

Eilat, Israel, January 12-14, 2016  
אילת, 14-12 בינואר, 2016



2<sup>nd</sup> INTERNATIONAL CONFERENCE ON  
LOSS, BEREAVEMENT & HUMAN RESILIENCE  
IN ISRAEL AND THE WORLD:  
FACTS, INSIGHTS & IMPLICATIONS

הכנס הבינלאומי השני בנושא  
אובדן, שכול וחוסן נפשי בחברה הישראלית ובעולם:  
עובדות, תובנות והשלכות

# ABSTRACTS ORAL PRESENTATIONS

## תקצירי הרצאות

**PRECONFERENCE WORKSHOP  
TECHNIQUES OF GRIEF THERAPY: CREATIVE PRACTICES FOR  
COUNSELING THE BEREAVED**

**Robert A. Neimeyer**

Dept. of Psychology, University of Memphis, TN, USA

This day and a half workshop begins the morning of January 11<sup>th</sup> and concludes at lunchtime on January 12<sup>th</sup> prior to the conference opening.

As contemporary models of bereavement have become more nuanced and empirically informed, so too have the practices available to grief counselors and therapists. This two-day workshop offers in-depth training in several of these techniques, nesting them both within the therapy relationship and in the context of current theories and research that provide flexible frameworks for intervention. Making extensive use of actual clinical videos as well as how-to instruction in the use a numerous therapeutic tools, we will discuss and practice several methods for helping clients integrate the reality of the loss into the ongoing story of their lives, while also reconstructing their continuing bond to their loved one.

**Day 1: Processing the Event Story of the Death**

Beginning with a discussion of the power of presence as a fundamental dimension of the therapeutic “holding environment,” we will consider how we can quickly assess our clients’ needs, particularly when they struggle with complicated, prolonged grief symptomatology. We will then discuss how to foster a safe relational container for a healing “re-telling” of the loss experience, anchoring such work in both contemporary meaning reconstruction and dual process models and related research. Drawing on clinical videos of clients contending with losses through cancer, sudden accident and suicide, we will learn to listen between the lines of the stories clients tell themselves and others about the death to grasp more fully the unvoiced meaning of their grief, and how we can help them integrate the event story of the death into the larger narrative of their lives. Participants should conclude the session with sharpened skills for clinical assessment, a clearer appreciation for the challenge to meaning and spirituality associated with violent death bereavement, and an expanded toolbox for using metaphor, body work and a variety of narrative procedures for helping clients make sense of the loss and their response to it.

**Learning outcomes:**

- Distinguish between therapeutic “presence” and “absence” in the process of therapy
- Recognize empirical risk factors associated with complicated grief reactions
- Implement restorative retelling and situational revisiting procedures for mastering the event story of the loss
- Differentiate between forms of directed journaling that foster self-immersion and self-distancing to modulate emotions evoked by the death
- Outline metaphoric and body-oriented procedures for exploring the sensed meanings of the client’s grief
- Describe narrative techniques for accommodating loss in literal and figurative ways into the changed narrative of the client’s life

## **Day 2: Accessing the Back Story of the Relationship**

Death may end a life, but not necessarily a relationship. Drawing on attachment-informed and two-track models of bereavement, we will begin by considering grieving as a process of reconstructing rather than relinquishing our bonds with those who have died, and the circumstances that can interfere with this natural process. Clinical videos bearing on the death of parents, children and spouses will sensitize participants to various impediments to revisiting and reorganizing the “back story” of the ongoing relationship with the deceased, as well as to several techniques that can help move such work forward. Creative narrative, emotion-focused and performative methods will be presented and practiced for re-introducing the deceased into the social and psychological world of the bereaved, fostering a sustaining sense of connection and alliance with the loved one in embracing a changed future, and working through issues of guilt, anger and abandonment triggered by the death and the shared life that preceded it. Participants will leave with several tools for assessing “pro-symptom positions” that complicate grieving, helping clients appreciate the role of the loved one in their construction of their own identities, and re-accessing and revising frozen dialogues with the deceased that hamper post-loss adaptation.

### **Learning outcomes:**

- Identify dimensions of insecure attachment that complicate adaptation to the death
- Distinguish between healthy and unhealthy features of continuing bonds with the deceased
- Describe two procedures for detecting obstacles to accommodating the loss deriving from invisible loyalties to the loved one
- Practice two techniques for consolidating a constructive bond with the deceased as the client transitions toward a changed future
- Choreograph imaginal dialogues between the client and the deceased to reaffirm love and resolve residual conflicts and disappointments
- Direct experiential work to access and restructure problematic emotions linked to the loss and its aftermath

## **INTERVENING IN MEANING: NEW DIRECTIONS IN GRIEF THERAPY**

**Robert A. Neimeyer**

Dept. of Psychology, University of Memphis, TN, USA

Viewed from a constructivist perspective, a central process in grieving is the attempt to reaffirm or reconstruct a world of meaning that has been challenged by loss. As research with bereaved young people, parents and older adults indicates, both natural and violent death losses can leave mourners struggling to process the event story of the death and to make sense of its implications for their lives, and to access the back story of their relationship with their deceased loved one in a way that reaffirms their sense of secure attachment. In this presentation I summarize our group's recent studies of the psychological and spiritual struggle to make sense of loss, outline several validated measures of meaning-making processes and outcomes, and describe current research to evaluate the impact of narrative and expressive arts interventions to help people find growth through grief.

## **TWO-TRACK TREATMENT OF TRAUMATIC SPOUSAL LOSS**

### **Ofri Bar-Nadav**

International Center for the Study of Loss, Bereavement and Human Resilience, University of Haifa

Sarah, 67, lost her husband unexpectedly to a massive heart attack. She witnessed the efforts made to save his life, and he died in her arms. She was referred for treatment 3 months later, presenting great distress and traumatic bereavement, and strong reluctance to return home.

Sarah was a full time volunteer who made sure she was without time to rest and experience painful thoughts and emotions related to the death. Being busy kept her from "drowning in her sorrow".

The treatment plan focused on her difficulties in emotion regulation and functioning (Track I), as well as upon her continuing bond with her deceased husband (Track II). Improvement in her functioning followed her volunteer work and her positive relationships with her children and grandchildren. All strengthened Sarah's experience of resilience, sense of meaning and value.

