The expression of grief of this sort knows no gender; it is as gender-neutral as stone. What has struck me so profoundly lately, some 18 months after Graham was torn from our family, has less to do with the symptoms of this pain—the loneliness, the constant tears, the loss of sleep, the gripping shame—and more to do with its dimensions.

As an aside, let me state that Graham was a person of great measure—by which I mean, he measured everything! From the youngest age, he was fascinated with the tallest building, the oldest living person (he wrote her a letter at age 8, in French, with help of a dictionary and his French-speaking grandfather), the richest man (Bill Gates became his idol for many reasons), the highest IQ, etc. Of course, this quantitative orientation had a lot to do with his becoming a passionate lover of math, music, and the pulse of life in all its forms.

It strikes me as darkly ironic, then, that this thing that so occupies my being, unquestionably the largest, heaviest, and most omnipresent thing I have ever encountered, is . . . an absence. It is an absence that is more present than the present. I am continually amazed at how ubiquitous it is; how it insinuates so thoroughly and fluidly every crevice of my consciousness. It’s as if a large crystal globe had been dropped and, as it hit the floor, exploded into a million directions, the splinters embedding themselves invisibly into every aspect of my life. As I finish my shower and stretch the towel across my back, I recall wrapping up a freshly scrubbed cherub, barely two years old, as he wriggled in delight; our silly mutt has eyes that are the same shade as Graham’s; Graham and a cadre of his techie pals could have fixed the Obamacare website in a week, and would have asked nothing for it, etc.

Our lives are divided into many spheres, but by convention, we keep these separate. Yet Graham’s absence infiltrates these disparate spheres with a laughing randomness, making a mockery of convention and throwing into great relief how absurd our petty attempts to compartmentalize life are under the
glare of such overwhelming loss. Nothing is as present as his absence. How is it that something I have been living with so intimately, remains so ineffable?
—Brian deWit, bereaved father of Graham, who died tragically at age 23

* * * *

Of the countless losses that human beings confront over the course of a lifetime, the death of a child may be the most devastating. By definition such losses are tragic, in that they violate the implicit law that children should outlive their parents. Likewise, the cause of death—whether occurring in utero, in the perinatal period, in childhood, or beyond—typically compounds parents' suffering, occurring suddenly in the wake of an accident or act of violence, or as a function of fetal abnormality, disease, or unknown causes. Whatever the timing and whatever the cause, such losses can challenge the felt biological imperative of the caregiving bond (Bowlby, 1980), underscoring parents' ultimate helplessness to ensure the safety of their children.

Research on bereaved parents underscores the heavy toll most suffer in the aftermath of their children's death. Mothers and fathers contending with such tragic loss are at greater risk of numerous psychosocial challenges, including depression, psychiatric hospitalization, marital disruption, and even mortality (Li, Laursen, Precht, Olsen, & Mortensen, 2005; Li, Precht, Mortensen, & Olsen, 2003; Oliver, 1999; Rogers, Floyd, Seltzer, Greenberg, & Hong, 2008). They are also believed to be at heightened risk of complicated grief (CG, also referred to as prolonged grief disorder), which is characterized by persistent preoccupation with the loss and its aftermath (Prigerson et al., 2009). While it is common for bereaved parents to grieve for the remainder of their lives, many parents find a way to coexist with their grief. Parents suffering from CG, however, experience more debilitating symptoms and related impairment in functioning and find it more difficult to adapt to their ever-present pain.

Our goal in this chapter is threefold. First, we will summarize our research on the experience of the death of a child, underscoring its impact across multiple studies. Second, we will review our findings concerning the quest for significance in parental bereavement, situating this work in the context of our broader program on meaning making as a central dimension of grieving. Finally, we will conclude by sketching some promising practices in grief therapy that are coherent with this perspective, and anchor these briefly in some selective case studies. In sum, we seek to orient readers to the relevance of meaning-based concepts and methods in understanding and addressing the unique struggles of parents facing life's most tragic loss.

