando and Schneider's theories of grief in a linear manner although they each believe that grief is not something to overcome, but a process in which a person will integrate and re-experience throughout their life in a circular process. Although each of these theorists have a different number of "tasks or processes", there are five common themes that can be identified.

#### Cognitive

Worden's (1991) first task of grief, *accepting the reality of the loss*, Rando's (1992) first of the "R" processes of mourning, *recognizing the loss*, and Schneider's (1994) first process of transformational grief is *what I've lost*, all focus on the first task of grief; the acceptance or acknowledgement of the death and subsequent losses. Accepting, acknowledging, holding on and letting go are all cognitive dimensions of the grief process and will occur for most people during the initial stage of grief. Holding on and letting go are coping skills in relation to the grief process that equate to the fight or flight reactions of humans during crisis (Schneider, 1994). Holding on is a way to avoid the reality of the loss, to be hopeful or to believe that you can avoid future losses. Letting go allows an individual to conserve energy by letting go of the attachment too hastily (Schneider, 1994).

#### Emotional

The second theme focuses on the emotional dimension of the grief experience. Each theory believes that it is necessary for the bereaved to experience the pain of the loss through their reaction, work or awareness (Rando, 1992; Schneider, 1994; Worden,

1991). Although Schneider only has three phases of transformational grief, he addresses awareness and identifies that it will typically occur after the first phase of recognizing *what I've lost*.

#### Adjustment of Relationships and Beliefs

The third theme focuses on the here and now. The ability to adjust to the reality of the loss as well as gain perspective as to what is left (Schneider, 1994; Worden, 1991). Rando (1992) on the other hand focuses more on the past experiences with the relationship in the process of letting go of the attachment and previous beliefs or assumptions such as "I always thought my mother would be around to help me raise my children." In regards to relinquishing old beliefs, Rando's is, in a sense, looking at the here and now, by examining what the past has created for the present.

#### Adaptation

The fourth theme is about moving from the past and beginning to focus on the future. The ability to talk about the deceased without becoming overwhelmed is developed, moving away from the loss being the center of their life, and integrating the loss into the story and meaning of their life (Rando, 1992; Scheinder, 1994; Worden, 1991). The bereaved will begin to make new connections in the world in relation to the loss they have experienced. Questioning what their mother might do in a particular situation and using this to help in their decision process would be considered part of a healthy adaptation process.

#### Integration

The fifth theme is about the future of their life without the deceased. Redefining the self as well as reinvesting in life and all of the possibilities that are present. The

bereaved will establish new relationships and find others to assist them in meeting the needs that the deceased had been meeting. Awareness that what remains inside of them will maintain their connection to their loss (Rando, 1993; Schneider, 1994; Worden, 1991). "I know in my heart she will always be with me." Each theory identifies the importance of integrating the loss into their lives and the meaning that is developed due to the loss. This integration increases self-empowerment in that the loss no longer controls them (Schneider, 1994; Rando, 1992; Worden, 1991).

Schneider emphasizes the concept of his grief process as a circular process rather than a linear one. He believes that throughout a person's life, they will continue to grieve the loss as they are faced with different memories, anniversaries, developmental milestones or other losses. A woman in her mid-twenties who experiences the death of her mother may identify *what I've lost, what is left, and what is possible* (Schneider, 1994) in regards to her life at that time. However, she will likely move back to what have I lost when she gets married or has her first child. Due to her new roles, the absence of her mother may require her to grieve the loss of a support or grandmother of her child; which at the time of the loss, she may not have comprehended the impact of this loss.

#### Application of Transformational Grief

In utilizing Schneider's theory of Transformational Grief for the outline of a Mother Loss counseling group, I will evaluate the effectiveness of the Mother Loss curriculum utilizing his three phases. The focus of the outline will follow the phases that a person moves in and out of during the grief process with the awareness that each individual participating in the group may be engrossed in different phase of grief. However, identifying the phases of transformational grief during the group process and

utilizing various methods will provide a framework in which the bereaved individual will be able to reflect on, relate to or anticipate.

The Mother Loss curriculum is designed using Schneider's three phases of grief

a) *what I've lost*, b) *what is left*, and c) *what is possible*.

*Session I:* Introducing My Story was included for numerous reasons. The first reason is to begin the process of universality and normalization by hearing other's stories and sharing their own to assist the members in the realization that other's have similar experiences and can relate to what they are experiencing. The second reason is that the members will be identifying their loss which is part of *what I've lost* phase in regards acknowledging the loss.

*Session II:* Missing Moments again assisted the clients in identifying *what I've lost* but in more detail than the first session and specifically in relation to the losses associated with the death of a mother. This process will also assist the members in the normalization process.

*Session III:* Remembering was implemented to begin the process of looking at past experiences with the relationship, part of the *what is left* phase of transformational grief. The remembering session will also help with the sense of universality or social connectedness between the women.

*Session IV:* The Legacy will also contribute to the *what is left* phase of grief, focusing on the past relationship, and what of this relationship remains.

*Session V:* Role Changes is included to assist the members in identifying *what I've lost*, in regards to the role their mothers played in their lives, but continued to move

them towards *what is left* in relation to beginning to look at the future and what their new roles may be within their life.

*Session VI: Discovering Unfinished Business* is part of the *what is left* phase of grief. It addresses unresolved issues or missed opportunities that may have left the daughter with feelings of anger, guilt, resentment, or regret.

*Session VII: My Mother* is implemented to assist the daughters in looking at the relationship with their mother in a realistic fashion without the idealistic perceptions that often occur after a death. This process will provide the daughters with the ability to begin integrating their loss into their lives so that they will be able to develop new relationships, and focus on *what is possible*.

*Session VIII: Saying good-bye* is focused on the group process of “closure”, where the facilitator summarizes the sessions and encourages the participant in their future “grief journey.” Members will identify what the next step in their grief process is and how to go about that step. Thus, at this point in the discussion, the facilitator may give suggestions, recognizing where they are in their grief phases and ways in which to continue the forward movement with their grief.

It is anticipated that the member's of the group will begin to move through the grief process in a healthy manner. Utilizing the grief/depression pre/post test, the phase the member's appeared to be in at the pre test will be different than at the post-test. By doing so within a group framework the participants will be able to normalize their experience and develop social connectedness, reducing their isolation and feeling of separateness.

## CHAPTER 3

### Methodology

The outline for the Mother Loss group was designed to be used with adult women who were experiencing grief due to the death of their mother (Appendix A). Evaluation data collected from the group members was used to explore the effectiveness of the Mother Loss group in promoting a healthy grieving process. The data that was analyzed were two Grief/Depression self-tests (Appendix B) as well as weekly evaluations (Appendix C) of the eight Mother Loss sessions. The data that was analyzed will be utilized to improve future Mother Loss groups.

#### Research Design

The research design was a pre/post program evaluation. The pre/post Grief/Depression self-tests and the weekly evaluations, both contain quantitative data. However, each weekly evaluation included a comments section and the final evaluation contained two open-ended questions that were qualitative. The qualitative data was analyzed using content analysis. I presented the quantitative data in a descriptive format. By using self-administered survey questionnaire's, the possibility of maintaining anonymity and privacy was high. It also provided the opportunity to collect a significant amount of information in regards to what the members were experiencing, such as with the Grief/Depression self-test. There was the likelihood of questions being misread, misunderstood, or inaccurate due to the sensitivity of the topic and the length of the Grief/Depression self-test. These reliability factors may have impacted the validity of the results.

### Concepts

In order to evaluate the effectiveness of the Mother Loss group in promoting a healthy grief process it is necessary to explain what is meant by "grief process." Based on Dr. John Schneider's (1994) model of transformational grief, the grief process "occurs when we decide that what remains is sufficient to go on living, and when we discover what is possible with the resources we have" (p. 15).

For the purpose of this practice evaluation, "healthy grieving process" is defined as the forward movement or addressing of issues within Dr. John Schneider's three processes' of grief, *what I have lost, what is left, and what is possible*. After the completion of the pre grief/depression self-test, a descriptive format was used to identify the number of statements each participant recorded in the five dimensions impacted by grief (cognitive, emotional, behavioral, physical and spiritual), as they relate to the three phases of grief. This was again analyzed after they completed the post grief/depression self-test and the mean for both the pre and post test was calculated.

### Sample

The unit of analysis in this study was a group. The study population consisted of four adult daughters who experienced the death of their mother. Their age range varied from 28 to 42. One member experienced the death of her mother as a teen, whereas the other three members experienced the loss as adults and within the past year. Members were middle-class and Caucasian.

Members interested in the group called for registration and a phone intake was completed. Clients were mailed various documents to read over prior to the start of group. Included in this packet of information was a document (Appendix D) that



informed the clients of the future request for use of Mother Loss data. On the first night of group the consent to participate in research form (Appendix E) was reviewed with the members, including benefits, risks, and expectations. Those willing to participate were asked to sign the consent form without my knowledge of who was choosing to participate. Members were again asked at the end of the eight sessions if they were willing to participate in the research; allowing me access to their completed pre/post grief/depression self-tests and the weekly evaluations. Those still willing to participate or those who changed their minds about participating were asked to sign another consent form, again without my knowledge of who chose to participate.

#### Measurement Issues

In regards to the quantitative data, random error may have occurred in that a member of the group may have recorded that overall the group was very helpful, however she may have been in denial of the impact of loss. Or the member may have wanted to present that things were better than they really were and she may not have accurately depicted her opinions on the Grief/Depression inventory. Random error may have occurred with the Grief/Depression self-test due to the length of the evaluation and the complicated nature of the self-test. These measurement errors may have reduced the reliability and validity of the research. The level of measurement for the quantitative data was both nominal and ordinal. The weekly evaluations and the Grief/Depression self-tests were discrete variables in that they have a finite number of values.

In regards to the comment section of each weekly evaluation the participant may have found something helpful at the end of group, however two sessions later, the participant may have changed their mind about the helpfulness of a particular process.

For example, often times when clients initially disclose a painful experience to others, they may experience relief. However, within a short amount of time, say a week, the client may no longer feel relief, but a sense of exposure and vulnerability.

### Procedures

To ensure anonymity, clients' names were not on the self-tests or evaluations. There were demographically identifying questions on the self-test or evaluations and all forms were numbered, to ensure anonymity.

After the phone intake for the Mother Loss group, members were sent various documents and forms to sign and fill out. Within this packet, a statement (Appendix D) informing members of the future request for use of data was included as well as the initial Grief/Depression self-test which members were asked to complete and bring to the first session.