We also focused on Track II's ongoing relationship to her deceased husband. Sarah was encouraged to approach thinking about him with openness to her complex feelings. She shared small and manageable portions of the traumatic memories of the death scene, which allowed her significant relief. The relationship was colored by strong ambivalence. She missed him deeply, but at the same time felt and exhibited great anger towards him. A charismatic figure, he made himself the center of attention, making her feeling generally invisible and insignificant, and quite resentful. Voicing her anger and frustration in therapy was an important aspect of the treatment and allowed her to rework her experience of their relationship.

**PSYCHIATRIC ASPECTS OF BEREAVEMENT AND TRAUMA;  
BUILDING RESILIENCE VIA INDIVIDUAL, FAMILY, EMPATHIC  
GROUPS AND MEDICATION**

**Eddy Pakes**

Private practice of Psychiatry in Toronto, ON, Canada

With over 40 years of experience working with the bereaved in hospitals and private practice; Individual, Families and Groups, the author has had extensive experience with all levels of loss. Thus, guidelines for choosing a therapeutic modality will depend on; the kind of loss how traumatic it is, and those willing to participate in a variety of therapeutic options. As well the recognition for the development of Mutual Self Help Organizations provides the opportunities not only for therapy, but for the bereaved themselves becoming a Helper rather than "just" a helpee. This provides powerful motivation and the development of Resilience in all participants, both patients and professionals. The presentation will include illustrations of interventions. Time will be available for questions and answers.

## **ENHANCING EMPATHY THROUGH REFLECTIVE GROUP PRACTICE**

**Sandra Carolyn Cohen**

Mobile Aged Psychiatry Service, Caulfield Hospital, Melbourne, Australia

Workers of a public community mental health service can be under pressure of work with little time to pause and reflect on the nature of their work, to appreciate the relationships and loyalties of the families they see, or to contemplate what it means to be human. Reflective practice may give an opportunity for this in a supported and confidential group of peers. This is a brief look at the experience of one social worker after visiting the spouse of a client who had recently died. Using Reflective Group Practice has provided a safe environment in which my understanding of myself and other people has increased. This presentation is aimed at professionals looking for ways to gain a deeper perspective in their work.

## **MOURNING THROUGH THE BODY**

**Batya Ruth Monder**<sup>1,2</sup>

<sup>1</sup>CFS, the Contemporary Freudian Society, New York City Division,

<sup>2</sup>IPTAR, the Institute for Psychoanalytic Training and Research, New York, USA

Loss in a person's life can take myriad forms as can bereavement and resilience. This submission focuses on the body's involvement in mourning the death of a parent, a subject that Freud addressed as early as 1897 in a letter to Fleiss (SE, XIV, p. 240), well in advance of his 1915 paper, *Mourning and Melancholia*. The paper builds on Freud's early and prescient ideas of blaming oneself for the death of a loved one or punishing oneself by mimicking some of the symptoms witnessed in the dying patient. It explores aspects of a mourning process that was made more complex because of shame and guilt, and the lifelong need to protect the deceased. The patient was so identified with her dying mother that in the aftermath of her mother's death, she suffered grievously till we could understand that her somatic responses were both a way to remain close to the dead object and to punish herself for the loss. Her symptoms baffled medical experts and frightened the young woman. What emerged in a psychoanalytic treatment was a perverse relationship with the mother she both loved and idealized and who had held her hostage for much of her life. Relevant literature will be cited. This case study of a mother-daughter dyad reveals enormous suffering as well as the resiliency of a young woman who, over time, had the courage to overcome her mother's hold on her mind and resume her psychological growth.



## **SEAM: REPAIRING THE FABRIC OF LIFE AFTER TRAUMATIC LOSS**

**Phyllis Kosminsky**

Clinical Services, Center for Hope, Darien, CT, USA

While all significant loss may be regarded as traumatic, we know that there are circumstances that raise the level of trauma for some bereaved clients and thereby create a need for targeted interventions to address trauma related symptoms. The abundance of methodological choices for addressing traumatic bereavement, along with the inherent challenge of working with someone who has experienced a traumatic loss, can lead to a feeling of overwhelm on the part of the clinician, and even to a sense of professional inadequacy. In this presentation, a clinician who has faced these feelings describes a way of conceptualizing treatment of traumatic loss that incorporates elements of a number of approaches, has an inherent logic that makes it easy to explain to clients, and is easy for both the clinician, and the client, to remember.

What we will suggest is that significant loss can be regarded as a tear in the fabric of a person's life, a metaphor that draws on the representation of bereavement as involving a loss of the assumptive world. The dysregulating effects of loss of the assumptive world are particularly, although not exclusively, evident in cases of traumatic loss. The elements of the proposed treatment approach are designed to address the anxiety, avoidance of triggers, social withdrawal and negative/catastrophic thinking that can complicate grief. Presented to the client as a "seam" to restore meaning and coherence to life, they are: **S**elf soothing; **E**xposure; **A**ctivity; and **M**onitoring thoughts and self-talk. The rationale and application of the model will be presented and illustrated with case examples.

## **TO LOSE AN UNBORN CHILD: PTSD, DEPRESSION AND RELATIONSHIP QUALITY FOLLOWING PREGNANCY LOSS**

**Danny Horesh**<sup>1,2</sup>, Malka Nukrian<sup>3</sup>, Yael Bialik<sup>4</sup>

<sup>1</sup>Psychology, Bar Ilan University, Ramat Gan, Israel, <sup>2</sup>Psychiatry, New York University, New York, USA, <sup>3</sup>Obstetrics and Gynecology, Hadassah Ein Karem, Jerusalem, Israel, <sup>4</sup>Dept. of Psychology, Bar Ilan University, Ramat Gan, Israel

### **Background and aims:**

The loss of an unborn baby is a very difficult experience, particularly when it occurs at late stages of pregnancy. This study examined:

1. The prevalence of PTSD and Major Depressive Disorder (MDD) following late pregnancy loss (PL).
2. The role of spousal relationship measures in vulnerability/resilience following PL.

### **Methods:**

Participants were 85 women, ages 24-49 who were treated for PL at Hadassah Ein-Karem Hospital. They completed self-report questionnaires assessing PTSD, MDD, Dyadic Adjustment and Dyadic Self-Disclosure. On average, participants were 22 months post-loss. 84.6% experienced stillbirth, and the mean pregnancy week of loss was 27.29.