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1 Brian requests that we include his actual name, as well as that of his son, as a means of honoring his son's life while also acknowledging his death. We open this chapter on parental grief with his words in the hope of conveying more vividly than any research summary or clinical commentary could the lived reality of an ineffable loss. In doing so, we intend to speak to the hearts as well as the minds of readers who work alongside bereaved parents to find some way forward in the wake of a shattering death.
THE IMPACT OF PARENTAL-BEREAVEMENT

As noted above, several studies converge on the conclusion that the death of a child puts mothers and fathers at risk for quite serious psychological and medical outcomes. Our own research reinforces this conclusion and suggests the multifaceted nature of this impact. For example, in one study of 54 African Americans within five years of the homicide of a family member, the majority of whom were parents of the deceased, nearly 20% met diagnostic criteria for posttraumatic stress disorder (PTSD), and over 50% met criteria for clinically significant depression as well as CG. Results also suggested high comorbidity for the three conditions, with virtually all of those suffering from PTSD also reporting mood disorder and prolonged, preoccupying grief following the murder of their loved one (McDevitt-Murphy, Neimeyer, Burke, & Williams, 2012). Worryingly, although anxiety and PTSD symptomatology declined significantly across the years, no such trend was evident with respect to bereavement-related depression and CG. Neither depression nor CG appeared to remit significantly as a function of time, suggesting the clear utility of clinical intervention (Neimeyer & Currier, 2009).

A second study of bereaved parents suffering the death of a child from a broader set of causes (though mainly accidents and illness) underscores these concerns. Investigating 157 predominantly Caucasian parents, we discovered that potentially 30% of those bereaved 6 months or more met criteria for this form of prolonged and intense grieving regardless of cause of death (Keesee, Currier, & Neimeyer, 2008), which is triple the rate reported in studies of bereaved spouses (Prigerson et al., 2009). Thus, across samples that vary in ethnicity and mode of death, our research supports the general conclusion that being the parent (and especially the mother) of the deceased is a confirmed risk factor for CG (Burke & Neimeyer, 2013). More comparative research is needed, however, on relative risk for poor outcome as a function of cause of death, as it is possible that the sudden accidents that are a leading cause of death in childhood compound the complications of such loss, relative to causes of death that permit greater anticipation, closeness, and caregiving of the child, as in progressive illness.

LOSS AND THE QUEST FOR MEANING

Like other psychologists with a broadly humanistic-existential orientation, we consider the "effort after meaning" to be a defining feature of human activity (Kelly, 1955), and one that has particular relevance in the context of highly stressful life events (Frankl 1992). Specifically with reference to bereavement, we take as a starting point the proposition that grieving crucially entails the attempt to reaffirm or reconstruct a world of meaning that has been challenged by loss (Neimeyer, 2001). That is, the absence of a significant person can perturb the basic self-narrative that confers on our lives a sense of continuity, identity, and purpose, woven together with the lives of others (Neimeyer, 2004): as one young couple recently noted in their first session of grief therapy following the death of their only child, "It's as if all future chapters in our life story have been erased." Accordingly, bereavement
prompts two key forms of narrative activity, as we both strive to process the "event story" of the death itself (what happened, why, and its implications who we are and how we live now), and attempt to access the "back story" of our love relationship with the deceased, in a way that restores a sense of connection and secure attachment (Neimeyer & Thompson, 2014). As mourners gradually integrate the loss into those global meaning systems that structure their sense of autobiographical identity over time, we and others have proposed that they will experience fewer symptoms of preoccupying and complicated grief (Boelen, van den Hout, & van den Bout, 2006; Park, 2010), and perhaps even report significant personal growth in the process (Neimeyer, 2006).

Over the past decade we have conducted numerous studies that support this argument. For example, adults who are better able to "make sense" of their loss report fewer symptoms of complicated grief across the first 2 years of bereavement (Holland, Currier, & Neimeyer, 2006), and the failure of such sense making appears to be a powerful mediator that explains much of the impact of violent death on survivors (Currier, Holland, & Neimeyer, 2006). Moreover, whereas a struggle to find meaning in the loss predicts future levels of grief-related distress, reports of sense making in the early months of bereavement predict higher levels of well-being a full 18 to 48 months in the future (Coleman & Neimeyer, 2010). In another longitudinal study, mourners who were able gradually to integrate the experience into their meaning systems also reported fewer symptoms of complicated grief over time (Holland, Currier, Coleman, & Neimeyer, 2010). Finally, evidence supports the incremental validity of our measure of meaning integration following loss, as it makes a unique contribution to the prediction of mental and physical health outcomes even when demographic background of the mourner, his or her level of complicated grief, and the circumstances of the death are taken into account (Holland, Currier, & Neimeyer, 2014).