At the beginning of the first group, participants were be given a manila envelope with their name on it and inside contained the final self-test and the eight weekly evaluations. This packet, as well as the first self-test that was mailed out, was given a random number by the Office Coordinator. Only the Office Coordinator was aware of which name coincided with which number. Participants were asked to place their completed survey in the envelope. Participants were presented the consent form and were explained the benefits, risks and expectations of participation in the research. Those willing to participate were asked to sign a consent form after I had left the room so as to ensure anonymity. At the end of the first group, participants were asked to fill out the evaluation for Session I after I had left the room. When they were finished, they returned the first evaluation to their manila envelope. At the end of each session, they were asked

to follow this same procedure to ensure that I would not have access to their completed forms. At the end of the eight sessions I asked for their consent to participate, and those willing were asked to sign the consent form after the risks, benefits, and tasks had been reviewed with them. I left the room so that I would not be aware of who was choosing to participate and they placed the signed or unsigned form back in their manila envelope.

For those unable to decide at that time, a stamped envelope addressed to the Office Coordinator of the Center was provided so that they could decide later and mail in their consent form. The manila envelope with the consent forms and data will given to the Office Coordinator. After determining who would be participating, the Office Coordinator provided me with the participant's numbered data free of any identifiers. When I was finished using the data, I returned it to the Office Coordinator so that she could return the data to the proper files after my internship was complete. This was to ensure that I would not have the ability to identify the data with the name of the participant. Therefore, the evaluations, and self-tests are being maintained as part of the participants records at the Center for Grief, Loss, and Transition as they were intended to be.

Participants were informed of the following potential risks involved in the research; a) group participation may evoke painful feelings, b) group participation may evoke painful memories, c) group participation may increase the awareness of losses. Participants were made aware of the provision for support outside of the group should the need arise (see Appendix E).

### Instrumentation

The first of the two instruments I used was Dr. John Schneider's Grief/Depression self-test, which will be administered as both a pre and post-test. The self-test contained eleven themes that assist a person in determining if their thoughts, feelings, beliefs, or behaviors are a result of grief or depression. The themes were a) loss, b) thinking, c) feeling, d) physical, e) behavior, f) spiritual, g) will-to live, h) pleasure, i) dreams, j) self, and k) support. I however, only used the five dimensions that impact the grief process; cognitive (thinking), emotional (feeling), physical, behavior, and spiritual. Within each dimension a number of statements were made that relate to a grief experience. The individual underlined the statements that applied to them. They did the same for the statements that related to depression. At the end of the dimension I determined if they were grieving, depressed, both or neither.

The second instrument I used was the eight weekly evaluations. The evaluations were based on the Mother Loss curriculum and focused on the helpfulness or harmfulness of the following three themes: a) normalization, b) grief process, and c) group process. The evaluations were given out at the end of the group and group members were given ten minutes to complete the evaluation. The helpfulness and harmfulness of the group was measured on a Likert scale involving a five-point scale, one being very harmful and five being very helpful. Group members were asked to rank the helpfulness or harmfulness of the group based on their own perception and experience. The qualitative data, which was considered subjective, was used to support the quantitative data analysis of the helpfulness or harmfulness of the group process in relation to the member's grieving process. The first of the two qualitative questions

requested specific reflection as to what the member viewed as the most helpful for them out of all of the eight sessions. The second question asked the participants to identify what they wished we would have done during the groups existence. The comment section included in each weekly evaluation provided an opportunity for specific feedback for that particular session. I identified patterns and themes from the qualitative data using content analysis.

Within my practicum at the Center for Grief, Loss & Transition the Grief/Depression self-test was being used with clients and therefore was not pre-tested since it was already in use at the agency.

#### Data Analysis

Content analysis was used to organize the qualitative data collected from the evaluation forms and the Grief/Depression self-tests. After the data was collected, range and mean were calculated on the quantitative data in order to demonstrate the effectiveness of the three themes a) normalization, b) grief process, and c) group content. The pre and post Grief/Depression self-test scores were used to support the weekly evaluations and to clarify the effectiveness of the group in regards to the grief process.

The voluntary comments as well as the two qualitative questions were analyzed using descriptive and explanatory analysis. In analyzing the qualitative data, general themes were identified and used to clarify the quantitative data.

#### Human Subjects

Due to the fact that the research contained human subjects, I submitted an application to the Internal Review Board of Augsburg College and received formal approval for research on December 7, 1999. My IRB number is 99-62-3 (Appendix F).

## CHAPTER 4

### Program Description

#### Program Objectives

Adult daughter's experiencing the death of their mother may seek the support of a counseling group to assist them in their grief process. Literature supports the causal link between promoting a healthy grieving process and group counseling. The Mother Loss counseling group was developed to promote a healthy grieving process to adult daughters who have experienced the death of their mother. The curriculum for the Mother Loss group was being evaluated for its' effectiveness in promoting a healthy grieving process.

I developed the Mother Loss curriculum. The curriculum was developed based on materials adapted from the Center for Grief, Loss and Transition and Dr. John Schneider's theory of transformational grief. The readings that set the theme for each session were taken from *Motherless Daughters* by Hope Edelman; *A Mother Loss Workbook* by Diane Hambrook and Gail Eisenberg; and *A Time to Grieve* by Carol Staudacher.

The purpose of the Mother Loss counseling group was to provide adult daughters who have experienced the death of their mother a group in which to promote a healthy grieving process.

#### Program Setting

The Mother Loss group was held at the Center for Grief, Loss and Transition in St. Paul, Minnesota, on Wednesday evenings from 6:30 to 8:00. The Center for Grief provides counseling, education and training in the areas of grief and loss. The Center for

Grief has been providing support groups as well as counseling groups for 8 years with great success.

### Program Staffing

I facilitated the Mother Loss group as part of my research study and internship experience at the Center for Grief. Prior to the start of the group I had been interning at the Center for three months and had been facilitating counseling groups for eight years as a Mental Health Practitioner.

### Program Development

The development and format of the Mother Loss counseling group curriculum will be addressed in the following pages. The Mother Loss curriculum was designed so that each of the eight sessions addressed an issue significant to the death of a mother. Each week started with an introduction to the topic as well as a centering exercise with music. The purpose of the centering exercise was to assist participants in focusing on the session's theme, as well as give them an opportunity to let go of worries about their day. Each session contained a check-in where participants were given an opportunity to share what the past week entailed for them in regards to reflecting on the previous session or in general. Each week group participants lit a candle that represented within each of the them, the presence and memory of their mother. Both the candle lighting and the centering exercises were considered rituals that occurred during each session. The reading for each week was chosen based on the week's theme and to provide an opportunity for the sharing of thoughts or discussion of the reading. During the discussion time for each session, the objectives for the group were addressed. Because the group was of a counseling nature verses a support group, if the participants discussion

wasn't about the specific topic, redirection did not occur. Participants were encouraged to discuss what they felt was important whether related to the session's theme or not. Each session ended with feedback about the evening by myself and the following week's theme was shared. At the end of each session, participants were given time to fill out the weekly evaluations.

The following will briefly describe the outline for the eight Mother Loss group sessions:

*Week One:* Due to the research that was being conducted, informed consent was needed from the group members; therefore an explanation of the consent form was given as well as future procedures in relation to the research being conducted (i.e. final consent form, pre/post test, and weekly evaluations). Clients were given an opportunity to ask questions regarding the consent form or research project.

I introduced myself, sharing my interest in the group and experience with grief. The format of the group was explained to the participants (introduction to the session, centering, check-in, reading, discussion and closing) and reason for each step. In regards to the centering, due to my experience that not everyone is comfortable with imagery or muscle relaxation centering exercises, acoustical music was chosen as the centering method. To provide consistency, this type of music was used in all eight sessions. The purpose and need for group rules were explained and the following were agreed upon by the participants: a) what's said in group, stays in group; b) no interrupting, questions are okay; c) reaching out with touch is acceptable; d) feedback is alright to give; e) swearing is acceptable as long as it isn't directed towards someone or excessive; f) no one has to talk about a topic.



Participants were then given the opportunity to introduce themselves and share when it was that their mother died. Following the introductions, the centering with music occurred to assist the participants in preparing to think about their story and how they wanted to share this as well as letting go of outside worries. The reading was “What happens to life after mother’s death” by Hope Edelman.

Participants were then told that after they have shared their story they would be asked to light a candle that would represent that their mothers’ memory was here with them in the group. In following weeks, participants will light the candle after they have checked-in, again representing the presence and memories of their mother. The sharing of the stories took a significant amount of time and the session ended up running about twenty minutes over.

Closing included feedback about the facilitators anticipation about the group being a good one as well as thanking group members for sharing such difficult and painful stories. Participants were informed of following sessions’ topic.

*Week Two:* A brief discussion occurred identifying the week’s theme, goal and purpose. Centering was done with music. During check-in participants were asked to include with their check-in, one thing about their mother’s death that they did not share the previous week. After check-in clients lit their candle. The readings were taken from *Motherless Daughters* by Hope Edelman, (1994, p. 175 and 270). The discussion was to identify what was lost by the death of their mother, looking at specific times or situations that are reminders of the loss. The closing included feedback about the session and an introduction to the next weeks theme was given. Participants were asked to bring pictures or treasured items that remind them of their mother for next week.

*Week Three:* Week three began with an introduction to the session and centering with music. After check-in and lighting of candles, a reading was taken from *Motherless Daughters* by Hope Edelman, (1994, p. 278). Participants then spent the majority of the session sharing their pictures or treasured items. Time was spent sharing memories and stories about their mother. Closing included feedback and theme for next week.

*Week Four:* Week four started with the introduction to the session and centering with music. After check-in and lighting of the candles, a reading was done from *Motherless Daughters* (Edelman, 1994, p. 209). The discussion focused on identifying the gifts they received from their mother as well as the gifts they gave their mother (i.e. humor, patience, independence, strength). Group ended with the feedback and introduction to the next session.

*Week Five:* Week five began with the introduction to the session as well as a reminder that participants were not required to talk if they do not want to. Centering with the music preceded check-in and lighting of the candles. The reading came from the *Mother Loss Workbook* (Hambrook & Eisenberg, 1997, p. 150). Discussion was about role changes; identifying the roles their mother played in their life/family, the changes of these roles since her death, and the roles the daughters played prior to and after the death (i.e. historian, nurturer, traditionalist, caretaker, listener, confidant, authoritarian). Closing included feedback regarding the group process and introduction to next week's session.

*Week Six:* Week six began with an introduction to the session's topic and centering with music. After check-in participants lit their candles and a reading was done from *Motherless Daughters* (Edelman, 1994, p. 250). The discussion was about exploring

unresolved issues around the death, discovering what daughters didn't get the chance to say or do, and unresolved issues or regrets surrounding the relationship with their mother. Closing included feedback about the session and participants were told of next week's topic.

*Week Seven:* The group started with an introduction to the session and centering with music. Participants checked-in and lit their candles. The reading was taken from *A Time to Grieve* (Staudacher, 1994, p. 177). The discussion was about the realistic and ideal perceptions of their mothers. Closing included feedback about the session and a brief introduction to the following week's topic.