### **Results:**

The rate of PTSD was 25% and 53% of the sample reported mild depressive symptoms or higher. Positive correlations were found between the length of spousal relationship and the severity of PTSD intrusion symptoms, and between the number of previous pregnancy losses and the severity of MDD. PTSD and MDD were negatively associated with spousal consensus, spousal self-disclosure regarding guilt and shame, and spousal affectional expression.

### **Discussion:**

Late PL entails a heavy burden of PTSD and MDD, presumably since mothers cope with shattered expectations regarding motherhood, as well as with the loss of a close physical and emotional bond with the unborn child. While PL is rightfully regarded as traumatic for the pregnant woman, it is often a dyadic trauma, experienced by both expecting mother and father. Therefore, novel interventions involving couples therapy are needed, in order to alleviate the pain of both partners, and strengthen the spousal bond post-loss.

## **A TRADITIONAL FORMULAIC PRACTICE IN PSYCHOTHERAPY: ON THE (OVERLOOKED) HEALING VIRTUES OF WOMEN'S WAILING IN MOURNING EVENTS**

**Tova Gamliel**

Dept. of Sociology and Anthropology, Bar Ilan University, Ramat Gan, Israel

The workshop will clarify the value of traditional women's wailing for coping with personal and collective grief in contemporaneous Western societies. The knowledge about this therapeutic practice is based on anthropological research on traditional Yemenite-Jewish wailing in Israel in 2001–2006 and comparison with wailing cultures in other countries. The workshop will include presentation and analysis of video clips from an ethno-psychological perspective.

In addition to its social and religious roles, traditional wailing serves as an expert therapeutic practice in states of mourning. The workshop will juxtapose "wailing lore" with the "clinical lore" of canon psychotherapy and the current psychotherapy of grief, the so-called "continuing bonds" method. The workshop will describe wailing beliefs and patterns that both challenge and validate templates in Western psychotherapy. Wailing is inconsistent with the recommendation that the bereaved disengage from the deceased (an early outlook that has not found empirical and/or clinical support)-a view that reflects social alienation and individualistic values.

By the same token, wailing is a powerful mechanism for the attainment of catharsis, corroborating the Hydraulic model of psychotherapy. Essentially, wailing is a sophisticated formulaic practice that induces healing among mourners in the short and long terms. The workshop will show that the wailing practice "application" of elements of the current psychotherapy of grief is more fundamental and thorough than the psychotherapy itself. The proposed workshop, like the "sacred psychotherapy" workshops in today's Finland, will discuss the relevance of the ritual mourning practice for coping by Western mourners and will seek the interdisciplinary cooperation that is warranted in a multicultural mourning society such as Israel's.

## REMINISCENCE AND THE HEALTH OF ISRAELI HOLOCAUST SURVIVORS

**Norm O'Rourke**<sup>1</sup>, Yaacov Bachner<sup>1</sup>, Sara Carmel<sup>2</sup>

<sup>1</sup>Public Health, Ben Gurion University of the Negev, Be'er Sheva, Israel,

<sup>2</sup>Center for Multidisciplinary Research in Aging, Ben Gurion University of the Negev, Be'er Sheva, Israel

Existing research with English-speaking samples indicates that various ways in which older adults recall their past affect both their physical and mental health. Self-positive reminiscence functions (i.e. identity, problem-solving, death preparation) correlate and predict mental health in later life whereas self-negative functions (i.e. bitterness revival, boredom reduction, intimacy maintenance) correlate and predict the physical health of older adults. For this study, we recruited 295 Israeli Holocaust survivors to ascertain if early life trauma affects these associations between reminiscence and health. In order to distinguish cross-national differences from survivor-specific effects, we also recruited two comparative samples of other older Israelis (not Holocaust survivors;  $n = 205$ ) and a second comparative sample of 335 older Canadians. Three separate structural equation models were computed to replicate this tripartite reminiscence and health model. Coefficients for self-negative functions significantly differed between survivors and both Canadians and other older Israelis, and between Canadians and both Israeli samples. However, no differences were found between prosocial and self-positive functions. Moreover, the higher order structure of reminiscence and health appears largely indistinguishable across these three groups. Early life trauma does not appear to fundamentally affect associations between reminiscence and health.

These findings underscore the resilience of Holocaust survivors.

## **EMBODIED LOSS OF WOMEN CARRIERS OF BRCA MUTATIONS FOLLOWING RISK-REDUCING SURGERY**

**Chaya Possick**, Michal Mahat-Shamir

School of Social Work, Ariel University, Ariel, Israel

We tend to associate loss and grief with death, however many other human situations engender these feelings. Among these are physical conditions involving loss of limbs and/or organ removal. The aim of the qualitative study presented here is to examine the experience of Israeli women carriers of BRCA mutations following risk-reducing surgery, i.e. mastectomy and/or oophorectomy, in the context of the Israeli culture. The uniqueness of this loss experience lies in its elective nature. Women choose to remove healthy organs in order to reduce the threat of an even greater loss, loss of life. In-depth, semi-structured interviews were conducted with 13 middle aged Israeli women at least one year after the last surgical operation. The interview texts were analyzed thematically according to the phenomenological approach. Three themes were identified by synthesizing the main topics that emerged in the analysis: 1. dialectic of vulnerability and control, 2. the presentation of self as a "normal" woman, 3. a genetic chain of loss and guilt. An integrative view of all three themes led to the emergence of a primary theme that runs throughout the findings: the intersection of culture, society and embodied loss.

**THE EFFECTS OF THE FAMILY BEREAVEMENT PROGRAM TO  
REDUCE SUICIDAL BEHAVIOR OF PARENTALLY BEREAVED  
CHILDREN SIX AND FIFTEEN YEARS LATER**

**Irwin Sandler**, Jenn-Yun Tein, Sharlene Wolchik, Tim Ayers  
Arizona State University, USA

This presentation presents findings concerning the long-term effects of the Family Bereavement Program (FBP) to reduce suicidal behavior of parentally bereaved children and adolescents. Parental death is a significant risk factor for suicide (Guldin et al., 2015). The study is a long-term follow-up of 244 children and adolescents who had participated in a randomized trial of the FBP. Suicidal behavior was assessed using items of suicidal ideation and attempts. Results indicated a significant effect of the FBP to reduce reports of suicidal behavior at the six- and fifteen year follow-up evaluation. The findings support further research on “upstream” suicide prevention.