One dimension of mourners' response to a death has drawn our particular attention, namely, their efforts to make meaning of the loss in terms of their spiritual belief system. Although one's religious meaning system can be a great resource in times of adversity (Park, 2013), evidence indicates that many people struggle greatly with their faith and faith community in the wake of loss, especially when that loss is tragic. For example, our research on African American homicide survivors, nearly all of whom endorse a Christian view of God as omniscient, omnipotent, and compassionate, has documented that a substantial minority report a prolonged spiritual crisis in the aftermath of their loved one's murder, one marked by a sense of alienation from and anger with both God and their spiritual communities (Burke, Neimeyer, McDevitt-Murphy, Ippolito, & Roberts, 2011). Moreover, such "negative religious coping" is associated with higher levels of CG, both with this population and in samples that are more broadly based in ethnicity and cause of death (Burke & Neimeyer, 2014). In keeping with our conception of the centrality of sense making in bereavement, inability to integrate the loss into the mourner's meaning system appears to mediate between the experience of spiritual struggle and CG (Lichtenthal, Burke, & Neimeyer, 2011). Accordingly, we have recently constructed and validated a measure of what we are terming "complicated spiritual grief," whose component
factors of "Insecurity with God" and "Disruptions in Religious Practice" predict CG even after more general measures of "negative religious coping" are taken into account (Burke et al., 2014). This highlights how not all "meanings made" are adaptive, particularly when global meanings (meanings about oneself and the way the universe works) are challenged (Bonanno, 2014; Park, 2010).

Finally, we should emphasize that as unspeakably onerous as the death of a loved one can be, it can yield growth as well as grief, contributing to the survivor's spiritual or philosophic gravitas, sense of compassion for the suffering of others, personal strength in the face of adversity, revised and clarified life priorities, and appreciation for life's beauty as well as its sadness. Empirically, we find that this form of posttraumatic growth is most likely when the pain of grieving is sufficient to prompt reconsideration of the mourner's previous assumptions and ways of being, but not so overwhelming as to be paralyzing (Currier, Malott, Martinez, Sandy, & Neimeyer, 2012).

THE QUEST FOR MEANING IN THE LOSS OF A CHILD

As in our broader research program on meaning reconstruction in loss, we have been particularly concerned with bereaved parents' ability to find sense and significance in the very present absence of their child from the family. In our study of a large group of mothers and fathers losing their children an average of 6 years previously to both natural and violent causes, we found that sense making accounted for 5 times as much of the intensity of their normal grief symptoms (e.g., crying, missing their children), and fully 15 times as much of the symptoms of CG (e.g., intense and disruptive yearning for the child's presence; feeling that the future is without purpose) than did other factors such as the number of months or years that had elapsed since the loss or whether the death was natural or violent (Kee see et al., 2008).

But what forms of meaning making are associated with more favorable grief outcomes? To answer this question, we carefully coded the content of parents' narrative accounts of their sense making and benefit finding regarding the loss and analyzed which themes in their meaning making were associated with fewer complications (Lichtenthal, Currier, Neimeyer, & Keesee, 2010). In terms of sense making, nearly half of the parents reported making "no sense" of their children's deaths, though others drew on a broad range of natural, spiritual, biological, and behavioral attributions to account for their child's dying. By comparison, only 20% of the parents were unable to identify some unsought benefit or life lesson in the tragedy, whereas the great majority reported some form of personal growth or learning in the wake of the experience. Of these themes, those involving making sense of the loss in terms of its being "God's will" and the potentially more secular belief that the child was no longer suffering were associated with less distressing grief symptomatology, as were benefit-finding themes suggesting enhanced spirituality and changed priorities in life. A further analysis of these patterns focused on
meaning-making themes that characterized different causes of death (Lichtenthal, Neimeyer, Currier, Roberts, & Jordan, 2013). Results indicated that more than half of violent loss survivors could not make sense of their loss, as compared to one third of nonviolent loss survivors. Overall, there was overlap in sense-making strategies across different causes of death, with many parents invoking spiritual and religious meanings and the cultivation of empathy for the suffering of others. Nonetheless, violent-loss survivors described the imperfection of the world and brevity of life more frequently in their narrative responses than parents who lost a child to natural causes, who in turn were more likely to find benefit in the loss in terms of personal growth. Violent-loss survivors—and especially those losing a child to homicide—also reported enhanced appreciation of life more frequently than survivors of nonviolent losses, and surviving a child’s suicide was specifically associated with a change in priorities in the sample (Lichtenthal et al., 2013). Thus, parents contending with the pervasive absence of a deceased child vary greatly in their meaning making, and the outcome of this process is predictive of their ultimate adjustment to this tragic loss.