*Week Eight:* The final session began with an introduction to the session and centering with music. Participants checked-in and lit their candles. The reading came from *Motherless Daughters* (Edelman, 1994, p. 282). The discussion for the final session was centered around sharing what the group meant to them, identified what the next step in their grieving process was and how to go about this, and to give members an opportunity to say good-bye to each other and the facilitator. After the closing, participants were asked to fill out the final evaluation.

## CHAPTER 5

### Data Analysis

The following chapter will present the results of the Mother Loss counseling group. The Mother Loss group was provided to adult daughters whose mother's have died. The goal of the program was to provide adult daughters a safe environment in which they could express their feelings regarding the loss of their mother and move forward in their grief process.

During each of the eight sessions, a reading was done that provided the theme for the session's discussion. Although the group was a formal one in its' structure, the session itself was informal and participants were given the freedom to talk about issues not directly related to the theme, although within the context of their grief.

The purpose of this study was to evaluate the effectiveness of the Mother Loss curriculum for future revision and improvement. To obtain data, participants completed a pre/post grief/depression self-test and weekly evaluations. The facilitator maintained observations for each session.

#### Research Question

The research question, "Is the Mother Loss counseling group curriculum effective in promoting a healthy grieving process?" is addressed in the results of this chapter.

#### Participants

The Mother Loss group was designed for adult daughter's grieving the death of their mother. Five phone intakes were completed, however only four of these intakes decided the group was appropriate for them. All four members attended 100% of the group sessions.

## Data

The research included both quantitative and qualitative data. The participants perception of the helpfulness of the grief process, group process and normalization was measured quantitatively using weekly Likert scale evaluations. The range of the Likert scale was one to five, with five being very helpful and one being very harmful. Each weekly evaluation (Appendix C) contained a section in which participants could write comments. These comments were analyzed qualitatively using content analysis. The pre and post grief/depression self test were analyzed using descriptive data and ranking procedures.

In regards to the weekly evaluations, I clustered the questions into three themes. Due to the Mother Loss group addressing the grief process, I felt it was appropriate to evaluate the effectiveness of this process. If the weekly evaluation results demonstrate that the grief process of the Mother Loss curriculum was ineffective, the necessary changes will be recommended. Group therapy was shown to be the most effective method for addressing grief due to the sense of universality and connectedness that the bereaved desires. Therefore, I chose to also evaluate the effectiveness of the group process. Normalization is a common need that the bereaved need to assist them in their grieving process. I also evaluated the effectiveness of the normalization process within the weekly evaluations.

## Objectives and Results

The results of the data collected from the weekly evaluations are presented in three ways. When looking at the effectiveness of a theme during a session, I found the mean score for all four members for that particular session. However, when examining

the helpfulness of the group process, grief process, and normalization, I combined the results of the four participants across all eight weeks to find the aggregate mean score.

### Relevance of Readings

Within each weekly evaluation the question was asked about the participants ability to relate to the sessions' reading which presents the theme for that week. Each of the readings related to the loss of a mother or loved one. Each theme coincided with one of Schneider's three phases of grief, *what I've lost*, *what is left*, and *what is possible*. Participants found the readings to be neutral to somewhat helpful over the eight sessions (mean = 3.7). Their ability to relate to the readings is not directly related to their ability to relate to the weeks' theme, only to the readings themselves.

### Grief Process

The grief process was the primary focus of the Mother Loss group. Each member was potentially in a different "phase" of grief when they begin the group in regards to Schneider's phases of transformational grief; *what I've lost*, *what is left and what is possible*. The general purpose of the Mother Loss group was to identify if the curriculum was effective in maintaining or promoting a healthy grieving process. This promotion of a healthy grief process is to be measured by the weekly evaluations that the participants completed.

Some of the questions that measured the participants perception of the helpfulness of the curriculum in regards to their grief process included "How helpful or harmful was sharing the story of your loss in regards to your grief process?" "How harmful or helpful was identifying the various losses you've experienced by the death of your mother?" and "How harmful or helpful did you find the experience of sharing memories of your mother

in regards to your grief process?” The average item score across all eight weeks was 4.4, half way between somewhat helpful and very helpful. The highest weekly score for the group evaluations was for week three (mean = 4.7) (Table 4.1). However, the last weekly evaluations included questions that asked the participants to evaluate the “overall helpfulness” of the group in regards to the grief process, which resulted in the highest score overall as very helpful (mean = 4.9) (Table 4.2). The mean score of groups five and seven were slightly lower (mean = 4.1, and mean = 3.9) (Table 4.1). Inability to relate to the topic appeared to result in the decrease of helpfulness for the grief process during week five and seven. Whereas during group three, when memories (mean = 5) and memorabilia (mean = 4.8) were shared, participants all related well to this and found it very helpful with the grief process (mean = 4.9).

#### Group Process

To facilitate the grieving process it is necessary for the group process to be effective; therefore, the weekly evaluations included questions that focused on the helpfulness of the group process. Some of the questions focusing on the group process included, “How helpful or harmful was discussing the group Rules of Safety for you?” or “How harmful or helpful was the discussion regarding what the group meant to you?” The group process was measured at the first week and the eighth week. The evaluation for week eight however, included group process questions as well as one overall question that asked participants to focus on all eight weeks in regards to assessing the helpfulness of the group process. Week one and eight which were the only two weeks group process was evaluated, showed the group process as being very helpful (Week One: mean = 4.5,

and Week Eight: mean = 5, Week One and Eight mean = 4.75) (Table 4.3). The results of the overall helpfulness of the group process was shown to be very



Table 4.1

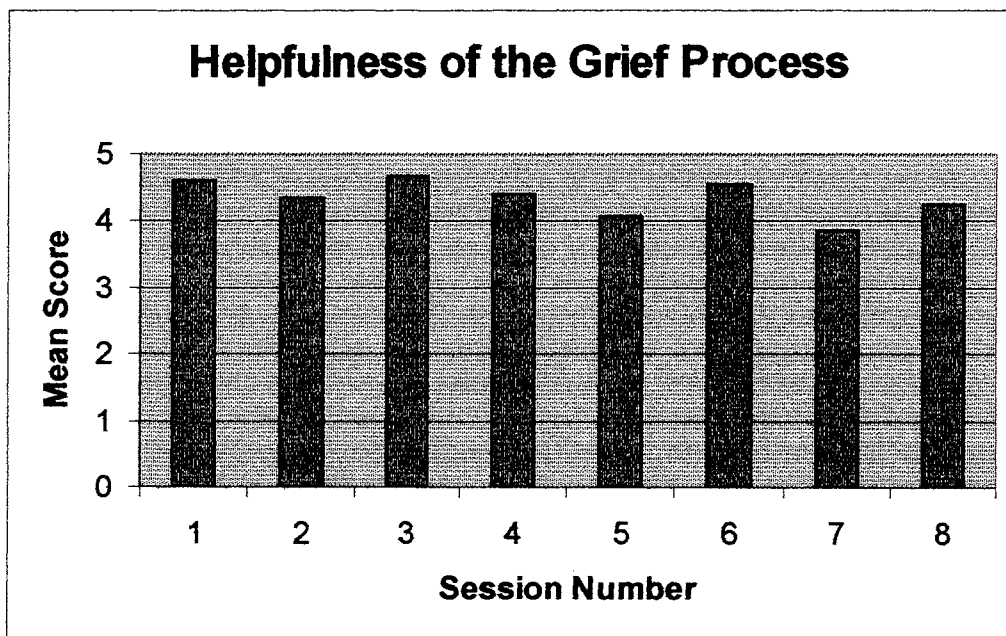


Table 4.2

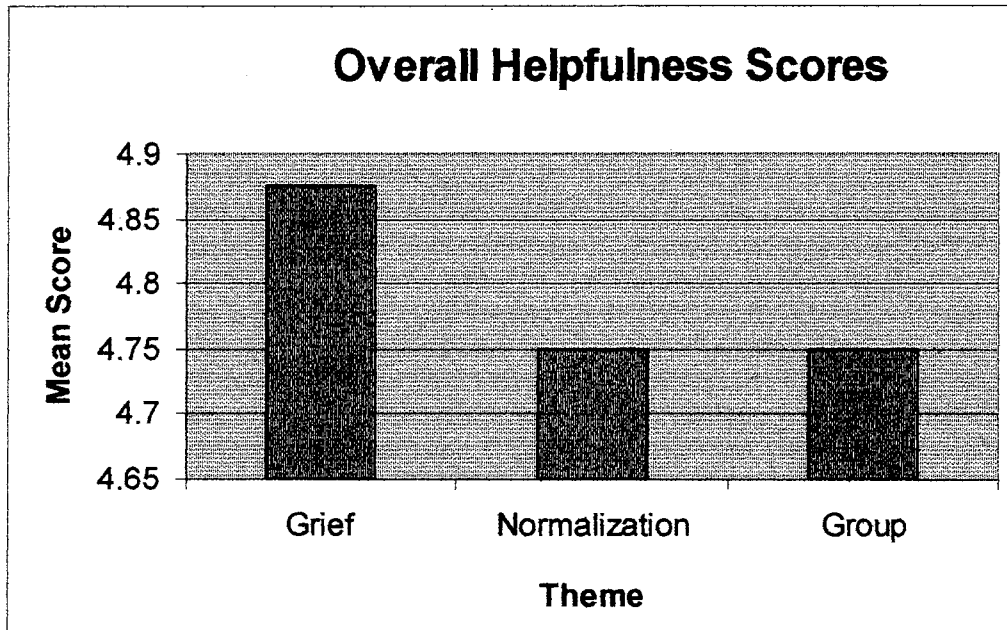
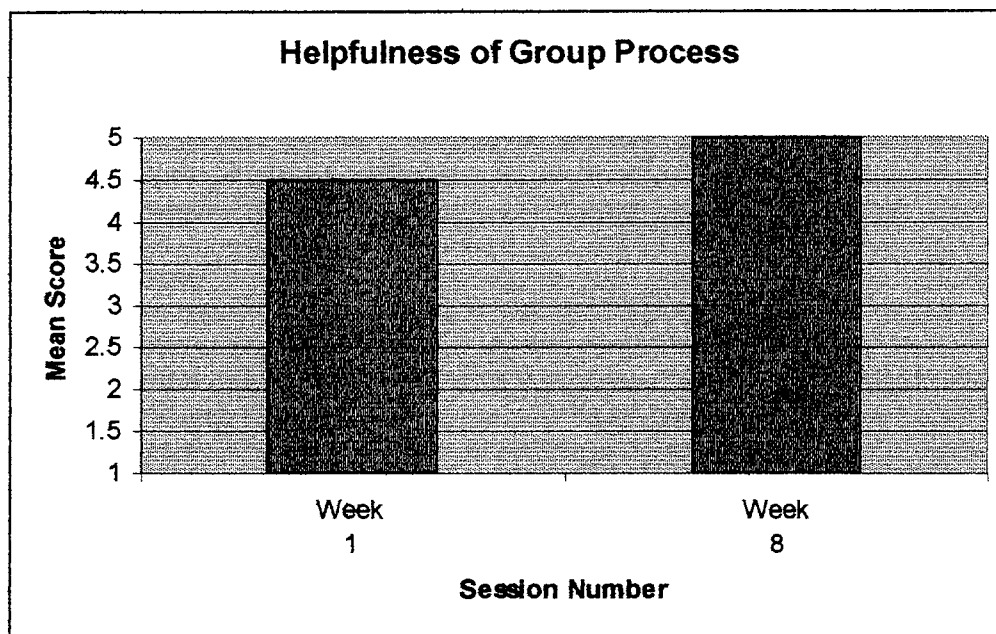


Table 4.3



helpful (mean = 4.8) (Table 4.2). Overall, participants of the Mother Loss group found the group process to be helpful in regards to their grief.