## **MILITARY TRAUMA AND RESOURCE LOSS IN BEDOUIN MEMBERS OF THE ISRAELI DEFENSE FORCE**

**Ortal Slobodin<sup>1</sup>**, Yael Caspi<sup>2</sup>

<sup>1</sup>Psychology, Amsterdam, Netherlands, <sup>2</sup>Dept. of Psychiatry, Rambam Medical Health Center, Haifa, Israel

This study examined the sequel of trauma among Bedouin servicemen in the Israel Defense Forces and their families. The conservation of resources framework was used as an accompanying theory to help shed light on minorities' experience of military trauma. This community study included interviews with male soldiers (N=317) and their wives (n=129), who also addressed questions regarding children's' well-being.

Findings revealed that 75% of the Bedouin men were exposed to at least one traumatic event of sufficient severity to cause posttraumatic stress disorder (PTSD). Among the trauma-exposed participants, 19% were diagnosed with PTSD which was highly associated with depression, alcohol abuse, poor health, and impaired daily functioning. More than other psychiatric diagnoses, PTSD was correlated with the experience of shame, suggesting that shame is strongly and specifically related to PTSD and may play a significant role in the trauma-related responses of this community. Wives of individuals with PTSD suffered from higher levels of psychological and somatic symptoms than wives of men without PTSD. The relationship between husbands' posttraumatic symptoms and wives' emotional and somatic distress was fully mediated by the husband's level of aggression. Loss of personal resources (e.g., self-esteem, self-mastery) was the best predictor of psychological distress among traumatized Bedouin servicemen. We suggest that posttraumatic shame, in particular for individuals from collectivist cultures, can be considered as the key to a deeper understanding of the primary importance of personal resources and the heavy toll associated with their loss during the stress process.

## **THE RIGHT TO MOURN OF PEOPLE WITH DEMENTIA ATTENDING ADULT DAY CARE**

**Rakel Berenbaum Melabev**<sup>1</sup>, Chariklia Tziraki Melabev<sup>1</sup>,  
Jiska Cohen-Mansfield<sup>2</sup>

<sup>1</sup>Community Clubs for Eldercare, <sup>2</sup>Dept. of Health Promotion at the School of Public Health and the Director of Minerva Center for the Interdisciplinary Study of End of Life at Tel-Aviv University

**Background:** Despite the fact that people with dementia (PwD) in Adult day care may experience the death of others close to them, there is little research on the proper way to handle such deaths with those with dementia left behind. Staff working in Adult Day Care sometimes must decide what to do when a person from their group dies and no longer comes. Should the rest of the group be told? Do they have the capacity to understand? Would they want to know? Does the staff have the tools to inform the group in the proper way? What are the pros and cons of sharing this information? These and other questions are addressed in this presentation.

**Methods:** In this qualitative research, in 10 Adult Day Care Centers we interviewed 52 staff members with face to face semi structured interviews regarding their opinions and practices around these issues.

**Results:** 60% of staff felt that people with dementia should be told. This number rises to 67% when the staff is asked a direct question by a PwD as to the whereabouts of a person who has died. Staff mentioned varied interventions done when a group member dies. 80% of staff members feel sad when a group member dies, and 92% want to learn more about this area of their work.

**Conclusions:** More research is needed in this area especially regarding training and support of staff to improve quality care.



## **WHEN LIVING HURTS: THE USE OF IMAGINATION IN IMPOSSIBLE SITUATIONS**

**Mooli Lahad**

Tel Hai College, Israel

Loss grief and bereavement encounter us with the limitations to make sense, to solve unfinished business, to communicate with the beyond and to find solace in the present moment.

The Western world is ambivalent towards imagination more so the mental health system. On the one hand imagination & creativity are seen as a source of ingenuity and on the other as the source of pain and distress. For over 30 years I have been working with loss and trauma and realized that for many of the clients the choice of playfulness, creativity and imagination was blocked, yet nightmares and intrusions, the negative manifestation of imagination were haunting them.

I then concluded that if imagination is the source of pain it should also be the way out.

The lecture will discuss the ambivalence from historic, spiritual, anthropologic, bio-medicine, psychology and art and will include few clips from known films to demonstrate the power of 'Fantastic Reality' in impossible situations and how it is used in therapy.

## TRAUMATIC LOSS IN THE NEWS-AND IN THE HEARTS AND MINDS OF THE PUBLIC

**Simon Shimshon Rubin<sup>1</sup>, Ruth Malkinson<sup>2</sup>, Eliezer Witztum<sup>3</sup>**

<sup>1</sup>Director, International Center for the Study of Loss, Bereavement and Human Resilience, University of Haifa, <sup>2</sup>Director of Training at the International Center for the Study of Loss, Bereavement and Human Resilience at the University of Haifa; Director of the Israeli Center of REBT (Rational Emotive Behavior Therapy), <sup>3</sup>Division of Psychiatry, Faculty of Health Sciences, Director of the Postgraduate Psychotherapy Program at Ben Gurion University, Beer Sheva, Israel

In Israel and in the world, the emotional response to the exposure to news of violent death due to acts of terror and violence claim a disproportionate share of our attention. In this plenary address, we set aside our planned presentation in order to address the interface of trauma and bereavement for both the bereaved and the general public. While survival of the individual and group depend on vigilance focused on dangers to self and other, deaths that occur under what can be termed conditions of "traumatic bereavement" raise particular challenges for the bereaved and society. In this presentation, we will consider some of the factors that shape the understandings of traumatic bereavement in Israel with attention to cultural, historical, societal forces relevant to placing traumatic loss and bereavement in context. The mental health and societal implications of how traumatic bereavements are understood are significant. As psychotherapists and teachers of psychotherapy, we shall address some of the clinical and research implications of our perspective.