IMPLICATIONS FOR TREATMENT

In light of the apparent centrality of meaning making in adapting to the loss of a child, it is encouraging that contemporary grief therapists are generating a great range of practices that facilitate both processing the event story of the death and accessing the back story of the relationship. Here we mention a few of these, briefly anchoring them in case studies and gesturing toward the growing scientific literature that illustrates their role in grief therapy and the support for their usefulness.

Talking About Talking

For many bereaved parents, and especially those whose children are taken from them suddenly or through unexplained causes, finding some way to understand the circumstances of the death and its implications for their life as a family is an early emotional imperative. But by the same token, approaching this anguishing knowledge in the silence of one’s own thoughts and feelings or more audibly with one’s spouse or therapist can trigger a cascade of overwhelming grief, horror, or anger, provoking understandable experiential avoidance. Thus, the ambivalence of many parents toward engaging the story of the loss in the presence of another calls for respect and negotiation rather than insistence on confrontation with the death story in all its painful reality. This stance contrasts with the common therapeutic assumption that grief work involves only direct and unvarnished acknowledgement of the loss, with anything less representing a form of denial that blocks successful adaptation (Stroebe, 1992).

The importance of negotiating the relative value of talking and not talking about the death is nowhere clearer than in couples therapy, as partners engage in a dynamic process of coordinating their mutual entry into and out of painful consideration of their child’s death or absence (Hooghe, Rober, & Neimeyer, 2011). In keeping
with the privileging of “sharing emotions,” “open communication,” and “intimate
communication” in much of the literature on grief, not communicating about a shared
loss typically has been viewed skeptically as “withholding,” “cutting off,” or even a
“conspiracy of silence” regarding a death in the family. In recent years, however,
empirical research has raised doubt concerning the generally assumed beneficial
effect of emotional disclosure and social sharing of a troubling event. In the context
of bereavement, for example, selective and flexible avoidance of one’s grief can
play a helpful role in promoting restoration and resilience (Boelen et al., 2006;
Bonanno, 2014; Stroebe & Schut, 2010). This shifting balance between speaking
about the loss and remaining silent is dialectical, in the sense of reflecting an inherent
tension, common in northern European and American cultures, between sharing
one’s experience and holding it privately, especially when the experience is as
ineffable and irreversible as the death of a child. It is also dialogical, unfolding
not only within but also between spouses who contend with an ongoing interplay
between seeking intimacy in their attempts at meaning making with their partner and
safeguarding themselves and their partner from conversations that trigger mutual
pain (Hooghe et al., 2011). Intensive qualitative research has illuminated this process
of “cycling around the emotional core of sadness” in the context of one couple’s
loss of an infant daughter to cancer, highlighting the intrapersonal and interpersonal
processes by which parents regulate their proximity to the painful story of the death
to balance their need to feel close to their child with their equally significant need
not to be swallowed by despair (Hooghe, Neimeyer, & Rober, 2012). In view of
this dynamic interplay of opposing needs, explicitly discussing with parents the
advantages and disadvantages of talking directly about the event story of the loss,
and how they might move toward and away from it, could represent a compassionate
preliminary to more exposure-based methods to follow.