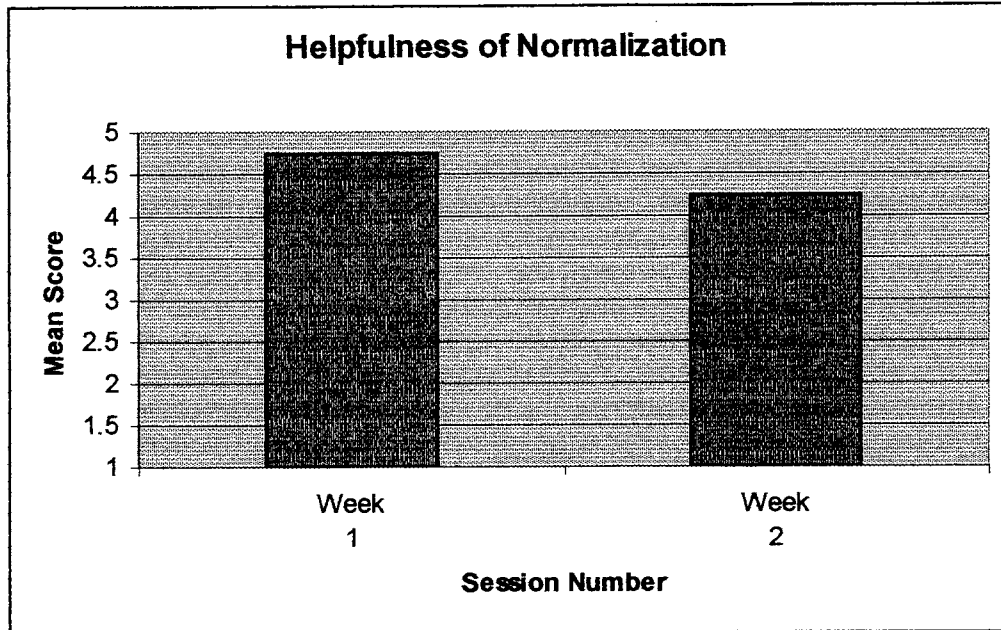
### Normalization

The sense of isolation adult daughters feel by the death of their mother is profound. Therefore, the reason for a group format verses individual therapy is so that the participants can experience understanding from other group members who have similar experiences as well as provide a sense of normalization in regards to their grief reactions. Questions measuring the helpfulness of normalization were asked at week one, two and eight. Participants reported finding normalization very helpful during the first week (mean = 4.8) and somewhat helpful during the second week (mean = 4.3) (Week One and Two mean = 4.6)(Table 4.4). The higher score for the first week may be contributed to the initial relief of having found others who understand and are experiencing similar feelings/reactions. This initial relief having worn off, the lower scores for week two may have been indicative of this let down or reflective of how efficient group was in this dimension. The final weekly evaluation included a question asking the participants to score the overall helpfulness of normalization across the eight week span. The overall helpfulness of normalization was reported as very helpful (mean = 4.8) (Table 4.2).

### Group Evaluation Comment's Analysis

Having analyzed the comments participants wrote for each week, the following was found to be true: 1) Participants initial reaction was both encouraged and excited about the Mother Loss group. "Thank you so much for having this group – it is coming at a great time for me and I look forward to the next weeks in the healing process." 2) Sharing memories was a happy experience. "It is wonderful to share my memories with

Table 4.4



others. They are great memories and I enjoy giving a piece of mom to other people.” 3) Identifying the gifts they gave or received from their mother was difficult emotionally but helpful, especially identifying what gifts they gave their mother. “Even though it was very difficult for me, I came out with a good sense of self-worth, that I gave my mom a great gift – me!” 4) It was difficult to identify the roles their mother’s played and for some was overwhelming to think of having to take on these roles. “It’s difficult to define roles, because they tend to overlap. It is also somewhat daunting to think of all of those roles you are now expected to fill.” 5) Discussing unfinished business was helpful. “It helps to verbalize those regrets or unfinished business – it makes them more real or acceptable to have.” 6) Participants appreciated the facilitator’s performance and that the Mother Loss group was offered. “Patty, you did a great job. I appreciate the fact that you started the group and will continue having more of the Mother Loss groups.” “I want to thank you Patty for the terrific job you did within this group. Your words of encouragement and support, I believe, helped all of us.”

The evaluation for week eight included two open-ended questions. The first question was “What did you find most helpful about the Mother Loss group?” The results of this question showed universally that the participants found the sense of connectedness the most helpful aspect of the Mother Loss group. Participants referred to the common bond they shared, that they were not alone in their loss, and the connectedness they felt. The second question was “I wish we could have...” All members would have liked for the group to continue for more weeks than it had.

### Grief/Depression Self-Test Analysis

The grief depression self-test was given as a pre/post test (Appendix B). The test was broken down into eleven sections corresponding to eleven themes, however I analyzed five of these themes; cognitive, behavioral, emotional, spiritual and physical. These five themes were what Dr. Schneider believed to be the dimensions that are affected by the grief process. The self-test broke down each theme into statements that identified to either a grief or depression response. I analyzed each statement and determined which of Schneider's three phases, *what I've lost*, *what is left*, or *what is possible*, that each statement related to. Having then computed the results of each client, I computed the averages of the five themes for the pre and post-test and broke them down into the three phases of grief (see Table 4.5).

The results of this analysis showed that the participants of the Mother Loss group were primarily in the first phase of grief at the start of the group (*what I've lost* mean = 17; *what is left* mean = 10.3; *what is possible* mean = 6), and reported minimal depression results (*what I've lost* mean = 3.3) (see Table 4.5). *What I've lost* in regards to grief, demonstrated the greatest change from pre to post-test (*what I've lost* difference from pre to post = 3; *what is left* difference from pre to post = 1.25; *what is possible* difference from pre to post = 0.75).

There was a consistent reduction in scores from the pre to post test in both the area of grief and depression. This consistent reduction in scores supports the previous data on the helpfulness of the Mother Loss curriculum. It is to be noted that because the participants were primarily in the *what I've lost* phase of grief, it is expected that the movement through the grief process during a mere eight week counseling group would

Table 4.5

**WHAT I'VE LOST**

MEMBER # - TEST	TOTAL	
	GRIEF	DEP
1-PRE	17	3
1-POST	23	4
2-PRE	11	2
2-POST	9	3
3-PRE	15	0
3-POST	14	1
4-PRE	25	8
4-POST	10	0
<b>Average Pre</b>	<b>17</b>	<b>3.25</b>
<b>Average Post</b>	<b>14</b>	<b>2</b>

**WHAT IS LEFT**

MEMBER # - TEST	TOTAL	
	GRIEF	DEP
1-PRE	11	0
1-POST	14	1
2-PRE	9	0
2-POST	6	0
3-PRE	6	1
3-POST	6	0
4-PRE	15	1
4-POST	10	0
<b>Average Pre</b>	<b>10.25</b>	<b>0.5</b>
<b>Average Post</b>	<b>9</b>	<b>0.25</b>

**WHAT IS POSSIBLE**

MEMBER # - TEST	TOTAL	
	GRIEF	DEP
1-PRE	7	0
1-POST	7	0
2-PRE	9	0
2-POST	6	0
3-PRE	2	0
3-POST	3	0
4-PRE	6	0
4-POST	5	0
<b>Average Pre</b>	<b>6</b>	<b>0</b>
<b>Average Post</b>	<b>5.25</b>	<b>0</b>



not be significant. However, there was a reduction in scores and none of the four members showed an increase in their grief or depression scores at the post-test.

Participants demonstrated the ability, as shown in the results of the grief/depression pre/post test, to work on all three phases of grief simultaneously. Although the results may have shown the participants to primarily be in the first phase of grief, they were also experiencing aspects in the second and third phase of grief at the same time. This supports the more circular model of grief that Schneider refers to. Grief is not a linear process or a process that includes steps that need to be complete before being able to experience the next phase. The circular model is continually moving and a bereaved person may be in one phase or all phases simultaneously. This also supports the group therapy model that was guided by the curriculum, in that the participants, despite where they were in their own process were able to relate to the grief phase that the curriculum addressed in that particular week.

### Summary

Table 4.2 represents the participant's view of the overall helpfulness of the three themes I analyzed in the Mother Loss curriculum; group process, grief process, and normalization. These results were taken from part of the Week 8 Evaluation (Appendix C). These results support that the Mother Loss curriculum was effective in promoting a healthy grieving process.

The grief/depression self-test presented that participants were primarily in the first phase of grief when they started the Mother Loss group and there was some shift from the first to the second phase at the post-test in regards to their grief. Although the participants average score for depression was minimal (mean = 3.3) at the pre-test, there was an

average decrease of 1.25 at the post-test. The results indicate the Mother Loss group was effective in promoting a healthy grieving process.

### Limitations to the Study

There were a number of limitations to this study. The grief/depression self-test was subjective in regards to my scoring as well as the participant's completion of the self-test. Each statement on the self-test was assigned to one of Schneider's three phases of grief based on my interpretation of Schneider's theory of transformational grief. Some of the statements may have been in any of the three phases depending on how the I viewed the statement. The grief/depression self-test should be used primarily to assess an individual for grief/depression as opposed to using it to measure the pre/post reaction to grief. Due to the short amount of time the group was offered, the intensity of grief and the period of time since the deaths, it was expected of the participants to have shown minimal movement in their grief process. This may have accounted for the minimal movement in their grief process as found in the grief/depression self-test results. Their perception of overall helpfulness appears to be the most important aspect of this process.

There is a possibility that the weekly evaluations were affected by the participant's grief reactions. It is unknown if completing the weekly evaluations at the end of the group verses at the beginning of the following week would have changed the degree of helpfulness or harmfulness the participant's reported. Due to the nature of topic being painful, some weeks more so than others, participants may have viewed the weeks theme more favorably had they had a week to process their feelings and benefits of the theme.

Due to the fact that the evaluations were developed prior to the start of the group,

the evaluations were not able to account for the changes in the curriculum, such as impromptu discussions. Due to the limited sample size, it is difficult to generalize the results of this study to subsequent groups although the findings may be helpful in the development of a similar curriculum.