For further reading:

Rubin, S.S., Malkinson, R. & Witztum, E. (2012). ***Working with the Bereaved: Multiple Lenses on Loss and Mourning***. New York: Routledge. ISBN-10: 0415881668

Rubin, S.S., Malkinson, E., & Witztum, E. (2016). ***The Many Faces of Loss and Bereavement: Theory and Therapy***. Haifa, Israel: University of Haifa Press and Pardess Publishing. (Hebrew). **הפנים הרבות של האובדן והשכול: תיאוריה וטיפול**

## **TWO PROGRAMS TO PROMOTE RESILIENCE OF BEREAVED PARENTS**

**Irwin N. Sandler**<sup>1,2</sup>, Robin Goodman<sup>3</sup>

<sup>1</sup>Dept. of Psychology, Reach Institute, Arizona State University, Tempe, United States , <sup>2</sup>Reach Institute, Dept. of Psychology, Arizona State University, Tempe, USA, <sup>3</sup>A Caring Hand, The Billy Esposito Foundation, New York City, USA

This workshop will describe approaches of two programs to work with parents to promote resilience of bereaved parents and children. The program in Arizona, the Family Bereavement Program is a 12 session group program for bereaved parents to increase positive family interactions, active parent-child communication, effective discipline and helping children deal with stressors that follow bereavement. Parents select their own goals for their families and to deal with their own grief, and use program skills to help accomplish their goals. Research from a randomized trial of the program with 156 parents and 244 youth, showing program effects to promote resilience of children and parents and healthy family relationships up to fifteen years later will be presented.

The 10-week child and parent/caregiver group program used by the New York City Children's Grief Connection is a strength-based curriculum focused on coping skills, management of grief reaction, bereavement tasks, social support, family communication, parenting, and memory making. Pre and post group data shows statistically significant improvements on Caregivers' Complicated Grief, Depression, Functional Impairment, and Posttraumatic growth, specifically in Relating to Others and Personal Strengths, and improvement in children's Traumatic Grief, Depression, Emotional and Behavioral Problems, Peer Problems, and Posttraumatic Growth.

## **THE POLITICS OF GRIEF - MAKING LOSS AN ISSUE**

**Thomas Geldmacher**, Daniela Musiol

Rundumtod, Rundumberatung, Vienna, Austria

Death is the end of social politics. While it has been acknowledged that grief in the workplace causes severe costs due to absenteeism, presenteeism and plunges in productivity, legislators worldwide have been reluctant to address the topic. Dealing with the issue is left to companies and corporations themselves. Grief and loss have been studied as psychological, health-related or socio-cultural phenomena, but have never been examined for their political implications. Most Western societies consider bereavement an essentially individual affair whose place is the private realm but which should not be bothered with in public, let alone in the workplace. To change this, policy-makers need to be brought to task.

Therefore, two things must be done. First, we need to conduct comparative research: How do the industrialized countries of the West deal with grief and bereavement as social phenomena? Has grief anywhere been denoted a political issue? Are there best-practice examples future legislation could draw from? How do we measure the impact of grief-related costs? Second, we need to formulate a political agenda and to present legislative concepts policy-makers can act on.

It is the aim of this research to bridge the gap between theory and political practice, making available a survey of select national grief-related policies and proposing legislative measures in order to deal with grief and bereavement specifically in professional environments.

Law defines norms. What is codified by law becomes normal. So implementing it in legislation is a chance to acknowledge grief as a normal part of life, not as some exotic illness.

## **LIVING IN MANDATORY PALESTINE: PERSONAL NARRATIVES OF THE GALILEE FROM THE 1940S TO 1967**

**Roberta Rubin Greene**<sup>1</sup>, Shira Hantman<sup>2</sup>

<sup>1</sup>The Louis and Gabi Weisfeld School of Social Work, University of Texas Austin, Austin, United States , <sup>2</sup>Office of the Vice President, Tel Hai College, Tel Hai, Upper Galilee, Israel

The purpose of this paper is to examine loss, resilience, and the life cycle. It presents the results of a research study entitled "Living in Mandatory Palestine: Personal Narratives of the Galilee from the 1940s to 1967." Forty narratives were collected: twenty from Jewish settlers and twenty from Arabs who have lived or where born in the Galilee, prior to the establishment of the State of Israel and thereafter. The study used a narrative approach to gerontology to explore the lives of older study participants from a life course–ecological perspective.

Loss and resilience were analyzed through people's narratives of critical events that occurred at the personal, interpersonal, sociocultural, and societal levels. Personal-level narrative themes spoke about internal feelings of worry, coping, and hope. Interpersonal-level narrative themes, such as continuity, personal responsibility to each other, modesty and acceptance; addressed relationships between people. Sociocultural-level themes expressed the beliefs and mores of the time, including family tradition, religiosity, and Zionism. Societal- level narrative themes of leadership and ideologies are indicative of the work of societal institutions. Results pointed to a strong idealistic commitment to family and state that were reflected in resiliency regardless of ethnic background. The audience intended are those who want to work with older adults, appreciating cultural, historical, and political reminiscence and those interested in historical narratives.

## **MEMORY, TRAUMA, AND THE FUNCTIONS OF REMINISCENCE AMONG HOLOCAUST SURVIVORS**

**Norm O'Rourke**<sup>1</sup>, Sara Carmel<sup>1</sup>, Yaacov Bachner<sup>2</sup>

<sup>1</sup>Center for Multidisciplinary Research in Aging, Ben Gurion University of the Negev, Be'er Sheva, <sup>2</sup>Public Health, Ben Gurion University of the Negev, Be'er Sheva, Israel

Existing research suggests that specific ways of recalling autobiographical memories of one's past cluster in self-positive, self-negative, and prosocial reminiscence functions. We undertook the present qualitative study to gain understanding of reminiscence functions as described by 269 Israeli Holocaust survivors and to see whether groupings of themes that emerged would correspond to our tripartite model of the reminiscence functions. Participants (M = 80.4 years; SD = 6.87) were asked to describe memories that typify a reminiscence function in which they frequently or very frequently engage. Thematic analyses were conducted in English (translated) and Hebrew. Responses reflect the range of ways in which Holocaust survivors reminisce. The task of describing early life memories was difficult for some participants, while others' lived experiences enabled them to teach others to ensure that their collective memory remains in the consciousness of the next generation of Israelis and the Jewish state. Data are imbued with examples of horror, resilience, generativity, and gratitude. As hypothesized, survivors' memories cluster in self-positive, self-negative, and prosocial groupings consistent with the tripartite model of reminiscence functions.

## **THE PROCESS OF OVERCOMING TRAUMAS**

**Hamutal Bar-Yosef**

Hebrew Literature, Ben Gurion University, Beer Sheva, Israel

The process of overcoming traumas in life and in my poetry.

In my talk I wish to tell about the process of overcoming trauma, emphasizing the difference between primary reaction and gradual overcoming. Emotional reactions to trauma differ in different cultures and are influenced by environmental bias. Jewish religious laws of bereavement express antagonism to fixation of trauma and stress the finality of the process. Israeli mentality shows powers and ability of overcoming personal and historical traumas. Israeli media encourage anger and protest, not reconciliation, for the sake of rating. Personal experience of bereavement, one in childhood and one as an adult, as well as the consciousness of process and its therapeutic value, was documented in my poetry.