Just three weeks after the death of their apparently robust 2-year-old son, Braden,
to unknown medical causes, Brenda and Cory were nearly paralyzed by shock. On
the one hand, they felt an irresistible urge to engage the story of his dying, which
remained shrouded in mystery from the horrible morning that Cory found him
gleeful in his small bed, unresponsive to his or the paramedic’s urgent efforts at
resuscitation. With the press to make sense of what had transpired, the 6 to 9 weeks
that they would have to wait for an autopsy loomed like an eternity. At the same time,
the darkness of the death threatened to engulf them whenever their eyes met, or when
one or the other sought to engage the unspeakable story of what they had seen, felt, or
feared. In the first session of conjoint grief therapy, the therapist therefore invited
a conversation of how it was for them to come in together for discussion of the
loss, which of them felt the greater urgency to do so, how each signaled readiness
or unreadiness for such a conversation, and the pros and cons of touching upon
the death story in its intimate particulars. The resulting exchange prompted
empathy for the sometimes converging, sometimes diverging need of each spouse
as Cory, for example, described his sense of “aloneness” with the images of his
son’s unresponsive body in his bed or on the hospital gurney, and Brenda acknowl-
edged her need to “titrate the dose” of her grief by only gradually opening to such
conversation, or by returning for brief periods to their home from their temporary
refuge in the home of a friend. In this way, the couple, with the help of the therapist, explicitly began to define the “ground rules” for regulating their proximity to the loss and to one another, as they reckoned with the enormity of their child’s absence and their need to find a foothold in the unknown terrain that stretched out before them.

Restorative Retelling

The death of a child often leaves parents with a profound rupture in the narrative of their lives, as they struggle to integrate the impossibility of the loss into the story of who they were and who they might now be. Violent death can complicate this dimension of narration of the loss, as the wordless imagery of the death scene, whether witnessed or imagined, spills ruminatively into consciousness, alternating with attempts at avoidant coping. Compounding the resulting suffering, the trauma of the story of dying commonly casts the parent as irrelevant and impotent to protect her child, denied any meaningful role in the inevitable replays of the circumstances of the death.

To counter the powerlessness of this repetitive psychic reenactment of the dying, Rynearson and his colleagues have devised systematic procedures for restorative retelling of the death narrative in a way that allows the story to be spoken, held, and witnessed in the responsive medium of psychotherapy (Rynearson, 2006; Rynearson & Salloum, 2011). By first encouraging the client or couple to “introduce the deceased” by sharing something of who he or she was in the context of the family, the therapist honors the humanity of the loved one and builds resources by anchoring the story of the loss in a longer story of love and ongoing connection, a motive and method also advocated by other narrative therapists (Hedtke, 2012). The therapist then supports the client in retelling the story of the loss in unhurried detail, assisting with processing the images and feelings that arise and helping the client share with a responsive other what previously was borne in private torment. Specific procedures that augment this retelling and promote greater mastery of the narrative of the traumatic dying have been detailed elsewhere, such as prompting the client to “braid” together external, internal and reflexive or meaning-oriented narration to form a more durable “through-line” in the midst of a difficult experience (Neimeyer, 2012).

Recent evidence from an open trial of restorative retelling in the aftermath of violent death demonstrates that the procedure is well tolerated, with a significant decrease in symptom burden following the procedure (Saindon et al., 2014). Analogous “situational revisiting” of the story of the loss likewise plays a central role in evidence-based treatment for CG, which is especially efficacious following violent death (Shear, Frank, Houch, & Reynolds, 2005).

As a brilliant but troubled college student, Daniel had alternated between excelling in classes and succumbing to binges of drinking that challenged both his academic and social success. The decade that had followed college was similarly stormy, marked by lost jobs, a lost marriage, and several rounds of treatment for substance abuse. Finally, in his early 30s, he moved back into his parents’ home, stabilizing for a time before sliding back into the recurrent cycle of substance abuse.
It was in this context that Daniel arrived at his parents’ home late one night, obviously inebriated, when he was met by his mother, Carol. Exasperated, Carol broke off the ensuing confrontation between Daniel and his father about the son’s behavior, suggesting “they all get to bed and return to the discussion in the morning.” For Daniel, however, morning never came. As Carol began to worry about him as noon approached, she opened the door of his silent bedroom to a scene of horror instantly stamped in her mind: her son, tangled in the sheets, torso off the bed, the bedding awash in a swath of blood. Rushing to him as she screamed for her husband, she attempted resuscitation as he called emergency services. Arriving to the scene within 20 minutes, the first responders rushed Daniel’s unresponsive body to the hospital, where his death—apparently of drug overdose, was confirmed. Tormented by the horrific imagery of the death scene as well as her guilt for not having recognized his condition that fateful night, Carol sought therapy a few months later.