## CHAPTER 6

### Discussion

In this chapter I will interpret the findings, recommend revisions in the curriculum, and discuss implications for practice.

The transformational grief process in which Schneider (1994) refers to is the model in which the curriculum was developed. Focusing on *what I've lost, what is left, and what is possible*, assisted the women in their grief process, which the participants reported as being somewhat helpful to very helpful. By the end of the eight sessions each of the participants were able to verbally identify what they felt they needed to do to continue to move through the grief process. Some members identified needing to clean out their mother's house or belongings others felt it important to continue developing and maintaining a support system, or finding ways to continue honoring their mother.

The weekly evaluations demonstrated that the Mother Loss curriculum was experienced as being effective in promoting a healthy grieving process. Although some of the weekly themes were not viewed as helpful as others, overall the group was evaluated as very helpful. Participants identified the sense of connectedness as having been very beneficial in promoting a healthy grief process. The participants expressed a desire to have met for more than eight sessions. In fact, the participant's value of the connectedness was so strong that as a group they decided to continue meeting once a month for further support.

#### Group Development

An important aspect of the group setting is, allowing each individual the time, space, and freedom to experience all of the feelings surrounding the death and their loss,

as they move in and out of the phases of grief (Price, Dinas, Dunn & Winterowd, 1995). A significant amount of time was taken during the first session reviewing the consent form, expectations, and explanation of the research. Making the first session somewhat longer to account for these procedures would be helpful, giving the clients as much time as need to share their stories. Each group session was one and one half-hours long and at times did not seem long enough. This was especially true of certain themes in which all of the participants strongly related to or provoked stronger emotions by the participants. The group was designed to be an eight-session group however, ten sessions would be more appropriate. The participants may benefit from the opportunity to explore their needs and build an agenda of their own for some of the sessions.

#### Participant Screening

The Mother Loss group was designed for adult daughter's who have experienced the death of their mother. There was no limit imposed in regards to when the death itself occurred. Deaths that occurred during childhood made some of the topics such as role changes, the legacy, and discovering unfinished business more difficult due to the amount of time that had past, age of the child when the death occurred and realization of differences between group participants. Although the overall helpfulness scores of the group did not show any major deviation, it may be beneficial to screen for this ahead of time and discuss with potential participants the effects of this possibility.

#### Group Process

It is imperative to develop group cohesion through the development of trust, cooperation, listening, understanding and support. This process occurs initially and throughout the groups' existence. The success of the Mother Loss group supported the

research that addressed the issue of group counseling providing social connectedness, universality, and reducing the sense of aloneness (Corey & Corey, 1992; Edelman, 1994; Pill & Zabin, 1997; Schwab, 1986).

The intake process for the Mother Loss group included a phone intake in which demographics were obtained as well as a brief description of their loss. The group was to have begun the beginning of January, however due to bad weather on two consecutive scheduled nights, the group was postponed. The group was postponed for the third Wednesday, again due to weather however, the weather suddenly changed and the facilitator along with the agreement of the participants decided to meet despite it only being an hour and a half before the group was to begin. When cancellations occurred the facilitator contacted each member which provided an opportunity to connect due to the frequency of calls and irony of the weather. This provided for a common topic when the group first met and the irony appeared to break the ice for the member's first encounter with each other. Initially the facilitator questioned whether or not a face to face interview should have occurred, so as to create comfort for the individuals at the first session. However, the bizarre weather seemed to have created some comfort and the need for a face to face interview was questionable.

During the last session however, the facilitator asked the participants if a face to face interview would have been helpful. The participants all agreed however, that had such an interview occurred they would have likely have shared less the first night with the group due to the facilitator already knowing the details of their loss. They also felt they would have been less likely to address the other members as much as they would have addressed the facilitator when sharing their stories. Therefore, based on the four

participant's comments and opinions, I would conduct only phone intakes before the start of the group to assist in facilitating a positive group process.

The benefits of group counseling are that it provides understanding, connectedness and normalization for persons with similar experiences. During the phone intakes each participant referred to the fact that no one in their support circle understood what it was that they were experiencing. Throughout the eight weeks, participants made comments about experiencing comfort knowing that others felt similar to them and that they are not the only one feeling that way. The sense of normalization, connectedness and understanding was so strong among the members that they, independent of the facilitator, decided to begin meeting once a month at a public location so as to continue with the support they had been giving and receiving. Also, the fact that all four clients attended 100% of sessions, speaks to the sense of connectedness they felt with each other.

#### Group Facilitation

The use of Co-facilitation may have positively impacted the group process. During one session when a particularly difficult theme was being addressed, one participant needed to leave the room due the emotional pain she was experiencing from the topic. Had there been a co-facilitator, one of the facilitators would have left with the participant to assist her in processing her feelings and to ensure her well-being. Other than this one particular incident the need for co-facilitation did not seem necessary, although it can be beneficial. It is however important to weigh the facilitator/participant ratio. Having two facilitators for four participants may have been too weighted.

It was explained to the participants that as a facilitator of the Mother Loss group, I had not experienced the death of my mother. I did however explain that I had been

facilitating groups for eight years and during the past four months had been facilitating grief support groups as part of my internship. Although upon explanation none of the members expressed concern about the absence of this experience, at the last session one member shared that it had concerned her when this lack of experience was shared with her. However, she stated that she did not feel that it impacted her experience and others agreed as well, feeling my objectivity was beneficial and kept my experiences from interfering with the groups' process. Explaining my lack of personal experience with Mother Loss could be left out in future groups. It was beneficial to discuss my reactions to their grief process as well as my own feelings within supervision since there was not a co-facilitator to process this with.

#### Evaluation Results

Utilizing the results of the weekly evaluations completed by the participants will be beneficial in developing a future Mother Loss curriculum. The findings suggest that the three themes which the weekly evaluations measured, normalization, grief process and group process, were all viewed as being somewhat helpful to very helpful (mean = 4.8) (Table 4.2). Despite the three themes being viewed as helpful in promoting a healthy grieving process, changes in the curriculum could be beneficial to future Mother Loss groups. When the death occurred may have impacted the helpfulness of the normalization process. If a person felt different than the other group members during a discussion due to the age in which her mother died, she may have scored the normalization for that week lower than others. The curriculum did not include a psycho-educational component since it was considered a counseling group as opposed to a support group. However, the degree of helpfulness in regards to normalization may have been positively impacted with some



general information about grief reactions/effects. Participants were validated in their reactions, sharing with them typical responses of emotional, physical, cognitive, spiritual and behavioral aspects however, handouts with this information may have been beneficial in the normalization process.

Certain themes such as My Mother which focused on the real and ideal perceptions of their mother, negatively impacted the overall helpfulness of the grief process due to either the lack of clarity of the theme or inability for the participants to relate to the theme. Due to the structure of the curriculum and the research involved, I felt compelled to follow the curriculum more so than I would have without the research component.

### Recommendations

The following recommendations for modifications may be beneficial for future development of a Mother Loss curriculum; a) increase the group time from one and a half hours to two hours, especially if the group is larger than four to six members, b) increase the length of the groups from eight to ten weeks, c) have two facilitators in the group, with at least one facilitator experienced in the area of grief and loss (ratio of 4:1), d) screen potential participants to ensure that different experiences such as when the death occurred, will not have a negative impact on the participant, e) eliminate the My Mother theme during week 8 (Appendix C), f) have participants identify at the beginning of the first group what topics they would like to discuss and have two sessions for these topics or open discussion, g) offer some general handouts on grief reactions/effects, h) have participants complete the weekly evaluations at the end of the session as well as at the

beginning of the following session for each week, to determine if the passing of time effects the perception of helpfulness.

### Conclusion

Each participant in the Mother Loss group identified during the phone intake that they felt like no one understood what they were going through since none of their peers had yet to have this experience. The Mother Loss group provided these women with the understanding and support they so desired, needed and deserved. Hope Edelman (1994) states,

“We may have broken the silence surrounding sex, homosexuality, and menopause, but mother loss is still treated as taboo...but without a forum for discussing her feelings, the motherless daughter finds little validation for the magnitude of their loss. And without this recognition, she feels like a feminine pariah, apart and alone.” (p. xxiii).

This sense of isolation that Edelman refers to is the purpose behind the development of a Mother Loss group. Adult daughters who have experienced the death of their mother need a place in which to feel understood and to find support for their experience.

Overall, the participants found the normalization, grief process and group process more than somewhat helpful, suggesting the Mother Loss curriculum was effective in promoting a healthy grieving process.

Further study into the effects of mother loss on adult daughters would address the gaps in the literature on this topic. Research addressing the differences between adult mother loss and childhood mother loss would help to clarify the helpfulness of combining

these two types of losses within the same group. A follow-up study addressing the research question, “Is combining adult daughters who have experienced the death of their mother during childhood with adult daughters who have experienced the death of their mother during adulthood in a Mother Loss counseling group effective in promoting a healthy grief process?” The research of this question may help determine if it would be more beneficial to separate participants into different groups by the age in which they were when their mothers died.

It may be beneficial in future practice evaluations to measure the importance and benefits of rituals within the grief process. Although there was no empirical data that addressed the benefits of ritual within the grief process, clinically it seems to be an important one.

I did not address the issue of gender in regards to the implications it may have had on the grief process. Also, the Grief/Depression self-test did not clarify on the issues of grief and depression, or the implications gender may have on this instrument.

### Implications for Practice

It is likely that most daughters within their lifetime will experience the death of their mother, however some sooner than others. With the heightened acknowledgment of the impact of grief it is expected that the demand for groups such as the Mother Loss group will increase. It is the responsibility of social work practitioners to not only understand the dynamics of grief itself, but the more specific issues surrounding certain losses such as mother loss. Grief impacts the cognitive, spiritual, emotional, physical, and spiritual well being of a person. Lack of social support, the relationship the daughter had with her mother, and the age of the daughter when the death occurred are also important

variables in regards to the impact. Knowing and understanding the differences between childhood and adult mother loss are imperative.

The loss of a mother during childhood creates many different issues. The loss of attachment and identification with their mother creates difficulties in future relationships as well as their development of self. This understanding as well as the research conducted in this paper will assist practitioners in developing a curriculum that will assist adult daughters with their grieving process while validating their experience, providing them with understanding, normalization, and a sense of connectedness.

The group process has been shown to be beneficial when applied to the issue of grief due to the need for social connectedness. This was proven to be especially true with the Mother Loss group. The participants strong desire for connectedness supported the decision for a group model.

This practice evaluation will assist practitioners in developing a curriculum that will assist adult daughters with their grieving process while validating their experience, providing them with understanding, normalization, and a sense of connectedness.