## **WEAVING BIBLICAL TEXTS AND PERSONAL POEMS - A JEWISH SPIRITUAL HEALING GROUP FOR WIDOWS**

### **Lessa Roskin**

Speech and language therapist; Emeritus Director of the Speech, Language, Communication Department at Alyn Children's Hospital and Rehabilitation Center in Jerusalem; Volunteer providing support for bereaved women

Many professionals neither realize the scope of a widow's grief nor how the process of healing occurs. In this presentation, I will describe how Biblical sources and personal poetry became a basis for discussion, sharing of feelings and a foundation for growth and healing. During my own process of dealing with bereavement, two years after the death of my husband, I initiated a support group for religious Zionist women in the Gush Etzion area under the auspices of Keren Koby Mandell. This group became an important support for the women facing widowhood.



## **“AM I NORMAL OR MENTALLY ILL?” MOVING ON WITH THE BEREAVEMENT EXPERIENCE**

**Amy Y.M. Chow**

University of Hong Kong

The DSM-5 published in mid-2013 offers a few major changes in bereavement-related disorders. These include the elimination of bereavement-exclusion in depression and adjustment disorder. A new diagnosis, Persistent Complex Bereavement Disorder (PCBD), is proposed to the Section III of the Appendix. Based on the findings in a survey with bereaved persons in Hong Kong, the likelihood for bereaved persons to get the diagnosis will be discussed. Moreover, an newly developed intervention model which is inspired by the concept of Targeted Therapy in cancer treatment, the ADAPTS targeted intervention model will be introduced. It builds on the acronym of bereavement-related Anxiety, bereavement-related Depression, Adjustment, Physical symptoms, Traumatization and Separation distress, recognizes the diversifications of bereavement reactions. Instead of offering a “one-size fits all” mode of intervention, ADAPTS model values the assessment of reactions and targets the intervention towards the major concern of the bereaved persons systematically. The assessment process borrows the McKissock Model of grief counseling as a guiding framework, facilitating the bereaved persons in exploring their grieving process in an organized way. In this presentation, the model will be elaborated step by step, hoping to sketch the possible pathway of moving on in bereavement.

## **THE EXPERIENCE OF LOSING A GRANDCHILD AND MEANING IN LIFE AFTER THE LOSS**

**Kobi Tourgeman**

University of Haifa, Israel

Elah - centre for psych-social support the experience of losing a grandchild and meaning in life after the loss

The experience of losing a grandchild has not yet received thorough scholarly attention. The purpose of this study is to examine how grandparents who have lost their grandson perceive the experience of loss, the emotional processes that were a result of the loss and the impact of the loss on the perceptions of meaning in the lives of the grandparents. The research was carried out in the qualitative - phenomenological method and involved 12 people, interviewed using a depth semi-structured interview guide and analyzed by the research team which included 2 senior researchers and a master student from the University of Haifa. Three main themes were found: The loss as a personal turning point, the significance of the ongoing relationship with the deceased and the impact on one's life beliefs and attitudes. These three themes can be described as a tension between two opposing tendencies. The first one is detaching or separating and the second one is approaching. The contribution of the present study to the theoretical knowledge is that it allows a deeper understanding of the experience of losing a grandson, which can help in providing theoretical and practical reference to a social and psychological care for the elderly who have experienced such a terrible loss.

## **EARLY ATTACHMENT TRAUMA: IMPACT ON ADULT GRIEF AND IMPLICATIONS FOR TREATMENT**

**Phyllis Kosminsky**

Clinical Services, Center for Hope, Darien, Ct, USA

John Bowlby was among the first to suggest a connection between the quality of a person's relationships, beginning in infancy and continuing throughout life, and their response to the loss of connection with a significant other. That idea, and the many theoretical developments that have sprung from it, has been supported by generations of research on attachment and loss. Attachment status is one of a very few factors that has been consistently identified by researchers seeking to understand the underlying causes of complicated vs. normal grief. In recent years, advances in the study of brain development and neural functioning have provided another avenue to understanding variations in people's response to stressful life events, including significant loss. In the absence of contingent response from an attuned caregiver or caregivers, critical areas of the brain may fail to develop. In cases of early relational trauma, the effect is twofold: the infant is stressed by the caregiver, and the development of his capacity to manage stress is compromised. Concurrently, these early experiences have a formative influence on the individual's models of relationship. Together with an insecure orientation to attachment, problems with emotion regulation combine to complicate the grief of many individuals who report early relational trauma. In this presentation we discuss these recent findings and describe their implications for work with the bereaved. Case examples will be used to illustrate how an understanding of clients' attachment experiences and orientations can enhance the therapeutic bond, help avoid clinical missteps, and improve therapeutic outcomes.

## **WALKING THE GRIEF JOURNEY WITH SENIOR SIBLINGS**

**Deborah Deeter**

Counselling, Sunoka Counselling and Consulting Services, Vernon,  
Canada

There is silence emanating from senior sibling systems which is evident in the lack of acknowledgement in the literature and common understandings of adult bereavement. Existing research in grief and bereavement in sibling relationships tend to focus on the developmental stages of childhood, adolescence, young adult, and middle adult experiences. Research on the older sibling is focused towards mental health concerns and physical illness.

The experience of elder sibling grief is hidden as sibling relationships in later life are often ignored for other perceived primary relationships in the context of family; spousal, children, grandchildren and elderly parents. As longevity becomes more prevalent in the world, the grief journey of older siblings is presenting more frequently in clinical practice. These are the relationships that tend to last longer, be more resilient and provide different support experiences than other family relations. Siblings bonds and relationships are created through birth, adoption, kinship systems, and self-identification. All of which are influenced by cultural and political diversity.

This presentation addresses the narratives and experiences of grief in the relationships of mature siblings, who were at least 60 years old, when a sister or brother died. This presentation discusses the thematic findings and meanings that emerged from a doctoral research project. It challenges the long standing assumptions of aging and grief narratives. The findings highlight new clinical considerations in the context of individual and family grief narratives of an aging population.

## **IF YOU WRITE MY STORY: HELPING CHILDREN IN GRIEF**

**Gil Reich**

Author of *You Write My Story*

The death of a family member, friend or other significant person is a lifelong loss for children. It can be challenging to parents and caregivers to know what to do for, what to say to and how to help children who are obviously hurting.