After inviting Carol to share photos of her son on her iPhone and hearing stories of her pride and concern about his turbulent life, the therapist was struck by the power of the death narrative to eclipse any sense of secure connection to her son “in spirit,” though Carol was a religious person. The therapist therefore introduced the possibility of doing a “slow motion replay” together of what she had seen, sensed, and suffered the morning she discovered her son’s body, with the goal of helping her give voice to the silent story of the trauma, while being supported in managing the powerful emotions it triggered and in addressing the painful questions it posed. Bravely, Carol announced her readiness for this retelling, and the therapist began with the events of the night before, the disturbed night of sleep for Carol that followed, and the careful unpacking in sensory detail of what unfolded as she, with increasing apprehension, opened her son’s bedroom door. Braiding together the horrific images—the tangled body, the purple face, the splash of congealed red blood spilling from his mouth across the white sheets—with the associated feelings that welled up in her, therapist and client gradually walked through the experience, tracing its objective and subjective contours and the struggle to make sense of his death that ensued. Finally, as the therapist asked what Carol would have done if she had been present to his dying, but unable to prevent it, she sobbed, “Just hold him, hold him . . . and tell him I loved him.” Gently handing Carol a cushion, the therapist watched as she spontaneously hugged it tightly to her chest and tearfully affirmed her love for her precious if imperfect child. After a few minutes, she set the pillow aside, dried her eyes, and noted how she felt “flooded with comfort” following the retelling, and less alone in a tragic story. Together she and the therapist then reflected on further healing steps that could be taken, including responsive engagement with the partly parallel, partly unique grief of her husband following a shared loss.

Directed Journaling

As noted above, not all meanings constructed by grieving parents may be helpful to them. In fact, without direction, parents may develop narratives permeated with statements reflecting self-blame, anger at a higher power, or the unfairness of the
I came to therapy to process the recent loss of my 36-year-old son, Jeremy, to leukemia. I needed, I cried, and asked that Jeremy be among the people I was to be involved with, whether Jeremy would have received treatment that could have prevented his death. As I continued to ask, "Why?" the therapist invited me to spontaneously write about Jeremy as a person and about which of his traits may have made him feel loved and valued by others.

When parents begin to understand the way in which their child's life was shaped by troubled relationships, their children's deaths may be facilitated by their understanding of the way in which their lives were shaped by troubled relationships. Parents may facilitate such benefit finding include (a) In your view, how do you explain the connection between the way you are affected by the loss? (b) How has this loss influenced your world? (c) How has this loss affected your parents' relationships? (d) Has there been any change between how you initially interpreted the death of your child and how you interpret it now? (e) How has this experience affected your sense of priorities? (f) What qualities do you admire in your parents? (g) What qualities do you admire in your parents? (h) How does this affect you? (i) How has this loss influenced your sense of priorities? (j) How does this affect you? (k) How has this loss influenced your sense of priorities? (l) How does this affect you? (m) How has this loss influenced your sense of priorities? (n) How does this affect you? (o) How has this loss influenced your sense of priorities? (p) How does this affect you? (q) How has this loss influenced your sense of priorities? (r) How does this affect you?
influenced the choices he made during his illness. The therapist provided Jim with a pen and pad, and asked him to write down his reflections for 5 to 10 minutes. Jim then tearfully shared what he wrote, describing how Jeremy had grown up to be a caretaker, always looking out for friends and family. He noted how Jeremy had become increasingly concerned about the health and general well-being of his father and mother—Jim and his wife, Maggie—in recent years because of Jim’s high blood pressure and his wife’s recent diagnosis with Type 2 diabetes. He imagined that Jeremy was probably trying to protect them from the stress of being involved in making medical decisions and ultimately from the potential guilt that so many caregivers experience when a loved one dies. He reasoned that Jeremy likely sensed his prognosis was poor and wanted to prevent Jim and Maggie from investing in futile efforts. He concluded his writing by expressing his deep pride in his son and the man he became.