The research suggests that the Mother Loss curriculum was effective in promoting a healthy grieving process, and may be effective for future use taking into consideration the recommended changes. Acting as both the facilitator and the researcher presented a role conflict. The results of the research may have been different had they not liked the facilitator. Due to the nature of the topic and the emotions evoked by the participants experiences, supervision is recommended for the facilitator if a co-facilitator is not an option. Again however, co-facilitation would have been beneficial in the group however, not mandatory.

It is imperative for social workers to have a strong working knowledge of the grief process as well as experience with grief issues. Understanding group dynamics when providing group counseling is also very important so as to promote a positive and therapeutic experience. Hope Edelman's (1994) *Motherless Daughters* provides the general reference needed in beginning to understand the impact of Mother Loss on daughters. "Finding My Way" by Dr. John Schneider (1994) will give the theoretical understanding of Transformational Grief.

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## Appendix A

### Mother Loss Counseling Group Eight Sessions Outline of Goals and Objectives

#### Session I: Introducing My Story

Introduction of the group format and rules of safety  
 Introduction of the Facilitators and Group Members  
 Centering with music  
 Reading: "What happens to life after mother's Death" by Hope Edelman  
 Explain the purpose of telling their story and the lighting of a candle after the story and at the beginning of each subsequent session  
 Sharing of their stories  
 Closing

**Goal:** The goal of this session is to begin the process of developing group cohesion and to give the members an opportunity to share their story.

#### Objectives:

1. To identify and discuss the rules of safety for the group.
2. Provide the framework for subsequent sessions.
3. Develop trust amongst group members and with facilitators.
4. Provide opportunity for members to share their story to assist in the development of cohesion, normalcy, and connectedness.

#### Session II: Missing Moments

Introduction to the session  
 Centering  
 Check-in  
 Reading: Motherless Daughters – pp. 270 and pp. 175  
 Discussion  
 Closing

**Goal:** To identify what was lost by the death of their mother, looking at specific times or situations which are reminders of the loss.

#### Objectives:

1. Identify and recognize the various losses that occurred by the death of their mother (i.e. the historian, the one who shows pride over you, the one who maintained the traditions).
2. Normalize the grief reactions of their loss.

\* Have participants bring pictures or treasured items that remind them of their mother to share next session.

### Session III: Remembering

Introduction to the session

Centering

Check-in

Reading: Motherless Daughters - pp. 278

Sharing of pictures and/or treasured items

Closing

**Goal:** Provide the opportunity to share the memories of their mother.

#### **Objectives:**

1. To recognize the healing that occurs by sharing memories and talking about their mother.

### Session IV: The Legacy

Introduction to the session

Centering

Check-in

Reading: Motherless Daughters – pp. 209

Discussion

Closing

**Goal:** To create the opportunity for the members to identify the gifts they have received from their mother and given to their mother.

#### **Objectives:**

1. To increase awareness of what their mother has left them in regards to what they were taught by their mother.
2. Identify what their mothers did not get a chance to teach them.
3. Acknowledge what they as daughters taught their mothers.

### Session V: Role Changes

Introduction to the session

Centering

Check-in

Reading: Motherloss Workbook – pp. 150

Discussion

## Closing

**Goal:** To identify the changes that have occurred since the death of their mother in regards to the roles she played, the daughters played, prior to the death and how those roles have changed or shifted since the death.

### Objectives;

1. Identify the roles their mother played in their life.
2. Recognize the roles the daughters played.
3. Identify the changes or shifts in roles due to the loss of their mother.

## Session VI: Discovering Unfinished Business

### Introduction to the session

Centering

Check-in

Reading: Motherless Daughters – pp. 250

Discussion

Closing

**Goal:** To discover and explore unresolved issues around the death, to discover what daughters didn't get the chance to say or do, and to discuss unresolved issues or regrets surrounding the relationship with their mother.

### Objectives:

1. Identify and discuss what regrets or unresolved issues the daughters may have about the death or the relationship.
2. Identify and discuss what the daughters didn't have the opportunity to say or do prior to the death of their mothers.

## Session VII: My Mother

### Introduction to the session

Centering

Check-in

Reading: A Time to Grieve – pp. 177

Discussion

Closing

**Goal:** To identify what the realistic and ideal perceptions of their mothers are.

### Objectives

1. Identify and discuss the ideal perceptions of their mothers.

2. Identify and discuss the realistic perceptions of their mothers.
3. Discuss the helpfulness of accepting their mothers for who they really were.

### Session VIII: Saying Good-bye

Introduction to the session

Centering

Check-in

Reading: Motherless Daughters – pp. 282

Good-byes

Closing with candle ceremony

#### **Objectives:**

1. Allow group members to discuss what the group has meant for them.
2. Allow each member time to identify what the next step in their grieving process may be and how they might go about this step.
3. Allow time for each member to say good-bye to the group

## Appendix B

### Self-Test:

#### When Are You Grieving And When Is It Depression?

There are a series of paragraphs below that are paired with each other: one describes how a person who is depressed might respond, the other a person who is actively grieving. For each paragraph below, underline the statements that best describes your response to significant changes in your life. Not all the statements will apply to you. You may wish to underline statements within a question that do apply, and then choose at the end of the two paragraphs which comes closer to describing your present state. Sometimes you'll choose neither. Sometimes, it might be both! By the end of the test, you'll have a pretty good idea whether or not your grieving or depression, or somewhere in between.

If there has been a loss or a significant change in your life, how long ago did it begin to affect you?

- a week or less:
- less than a month:
- one month to six months:
- seven months to a year:
- less than two years:
- two to five years;
- more than five years
- it happened while I was growing up

The loss(es) were:

- one(s) I could anticipate;
- sudden and unexpected;
- due to a chronic situation/condition.
- caused by a traumatic event(s).

1. Have you experienced a loss or a significant change?

The way I am feeling makes sense in light of what has happened. The loss(es)/changes I have experienced is/are the source(s) of much of what I am going through at the present. The(se) loss(es) has/have been recognized and validated by others. (Grieving)

I don't understand why I am feeling this way. Nothing has happened that makes sense of what I am going through. No one considers what I have lost or what has changed as deserving of a second thought or any feelings on my part. (Depression)

	Grief?	Depression?	Both?	Neither?
1. Loss	_____	_____	_____	_____

2. How has your thinking been affected?

It's hard to concentrate but I can if I have to. I avoid listening to the radio or watching TV, for fear it will remind me about what happened. At times, I can think about other things than this-only to find myself right back in it.

I've lost the best part of me. If only I had been able to do something different, this would not have happened. Nothing can ever bring back what I have lost.

I am often aware of what I have lost or what has changed. I am often preoccupied with the thoughts and memories associated with my loss, and with what it means for me currently and in my future. Just when I think it couldn't get any worse, it does. (Grieving)

I am so preoccupied a lot of the time I lose time. . The newspaper/TV seem unreal, like I am in another world from them. I can't stop thinking about why this has happened to me. This proves how worthless I am. I am to blame for what has happened. Someone must be punished for this. I will not rest until that happens. I operate as if nothing has changed. I don't think about it if I can help it. Thinking makes me feel worse. Things always get worse. (Depression)

Grief?	Depression?	Both?	Neither?
2. Thinking	_____	_____	_____

3. How have your feelings been affected?

I can get very angry about this. I can be very sad. The tears are hard to stop. At times I am so upset I could throw up. I yearn to be able to love again. There are times when I can laugh. I can feel joy. There are times when my feelings overwhelm me. There are times when I feel better. Sometimes my feelings are so intense I'm not sure I can stay with them. I am ashamed because of what happened and how I reacted to it. I feel numb. I have a hard time being around others. There are times when I feel terrific. There are times when I feel love. (Grieving)

I am not angry. I shouldn't feel angry. I don't cry. I don't feel sad. I have no right to feel sad. It's best not to get upset. There's nothing to be upset about. I know I will never be able to love again. I feel down when others seem happy. I wouldn't know what joy or happiness is. I avoid feeling anything about this. I never feel better. If I let myself I would get so upset I couldn't stand it. I could never admit how badly I've reacted to all this. I feel nothing. I hate being with others. I never feel terrific. I never feel love.

	Grief?	Depression?	Both?	Neither?
3. Feeling	_____	_____	_____	_____

4. How do you feel physically?

Any sustained effort exhausts me. I have a hard time concentrating for more than a few minutes at a time. It's hard to go to sleep. I have trouble staying asleep. I can't get enough rest. I feel better after I exercise. I do better when I'm active. I've never felt/looked better physically. At times I don't pay attention to what I'm eating. Sometimes I don't feel like eating. I've felt nauseous after I eat. I don't feel like eating but make myself at times. Eating helps me escape. How well I eat makes a difference. I have lost weight since this loss. I have gained weight since this loss. Drinking can make me feel better. I watch how much I drink. I'd rather not be taking drugs. The escapes I find are only temporary sources of relief. When I take my antidepressants, I do feel better. Prescription drugs for depression give me clarity about what I am dealing with. The pain comes and goes. When it is bad, it has never been worse. There are times when I don't seem to enjoy anything, but at other times I'm OK. (Grieving)

I have no energy. I am in always in a fog or twilight zone. I can't seem to sleep more than four hours a night. I sleep more than ten hours every night. I always feel exhausted. I exercise constantly (more than two hours a day) or I don't exercise at all. I've never

looked/felt worse than I do now. I don't care if I eat too much. I don't care if I don't eat. I throw up what I eat. I weigh less than I ever have as an adult. I weigh more than I ever have as an adult. I drink alcohol to drown the pain. I use drugs to escape. The only time I feel OK/can escape the pain is when I'm drinking/taking drugs. I refuse to take antidepressants. I don't always take my antidepressants. I'm sick a lot. I am in pain a lot. I can't remember the last time I really enjoyed anything. (Depression)

	Grief?	Depression?	Both?	Neither?
4. Physical	_____	_____	_____	_____

5. How have you been behaving since this began?

I am easily distracted. I wish I looked better. Sometimes I look better than I feel. Some people have avoided me since this loss. Others have been insensitive. I am more cautious and aware of life's fragility as a result of what has happened. I have tried to lose myself in my job, hobbies, sports or in caring for my children but it doesn't always work. At times I prefer to be alone. At times, I feel lonely even when I am with others. Being with others can wear me out. It is an effort to do things. (Grieving)

I am often preoccupied. I don't care how I look-or, I have to look perfect or else I feel terrible. Nobody suspects or for that matter really cares how I am really doing. Danger makes me feel real. or I don't take any risks. Work/my children is/are my life. I keep busy all the time. or I can't find anything to occupy me. I watch constantly watch television. I hate being alone. I hate being with others. I don't see the point in trying. (Depression)