According to the National Alliance for Grieving Children, grieving children often want to share their story and talk about the person who died. Having an opportunity to tell his or her story is often beneficial to a child's healing process. Grieving children don't want to forget the person who died – they are also worried that others will forget their person. These children need a creative outlet to express their feelings.

This presentation will discuss the author's experience losing his brother when he was three, and how this affected him and his family for the rest of their lives.

It will also present the children's book *If You Write My Story* which helps children deal with their feelings, and their need to create, share, and protect their memory of their loved one.

**SAY YES TO LIFE IN SPITE OF...  
LOGOTHERAPY AS A FUNDAMENT TO MENTAL RESILIENCE IN  
FACE OF HOSTILITY AND DEATH**

**Gideon Millul**

President, OTSMOT institute - The Viktor Frankl center for Logotherapy in Israel, President of The Logotherapy Association in Israel (R.A.)

Meaningful life brings, as we all know, peace, healing and mental resilience, which are needed today more and more in our war-torn and conflicts afflicted world, in which Israel, we believe, is but a reflection of the crisis and upheaval we face in the wider parts of our restless Globe.

The reality we live in sharpens the vertices of the tragic triad (Pain and suffering, Death and fails) and the massive growing of the existential vacuum syndrome phenomena (Aggression and violence, Addiction and drugs, Depression and Suicide) - integrated with natural disasters.

Out of the Holocaust (it's International memorial day is taking place on the upcoming January 27th), through Israel's Revival up to the present days, we evidence the growing importance of strengthening the characteristics related to the Human Spiritual Dimension (like values, belief, hope, compassion, love, ability to forgive, The Defiant power of the Human Spirit, Self-Transcendence, etc.), by the ways to finding meaning (as Experiencing, Taking a stand and Doing within taking responsibility, promoting uniqueness and choosing abilities).

These elements, engraved by Prof. Dr. Viktor Frankl, father of Logotherapy (author of the best seller, Man search for meaning, who survived the death camps and lost there all his family), are foundations to mental resilience in face of hostility and death, and an important motive for saying yes to life in spite of all life situations we are confronting daily.

**RESPONDING TO GRIEF: BUILDING RESILIENCE: THE SEVEN SPIRITUAL STEPS**

**Sherri Mandell**

The Koby Mandell Foundation

Responding to Grief-Building Resilience: The Seven Spiritual Steps This workshop is for professionals who work with clients undergoing grief, bereavement, and trauma. The workshop is also open to lay people. Most resilience workshops focus on psychological states that foster resilience like efficacy and self-regulation. This workshop will focus on the spiritual steps: chaos, community, choice, creativity, commemoration, consecration and celebration. Through the use of Jewish texts, scientific studies and anecdotal evidence, participants will gain insights into the process and significance of each these steps. During this experiential workshop we will use writing exercises to examine how each person in his or her own life relates to the spiritual steps of resilience. The goal is to foster spiritual resilience in ourselves and our clients. I am a certified pastoral counselor who runs groups for bereaved mothers. With my husband, I direct the Koby Mandell Foundation which runs Camp Koby, a bereavement camp in Israel for 400 children. In addition I am the author the Blessing of a Broken Heart which won a National Jewish Book award, and the forthcoming book: Resilience: From Chaos to Celebration. The workshop will be in English.

## **LOOKING BACK AND LOOKING FORWARD**

### **Colin Murray Parkes**

Tavistock Institute of Human Relations, St Christopher's Hospice,  
Sydenham, UK

Recipient of the International Center for the Study of Loss, Bereavement and Human Resilience Award for Lifetime Contributions to the Field of Loss, Bereavement and Human Resilience

This talk opens with a personal review of the theoretical and clinical development of our thinking about love, loss and transition to survey where we are now. But past and present are mere stepping stones for what comes next. Looking towards the future, I would like to share with you my perspective on the challenges and opportunities that lie ahead.



**ABSTRACTS**  
**POSTER PRESENTATIONS**  
**תקצירי פוסטרים**

**MORTALITY COMMUNICATION PREDICTS PSYCHOLOGICAL DISTRESS AMONG FAMILY CAREGIVERS OF HOME HOSPICE AND HOSPITAL INPATIENTS WITH TERMINAL CANCER**

**Yaacov Bachner<sup>1</sup>**, Norm O'Rourke<sup>1</sup>, Eldad Davidov<sup>2</sup>, Sara Carmel<sup>3</sup>

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Terminally ill cancer patients and their caregivers experience significant difficulties discussing illness and impending death (herein defined as mortality communication). The current study compares response levels as well as patterns of association between mortality communication and psychological distress among caregivers of home hospice and hospital inpatients. For this study, 231 family caregivers were recruited within a year of bereavement from the south and central health regions of Israel. Contrary to our initial hypothesis, retrospectively reported levels of mortality communication did not differ between groups; however, lower levels of depressive symptomatology were reported by home hospice caregivers. Separate path analytic models indicate statistically significant inverse associations between mortality communication and psychological distress (i.e., depressive symptomatology, emotional exhaustion). Invariance analyses indicate that the strength of association between variables did not differ between path models. The results of this study are discussed in terms of self-selection biases and possible confounds associated with retrospective reporting among bereaved caregivers.

## **DIVORCE AND BEREAVEMENT - WEIGHT OF LOSS IN LATER LIFE: RESULTS FROM KOREA WELFARE PANEL STUDY (KOWEPS)**

**Yaeji Kim**, Nari Moon

Social Work, Seoul National University, Seoul, Republic of Korea

### **Background:**

Few of previous studies that examined the impact of bereavement in later life have broadened the focus to include divorce, which has been rapidly increased in recent Korean society. While bereavement occurs inevitably, divorce may be viewed as an active decision. In addition, unlike bereavement, divorce is often accompanied by social stigma. This study, therefore, seeks to the respective effect of bereavement and divorce on older-adults' depression, and to figure the mediating effect of self-esteem.

### **Method:**

Analyses were based on data from the 2013(T1) and 2014(T2) waves of KoWePS. Participants were divided into 'having spouses' (G1), 'bereaved'(G2), and 'divorced'(G3). Both aged 65+ and answered 'having spouses' at T1 worked as criteria for choosing analytic sample. We examined how transitioning from G1 at T1 to either G2 or G3 at T2 influenced older-adults' depression at T2, controlling formal status. Also we examined whether Self-esteem mediate the effect of older-adults' loss using Baron&Kenny(1986)'s approach.