Meaning-Centered Grief Therapy

The processes of meaning reconstruction not only involve finding meaning in the loss, but also finding meaning in one’s life and existence. Existential challenges are common following the loss of a child, as some parents perceive that the legacy they hoped they would leave through their child’s life is threatened and their sense of identity as parent and protector is shaken. Meaning-Centered Grief Therapy (MCGT) is designed to address these existential issues in addition to facilitating meaning-making processes we described above. MCGT is based largely on Meaning-Centered Psychotherapy, a manualized intervention developed by Breitbart and colleagues (2010, 2012), which has demonstrated efficacy in enhancing meaning and purpose in advanced cancer patients. Meaning-Centered Psychotherapy applies the principles of Viktor Frankl’s (1959/1984) logotherapy, helping cancer patients connect with valued sources of meaning in their lives while validating any suffering they may be experiencing through a series of didactics and experiential exercises. The adaptation of MCP into MCGT has been supported by the National Cancer Institute (R03 CA139944; K07 CA172216), and research is currently underway to pilot and refine the intervention for parents who lost a child to cancer at least 6 months ago who have elevated levels of CG.

MCGT for bereaved parents focuses on those sources of meaning and aspects of their identity most significantly affected by the loss while additionally applying other grief-related theoretical concepts, including attachment theory (Bowlby, 1978; Ronen et al., 2009), meaning reconstruction (Neimeyer, 2001), and cognitive-behavioral and schema work (Boelen, 2006; Lichtenthal, 2012). Bereaved parents are encouraged to connect to sources of meaning through creative acts (e.g., work, causes, deeds) and valued experiences of life (e.g., appreciation of love, beauty, and humor). Particularly relevant for parents is one of Frankl’s (1959/1984) core principles: when faced with tragic circumstances beyond our control, we still have control over how we face these challenges; in this way, the attitude one takes toward life’s challenges can be a source of meaning in and of itself (Lichtenthal & Breitbart, 2012). MCGT thus highlights the choices parents have in their day-to-day lives and
who they want to be, the choices they have in how they create their personal story and their child’s story, and the choices they have in how to honor and remember their child. Parents are given the opportunity to develop a Legacy Project to honor their child and reflect their personal values. In doing so, MCGT helps parents transform their caregiving and parenting roles so they may continue their bond to their deceased child in new, adaptive, and meaningful ways (Bowlby, 1978; Ronen et al., 2009) as they learn to coexist with their grief. Engaging in life in these ways despite the tremendous pain they experience may even cultivate a sense of pride, as only they know what a monumental feat it truly is to step out of bed each day and face the world.

Andy was a willful teenager—a lover of music, technology, and his close-knit group of friends. His mother, Susan, was “madly in love with him” despite the fact that the two had been butting heads more frequently in recent years. When Andy was diagnosed with Ewing’s sarcoma at age 15, Susan and her husband, Mike, rallied, staying by the bedside of their only child virtually every day from diagnosis until Andy’s death when he was 17 years old. Susan had quit her job as an executive at a successful manufacturing company and her world became defined by caring for Andy. Following his death, she experienced a sense of emptiness and disconnection that she found difficult to put into words. She sought therapy around 14 months later, still feeling stuck and quite “raw,” and was offered MCGT. As Susan responded to MCGT prompt questions to explore the most meaningful moments of her life, her therapist helped identify those sources of meaning and parts of Susan’s identity that she had valued most; not surprisingly, being Andrew’s mother topped the list. The therapist explored with Susan ways in which she could preserve that sense of identity, which for Susan was through staying connected to Andrew’s two best friends through text messages and regular dinners. Susan’s value of being an industrious worker also became apparent, and so over time, the therapist worked with Susan to explore job opportunities that were congruent with a new set of priorities to help those who faced challenges in a nonprofit organization. Susan decided to use the Legacy Project assignment as the impetus to start a small but meaningful charity that she had wanted to create, but previously could not muster the energy to develop. The charity raises funds for pediatric cancer by hosting music concerts with local bands—something Andrew would have appreciated immensely.

CONCLUSION

Faced with what may be life’s most tragic transition, the bereaved parents we have seen in our consulting rooms and in our research often struggle with a profound search for meaning in their loss and in their life in its aftermath. Impressively, most find ways to move forward even in the pervasive presence of absence, reconstructing rather than relinquishing their attachment to their children and extending the legacy of their children’s lives in their own. We hope that the summary of our ongoing research and practice in this area provides encouragement for the many other therapists called to walk alongside such parents as they negotiate this traumatic transition and rewrite life stories transformed by loss.
REFERENCES