	Grief?	Depression?	Both?	Neither?
5. Behavior	_____	_____	_____	_____

6. How has this affected you spiritually?

I wonder if there is any hope for me. This loss seems so unfair. I was naive to think this couldn't happen. I have lost my sense of innocence. I am confused by what this (may) mean(s). I have lost something I felt was essential. My life story has lost its thread of meaning. It's hard to imagine life ever having meaning again. My religious faith (God) is getting me through this. or I'm changing (or know I must change) some of my most cherished beliefs-perhaps even change religions. I don't know if I can ever be forgiven for this. I don't know if I can ever forgive others for this. I don't know how, but I do believe forgiveness is possible for this. Forgiveness would require the grace of God-or something equally miraculous. I feel connected to something beyond me, such as my belief in the power of God (or of love). I have faith that getting through this will heal me-that something better lies ahead. Sometimes I lose sight of this faith-but I have others who believe in me. What has happened has meaning for me. (Grieving)

I know my life is hopeless now. I feel like a broken person. I am being punished for my sins. This proves what a worthless person I am. Nothing meaningful can come from this. What has happened is totally unfair. God is punishing me for being a sinner. I deserve what is happening to me. I find no comfort in religion (or any other belief system). I can never forgive those responsible for what has happened. I can never be forgiven. I can't accept why this has happened to me. My beliefs have not given me any answers. I deserve to go to hell. (Depression)

	Grief?	Depression?	Both?	Neither?
6. Spiritual	_____	_____	_____	_____



## 7. How has this affected your will to live?

If life were to continue like this, it wouldn't be worth living. I have thought of what it would be like not to have this pain, although I would not commit suicide because of this: My religious beliefs, the effect my death would have on the people who love me or having a lot to live for keeps me going. (Grieving)

I'm looking for a way out of this. I cannot say I wouldn't commit suicide because of what's happened. I have nothing to live for. Life isn't worth living anyway. Others would be better off without me. (Depression)

	Grief?	Depression?	Both?	Neither?
7. Will-to-Live	_____	_____	_____	_____

## 8. Do you feel pleasure?

I feel more relief from the pain than real pleasure. Except when I am reminded of my loss, I can enjoy life. I have a sense of humor. At times, I laughed a lot. Sometimes a time of joy produces tears and sadness. (Grieving)

No. I want to feel numb. Pleasure is no longer a part of my life. Nothing seems funny to me. I have an especially hard time when others are having fun or when others tell me it is a nice day. (Depression)

	Grief?	Depression?	Both?	Neither?
8. Pleasure	_____	_____	_____	_____

## 9. What are your dreams like?

I dream a lot but I don't usually remember them. I've been too tired to dream. It's only in my dreams that I seem to be dealing with this. My dreams since the loss are vivid and clear, and they are often comforting. They make it easier to understand what has happened. In my fantasies, I remain connected to the person/object I lost. I have "imaginary" conversations (daydreams) with the one I lost. (Grieving)

I don't dream. When I do dream, I have nightmares. My dreams about the loss are disturbing. I dream that I destroyed the one I lost. My dreams actually keep me from sleeping because they are so stressful. Voices from my loss can tell me to do things I ordinarily wouldn't do. (Depression)

	Grief?	Depression?	Both?	Neither?
9. Dreams	_____	_____	_____	_____

## 10. How has this affected how you feel about yourself?

This loss has put me in touch with my "best self." It has caused me to question some of my values and beliefs. There are things about this loss that I need to rectify. I've alienated people that I wish I could reconnect with. I have been hurt by other's insensitivity to my loss, but I don't hold it against them. I have hurt others by being preoccupied. This loss has more meaning to me than others will acknowledge. I am dealing with this as best as I can. I have been deeply moved by how some people have validated and supported me since this loss. I am at peace with myself. (Grieving)

I don't care what happens to me. I've not been myself since this loss-I can't seem to do what I need to do. I can't seem to snap out of it. I can't believe that what has happened is forgivable. People have injured me since this loss. Those I have injured could never forgive me. There is nothing meaningful about this. I can't deal with this. Generally, other people don't affect me. If other people really knew me, they wouldn't like me. I resent people trying to get me to feel better or give up what they think are my bad habits or self-destructiveness. Life is sheer torture to me. (Depression)

	Grief?	Depression?	Both?	Neither?
10. Self	_____	_____	_____	_____

11. What kinds of support do you have?

I usually feel comforted when I'm with people who recognize and sympathize with my loss. I get uncomfortable when the conversation centers on me all of the time. I can respond when someone is warm, persistent, and reassuring. I enjoy listening to other people but sometimes I feel like I am talking too much about myself. I want so much to feel better that sometimes I am taken in by others. I appreciate being left alone when I need it. If someone has a good heart, I can overlook their faults. Other people tell me they feel compassion for me and that I am courageous. They want to share their stories with me, and they tell me they feel close to me. There are some people who avoid me or seem frightened by what I am going through, though. I have discovered some friends are only there for the good times. I have lost some old friends. I feel reassured by the presence of close friends or someone who will listen to my story. I feel connected to people who have losses similar to my own. I've made new friends who accept me as I am. I miss being loved or opportunities to love. I have fallen in love again. (Grieving)

I'll say things just to get others off my back. I don't talk about what has happened. I have deliberately hurt others. I want others to suffer as much as I have. Others take advantage of me. When I'm alone, I feel frightened and abandoned, although I hate being around people who are optimistic and superficial. I find it impossible to tolerate mistakes or incompetence. Others don't care what I am going through. I wear people out-they get irritable with me. People get angry with me- I have been assaulted verbally and/or physically because of this loss. No one listens to my story. I feel disconnected from myself or from other people. I've worn out my support system. I don't have a support system. I feel unloved. It's better to be punished than ignored. I feel incapable of loving anyone, including myself. (Depression)

	Grief?	Depression?	Both?	Neither?
11. Support	_____	_____	_____	_____

How To Determine If You Are Grieving Or Depressed

Check below how you responded to each pair of paragraphs.

Total up your points for each section and list below:

	Grief?	Depression?	Both?	Neither?
1. Loss	_____	_____	_____	_____
2. Thinking	_____	_____	_____	_____
3. Feeling	_____	_____	_____	_____
4. Physical	_____	_____	_____	_____

5. Behavior	_____	_____	_____	_____
6. Spiritual	_____	_____	_____	_____
7. Will-to-Live	_____	_____	_____	_____
8. Pleasure	_____	_____	_____	_____
9. Dreams	_____	_____	_____	_____
10. Self	_____	_____	_____	_____
11. Support	_____	_____	_____	_____
Total	_____	_____	_____	_____

### How To Interpret Your Scores

ï Uncomplicated grief. If you scored "grief" in all areas, you are clearly grieving normally, and probably do not need professional help, although you may wish to talk with someone. Skip Chapter One and start with Chapter Two.

ï Complicated grief. If you score "depression" in any area, I'd suggest you read both Chapters One and Two

ï Depression. If multiple areas are checked as "depression" you may require professional help. Start with Chapter Two and be sure to read Chapter Five.

#### ï Notes:

If you scored "depression" on # 7: "Will to Live"; professional help is highly recommended.

If this way of responding to your loss(es) has lasted less than six months, it is natural for both grief and depression to be present. If longer than six months, depression items should diminish, unless circumstances or the chronicity of the loss continues (major exceptions, for example, include the loss of a child, which may continue until the time the child would no longer have been a responsibility)-or unless there is a physical reason behind it (Note-if this is the case, the physical items (Section D) will still be involved).

These guidelines usually apply only to losses which were anticipated. Traumatizing losses will take longer (multiply by years). Also multiple losses will take longer as well (each loss times six months.) Sudden losses also can take much longer. Chronic health conditions produce chronic grief, so little diminishing will be seen over time. However, in any of these situations, being able to "look good" to others can begin to appear after six months, and some progress can be noted in moving from the "depression" items even if at a slower pace.

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## Appendix C

**Center for Grief, Loss, & Transition**  
**Hamline Park Plaza**  
**570 Asbury Street Suite 202**  
**St. Paul, MN 55104**  
**(651) 641-0177**

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### **Mother Loss Counseling Group** **Evaluation of Session 1**

Please reflect on this session during the completion of this evaluation form. When completing the evaluations, please answer all of the questions as truthfully and honestly as possible. Feel free to skip any questions you do not feel comfortable answering.

**How helpful or harmful was discussing the group Rules of Safety for you?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**How helpful or harmful was the centering exercise in assisting you to let go of worries outside of group?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**How harmful or helpful was today's reading in relating to your own grief experience?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**How helpful or harmful was sharing the story of your loss in regards your grief process?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**How harmful or helpful was sharing your story in regards to creating a feeling of connectedness with other group members who have lost their mother?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**How helpful or harmful was hearing other group members grief experience in normalizing your own grief process?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**Comments:**

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**Mother Loss Counseling Group  
 Evaluation of Session 2**

Please reflect on this session during the completion of this evaluation form. When completing the evaluations, please answer all of the questions as truthfully and honestly as possible. Feel free to skip any questions you do not feel comfortable answering.

**How helpful or harmful did you find today's reading in assisting you to identify the losses you've experienced in regards to your mother's death?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**How harmful or helpful was identifying the various losses you've experienced by the death of your mother?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**How helpful or harmful was hearing about other group members' losses in normalizing your own grief experience?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**How harmful or helpful was today's discussion in regards to your grief process?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**Comments:**

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**Mother Loss Counseling Group**  
**Evaluation of Session 3**

**Please reflect on this session during the completion of this evaluation form.**  
**When completing the evaluations, please answer all of the questions as truthfully**  
**and honestly as possible. Feel free to skip any questions you do not feel comfortable**  
**answering.**

**How helpful or harmful was today's reading in assisting you to share your**  
**memories?**

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Very Helpful</b>	<b>Somewhat Helpful</b>	<b>Neutral</b>	<b>Somewhat Harmful</b>	<b>Very Harmful</b>

**How harmful or helpful did you find the experience of sharing pictures or treasured**  
**items of your mother's?**

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Very Helpful</b>	<b>Somewhat Helpful</b>	<b>Neutral</b>	<b>Somewhat Harmful</b>	<b>Very Harmful</b>

**How helpful or harmful did you find the experience of sharing memories of your**  
**mother in regards to your grief process?**

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Very Helpful</b>	<b>Somewhat Helpful</b>	<b>Neutral</b>	<b>Somewhat Harmful</b>	<b>Very Harmful</b>

**Comments:**

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**Mother Loss Counseling Group**  
**Evaluation of Session 4**

**Please reflect on this session during the completion of this evaluation form. When completing the evaluations, please answer all of the questions as truthfully and honestly as possible. Feel free to skip any questions you do not feel comfortable answering.**

**How helpful or harmful did you find today's reading in assisting you to identify what your mother taught you?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**How harmful or helpful did you find discussing what your mother taught you?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**How helpful or harmful did you find discussing what your mother did not get a chance to teach you in regards to understanding your loss?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**How harmful or helpful was identifying what you were able to teach your mother?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful



**How helpful or harmful was your participation in today's discussion in your grief process?**

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Very Helpful</b>	<b>Somewhat Helpful</b>	<b>Neutral</b>	<b>Somewhat Harmful</b>	<b>Very Harmful</b>