### **Results:**

The results show that (1)Both bereavement and divorce aggravated older-adults' depression. (2)By standardized beta, the effect of bereavement was larger than that of divorce. (3)Self-esteem takes the role of partial mediation in the relationship between divorce and depression. According to the results, bereavement has a bigger impact on depression to older-adults than that of divorce. By considering the mediating effect of self-esteem, however, divorce is related to the increase of depression through the reduction of self-esteem. In this aspect, different ways of intervention are required: the protection of self-esteem is essential as for divorced, whereas the reduction of depression is needed as for bereaved.

## COMPLICATED GRIEF DISORDER, EMOTIONAL REACTIONS AND ATTITUDES AMONG FAMILY MEMBERS OF PATIENTS IN VEGETATIVE AND MINIMALLY CONSCIOUS STATE

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<sup>3</sup>Psychiatric Division, Herzog Hospital, Jerusalem, Israel

### **Background:**

The number of patients who suffer from disorders of consciousness is constantly rising in Israel, representing complex medical and ethical challenges. Recently, it was reported that Complicated Grief Disorder (CGD) is common among family members of patients in a vegetative state (VS) or minimally conscious state (MCS).

### **Aim:**

The study aimed to assess mental status parameters and attitudes towards end-of-life (EOL) decision-making among significant family members of chronically ventilated patients in VS/MCS.

### **Methods:**

Thirty family members, caregivers of 19 patients in VS/MCS were interviewed. Complicated Grief Disorder was assessed by the Inventory of Complicated Grief-Revised (ICG-R) Scale, depression by the Hamilton Depression Scale, and caregiver burden by the Caregiver Strain Index (CSI). Views towards EOL decision-making in scenarios of terminal disease (EOL-TD) or loss of consciousness (EOL-LOC) were assessed by the EOL decision-making scale.

### **Results:**

We found a high prevalence (60%) of Complicated Grief Disorder among family members caring for VS/MCS patients, which was associated with a high level of caregiver strain, frequent visits to the patient, and lower levels of education. Furthermore, 25% of participants had a Hamilton Depression Scale score of  $\geq 20$ , indicating moderate to high levels of depression. EOL-TD and EOL-LOC scales were positively correlated ( $r=0.775$ ,  $p<0.001$ ). The main factor influencing EOL decision was religiosity – high levels of religiosity being correlated with desire to extend life under any circumstances ( $p=0.046$ ).

**Conclusions:** Our findings indicate the necessity of mental assessment and assistance for family members of VS/MCS patients, and provide new qualitative data regarding EOL decision-making.

**FEAR OF DEATH, MORTALITY COMMUNICATION, AND  
PSYCHOLOGICAL DISTRESS AMONG SECULAR AND RELIGIOUSLY  
OBSERVANT FAMILY CAREGIVERS OF TERMINAL CANCER  
PATIENTS**

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Previous research suggests that caregivers and terminally ill patients face substantial difficulties discussing illness and death. Existing research, however, has focused primarily on the experience of patients. The current study compared responses as well as the relative strength of association between mortality communication, fear of death, and psychological distress (i.e., depressive symptomatology, emotional exhaustion) among secular and religiously observant family caregivers of terminally ill cancer patients. A total of 236 participants were recruited over 18 months within the first year of caregiver bereavement. Retrospectively reported mortality communication was statistically greater among secular caregivers; in contrast, both fear of death and depressive symptoms were greater among the religiously observant. Path analyses subsequently revealed notable differences between groups. Among secular caregivers, a significant inverse relationship between mortality communication and the two indices of caregiver distress emerged. In contrast, the association between mortality communication and psychological distress among the religious was moderated by these caregivers' fear of death. The results of this study suggest that fear of death is a significant predictor of psychological distress among religiously observant caregivers of terminal cancer patients (i.e., fear of their own death as elicited by the caregiving role). Fostering mortality communication between secular caregivers and patients would appear to be one means of reducing the likelihood of clinically significant psychological distress. This may be insufficient among religiously observant caregivers, however, for whom fear of death may first need to be redressed.

## **RESILIENCE AND THE PSYCHOLOGICAL WELL-BEING OF WIDOWED WOMEN**

**Norm O'Rourke**

Public Health, Ben Gurion University of the Negev, Be'er Sheva, Israel

The majority of older women in enduring relationships contend with conjugal bereavement. Although most experience considerable distress in the immediate aftermath of this loss, the majority adjust over the course of time. The current study applies the theory of psychological resilience (or hardiness) to this topic. Results of this study suggest that psychological resilience is significantly associated with both satisfaction with life and (inversely) with psychiatric distress (N = 232). These findings emerged despite statistical control for a myriad of socio-demographic factors (e.g., years married, preparation for death, duration of widowhood). Of the resilience factors, commitment to living appears most salient with respect to the well-being of widowed women. Limitations of the use of the Internet as a vehicle for data collection are considered as well as directions for future study.

## **CONFIDANT NETWORK CHANGES AND ADJUSTMENT TO WIDOWHOOD IN THE SECOND HALF OF LIFE**

**Ella Schwartz**

Israel Gerontological Data Center, the Paul Baerwald School of Social Work and Social Welfare, Hebrew University, Jerusalem, Israel

The present study focused on the social environment changes following widowhood in older ages and their influence on adjustment to the loss. Specifically, it explored three types of changes that may occur over time among one's close social network – losing touch with confidants, maintaining contact with them and forming new relationships.

The study was based on the National Social Life, Health, and Aging Project (NSHAP), a longitudinal survey of older Americans. It examined adults aged 57-85 who participated in waves 1 (2005-6) and 2 (2010-11) of the survey. Three groups were compared based on their marital status in both waves – those who became widowed, those who remained married and those who were “veteran” widows, that is widowed in both waves. First the analysis compared the social network changes experienced by the three groups. This was followed by an OLS regression in which these network changes predicted changes in happiness for the three groups.

Results indicated that the newly widowed added more confidants to their close social milieu compared to the continuously married and veteran widowed. They did not lose more confidants (other than their spouse) and their social network was less stable than that of veteran widows. However, the regression showed that the stable part of the network was the one that protected the newly widowed against worse deterioration in their happiness. The results indicate the importance of a stable social network when facing bereavement.