**Comments:**

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**Mother Loss Counseling Group**  
**Evaluation of Session 5**

**Please reflect on this session during the completion of this evaluation form. When completing the evaluations, please answer all of the questions as truthfully and honestly as possible. Feel free to skip any questions you do not feel comfortable answering.**

**How helpful or harmful was today's reading in assisting you to relate to the role changes you have experienced since your loss?**

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Very Helpful</b>	<b>Somewhat Helpful</b>	<b>Neutral</b>	<b>Somewhat Harmful</b>	<b>Very Harmful</b>

**How harmful or helpful was identifying the roles your mother played in your life?**

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Very Helpful</b>	<b>Somewhat Helpful</b>	<b>Neutral</b>	<b>Somewhat Harmful</b>	<b>Very Harmful</b>

**How helpful or harmful was it to recognize the roles you played within your family prior to your loss?**

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Very Helpful</b>	<b>Somewhat Helpful</b>	<b>Neutral</b>	<b>Somewhat Harmful</b>	<b>Very Harmful</b>

**How harmful or helpful was it to recognize the changes or shifts that have occurred in your roles since the loss?**

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Very Helpful</b>	<b>Somewhat Helpful</b>	<b>Neutral</b>	<b>Somewhat Harmful</b>	<b>Very Harmful</b>

**How helpful or harmful was the discussion about your new roles in understanding the impact of the loss on your life?**

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Very Helpful</b>	<b>Somewhat Helpful</b>	<b>Neutral</b>	<b>Somewhat Harmful</b>	<b>Very Harmful</b>

**How helpful or harmful was today's discussion in regards to your grief process?**

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Very Helpful</b>	<b>Somewhat Helpful</b>	<b>Neutral</b>	<b>Somewhat Harmful</b>	<b>Very Harmful</b>

**Comments:**

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**Mother Loss Counseling Group**  
**Evaluation of Session 6**

**Please reflect on this session during the completion of this evaluation form. When completing the evaluations, please answer all of the questions as truthfully and honestly as possible. Feel free to skip any questions you do not feel comfortable answering.**

**How helpful or harmful was today's reading in assisting you to relate to unfinished business with your mother?**

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Very Helpful</b>	<b>Somewhat Helpful</b>	<b>Neutral</b>	<b>Somewhat Harmful</b>	<b>Very Harmful</b>

**How harmful or helpful was discussing the regrets or unresolved issues you may have with your mother?**

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Very Helpful</b>	<b>Somewhat Helpful</b>	<b>Neutral</b>	<b>Somewhat Harmful</b>	<b>Very Harmful</b>

**How helpful or harmful was discussing what you didn't get a chance to tell or do with your mother?**

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Very Helpful</b>	<b>Somewhat Helpful</b>	<b>Neutral</b>	<b>Somewhat Harmful</b>	<b>Very Harmful</b>

**How harmful or helpful was the discussion today in regards to your grief process?**

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Very Helpful</b>	<b>Somewhat Helpful</b>	<b>Neutral</b>	<b>Somewhat Harmful</b>	<b>Very Harmful</b>

**Comments:**

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**Mother Loss Counseling Group**  
**Evaluation of Session 7**

**Please reflect on this session during the completion of this evaluation form. When completing the evaluations, please answer all of the questions as truthfully and honestly as possible. Feel free to skip any questions you do not feel comfortable answering.**

**How helpful or harmful was today's reading in assisting you to identify the perceptions you have of your mother?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**How harmful or helpful was the discussion regarding the ideal perceptions of your mother?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**How helpful or harmful was the discussion regarding the realistic perceptions of your mother?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**How helpful or harmful was today's discussion in regards to your grief process?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**Comments:**

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**Mother Loss Counseling Group**  
**Evaluation of Session 8**

**Please reflect on this session during the completion of this evaluation form. When completing the evaluations, please answer all of the questions as truthfully and honestly as possible. Feel free to skip any questions you do not feel comfortable answering.**

**How helpful or harmful did you find today's reading?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**How harmful or helpful was the discussion regarding what the group meant to you?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**How helpful or harmful was it to identify the next step is in your grieving process?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**Please reflect on the past eight sessions when completing the following questions.**

**Overall, how helpful or harmful was the Mother Loss group in regards to your grief process?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**Overall, how harmful or helpful was hearing other's grief experience in regards to your grief process?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**Overall, how helpful or harmful was hearing other's grief experience in normalizing your own grief experience?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**Overall, how harmful or helpful did you find the topics of the Mother Loss group?**

5	4	3	2	1
Very Helpful	Somewhat Helpful	Neutral	Somewhat Harmful	Very Harmful

**What did you find most helpful about the Mother Loss group?**

**I wish we could have:**

**Comments:**

## Appendix D

Patty Hill, as an intern at the Center for Grief, Loss & Transition, will be evaluating the effectiveness of the Mother Loss group. In addition, she is a Master's of Social Work student at Augsburg College and is interested in using Dr. John Schneider's Grief/Depression self-tests as well as the weekly evaluations from the Mother Loss group for her Masters of Social Work Thesis. At both the beginning and the end of the eight sessions, you will be asked permission to use your Grief/Depression self-tests and the weekly evaluations for her Master's of Social Work Thesis.

Your decision to participate in the research will in no way affect your participation in the Mother Loss group, your relationship with the Center for Grief, Loss & Transition or Augsburg College. To ensure anonymity, your self-tests and weekly evaluations have been assigned a number.

If you have any questions or concerns, please contact Linda Lehmann-Norquist, MA, LP, at the Center for Grief, Loss & Transition at (651) 641-0177.



## Appendix E

### CONSENT FOR RESEARCH PARTICIPATION IN THE MOTHER LOSS COUNSELING GROUP EVALUATION

IRB# 99-62-3

The Mother Loss counseling group has been developed by myself, Patty Hill, as part of my practicum experience at the Center for Grief, Loss & Transition. I am also a Master's of Social Work student at Augsburg College and will be utilizing the research from the Mother Loss group as part of my Master's of Social Work Thesis.

#### **Purpose of Research:**

The Mother Loss counseling group has been offered here to you at the Center for Grief, Loss, and Transition as part of my practicum experience. As part of this experience I developed the outline for the Mother Loss counseling group. It is my intention to evaluate the effectiveness of the Mother Loss counseling group in regards to whether or not it supports a healthy grieving process. It is standard ethical practice within Social Work to evaluate the efficacy of programs so as to enhance the service provided to clients. The collection of data from the self-tests and evaluations you have completed will be utilized to improve future Mother Loss groups.

As part of my research for my Master's of Social Work Thesis at Augsburg College I will be using the data collected from the Mother Loss counseling group in order to evaluate the effectiveness of the Mother Loss group.

#### **Procedures:**

If you agree to participate in the research portion of this group, you will be asked to consent to the utilization of your records for the purpose of evaluating the effectiveness of the Mother Loss group. When completing the self-tests and weekly evaluations, you are asked to answer the questions as truthfully and honestly as possible. You are free to leave any questions blank that you do not feel comfortable answering.

#### **Risks of being involved in the study:**

There are no risks involved in the participation of this evaluation. All identifying information will remain anonymous.

#### **Risks of being involved in the Mother Loss counseling group:**

1. Participation in the Mother Loss group may evoke difficult or painful feelings due to the nature of topic being discussed.
2. Participation in the Mother Loss group may bring up painful or difficult memories due to the nature of the topic being discussed.
3. Participation in the group may increase you awareness of the loss you have experienced.

If you need to talk to a professional about your participation or feelings that you are experiencing, please contact, Linda Lehmann-Norquist, MA, LP, Executive Director of the Center for Grief, Loss, & Transition at (651) 641-0177.

**Direct or Indirect benefits of participation in the Mother Loss counseling group or the Research portion of the Mother Loss counseling group:**

There are no indirect benefits of participating in the Mother Loss counseling group. However, there are some indirect benefits:

1. Increased awareness of the grief process and more specifically your own grief experience.
2. Experience the value and benefits of group participation, such as normalizing your experience and receiving support from others who have experienced similar losses.
3. You may gain an increased awareness of group interactions.
4. You may gain a sense of contribution from helping others with their loss.

There are no direct or indirect benefits for participating in the Mother Loss counseling group research.

**Benefits of Evaluation:**

The benefits of evaluating the effectiveness of the Mother Loss counseling group in regards to it supporting a healthy grieving process is that it may lead to the enhancement of future Mother Loss counseling groups at the Center for Grief, Loss, & Transition.

**Confidentiality:**

Your name is not on the Grief/Depression self-tests or evaluations. The Office Coordinator assigned each packet of self-tests and evaluations a random number in order to ensure anonymity. This is the only individual who will have the identifying information and this person will provide me with the numbered data, absent of any identifying information. When I am finished using the data, I will return it to the Office Coordinator, so that they can return the data to the proper files after my internship is complete and I no longer have access to the files at the Center. This is to ensure that I will not have the ability to identify the data with the name of the client. Therefore, your

evaluations, and Grief/ Depression self-tests will be maintained as part of your records at the Center for Grief, Loss, and Transition as they were intended to be.

Records and information will be kept in a locked file; Facilitators, Center for Grief, Loss and Transition staff members, and Michael Schock, Ph.D., Thesis Advisor will have access to information. Data utilized will be retained as part of your Center for Grief, Loss and Transition records.

**Voluntary nature of the study:**

Your decision whether or not to participate in the research component, involving the evaluation of the effectiveness of the Mother Loss group, will not affect your current or future relations with Augsburg College or the Center for Grief, Loss and Transition. If you decide to participate, you are free to withdraw at any time without affecting those relationships.

**Contacts and Questions:**

The researcher conducting this study is Patty Hill. You may ask any questions you have now. If you have questions later, you may contact Patty at the Center for Grief, Loss and Transition at (651) 641-0177. Thesis advisor: Michael Schock, Ph. D., at Augsburg College (612) 330-1725.

*You will be given a copy of the form to keep for your records.*

**Statement of Consent:**

**I have read the above information. I have asked questions and have received answers. I consent to the utilization of my Grief/Depression self-tests as well as my weekly evaluation forms.**

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Researcher** \_\_\_\_\_ **Date** \_\_\_\_\_

**Appendix F**

MEMO

December 7, 1999

TO: Ms. Patricia Hill

FROM: Dr. Lucie Ferrell, IRB Chair

RE: Your IRB Application

Thank you for your prompt response to the IRB concerns and issues regarding your application. You have met the conditions and your study, "The Effectiveness of the Mother Loss Counseling Group in Promoting a Healthy Grieving Process," is approved, IRB approval number 99-62-3. Please use this number on all official correspondence and written materials relative to your study.

Your research should provide insight into an issue and concern most relevant to social work practice. We wish you every success.

LF:lmn

C: Michael Schock, Advisor

