

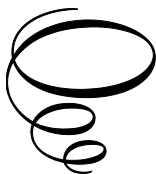
A Professional's Guide to Understanding Trauma and Loss

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Edited by

David E. Balk,
Tracy Wong,
and Janet R. Balk

**Cambridge
Scholars
Publishing**



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This book first published 2023

Cambridge Scholars Publishing

Lady Stephenson Library, Newcastle upon Tyne, NE6 2PA, UK

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

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ISBN (10): 1-5275-0218-X

ISBN (13): 978-1-5275-0218-5

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ABSTRACTS

Chapter One

Introduction

David E. Balk, Tracy Wong, and Janet R. Balk

Loss and trauma are common presenting problems for which licensed counselors and therapists receive little if any attention in their graduate education. Any attention given is often narrow (e.g., sexual abuse in childhood) or simplistic (e.g., Kübler-Ross's stages of grieving). We examine what is known about trauma and about bereavement. Specifically, trauma is experienced as a serious threat to one's well-being and/or the well-being of others; and coping responses are not adequate to counter the threat. We will review the psychological sequelae of short-term trauma (e.g., being a hostage in a bank robbery or being mugged) and the sequelae of long-term trauma (e.g., extended physical and/or sexual abuse). Persons traumatized in a single, time-limited event show extensive, etched-in memory of the experience, among other things. In contrast, persons traumatized over a long term seem unable to recall specifics, are emotionally numb, and show no concern for others' pain and suffering. The review of bereavement will survey stage, phase, and task models (e.g., models from Kübler-Ross, Parkes and Bowlby, and Worden); trajectories of mourning (Bonanno); arguments over grief counseling efficacy (e.g., Neimeyer and Jordan, Larson and Hoyt); and complicated bereavement (e.g., Prigerson on prolonged grief disorder). Similarities and differences between trauma and loss will be noted.

Chapter Two

An Exploration of the Assumptive World in Trauma and Grief

Darcy Harris

The assumptive world is an organized schema reflecting all that a person assumes to be true about the world and the self; it refers to the assumptions, or beliefs, that create a sense of security, predictability, and meaning/purpose to life. The basic assumptions can be shattered by experiences that challenge our view of ourselves and the world around us, resulting in an overwhelming sense of disequilibrium and disorientation that occurs while we flounder,

trying to navigate in a new, unfamiliar reality. In essence, we grieve the loss of our assumptive world, and our grief (although painful and disorienting) provides us with the process by which we will grapple with the assault on our most deeply held assumptions and beliefs to re-build eventually a new assumptive world that will take into account the lived experience that catapulted us into this uncharted territory. Using a case scenario of infertility, this chapter will explore the ways that experiences of loss and trauma can shatter the assumptive world, creating a painful new reality as well as offering the potential for re-building a new assumptive world that is adaptive and relevant to the world that is now present in lived experience.

Chapter Three

Social Disparities in Bereavement Research: A Review of the Inclusion of Minority Populations in Recent Literature on Grief and Bereavement in the US, 2012-2022

Tracy Wong

Social disparities refer to differences in opportunities, resources, and outcomes among different social groups. These differences are usually rooted in systemic and multigenerational disadvantage and oppression. In the US, the impact of social disparities is evidenced in poor health outcomes, including increased mortality and premature death among minority groups. Fields such as public health and medical sociology focus heavily on minority populations and the impact of disparities on their health trajectories. However, the experience of bereavement is largely overlooked and siloed as a phenomenon best served by more individual-level psychological research. The purpose of this chapter is to review the last 10 years of bereavement research, focusing on research that explores bereavement experiences among minority groups, specifically those encompassing racial/ethnic identity, sexual or gender identity, and immigration status. Implications for practitioners, and consideration of the challenges posed by the COVID-19 pandemic, will be discussed.

Chapter Four

Disenfranchised Trauma: When Traumatic Events Become Disenfranchised
Kenneth J. Doka

There are situations where traumatic events may lead to disenfranchised grief. For example, in traumatic events such as car crashes, individuals may grieve over injuries or fatalities inflicted on others even when they are not legally culpable. The ensuing grief may be disenfranchised by significant

others as well as by the demands of an adversarial legal system. In other cases, traumatic events, such as rape, domestic assault, child abuse may be enveloped in secrecy or shame. In this chapter we both explore the ways that grief may be disenfranchised by trauma and offer interventive strategies to assist clients experiencing disenfranchised trauma.

Chapter Five

Vicarious Trauma: Interviewing Soldiers and Their Caregivers

Philip F. Napoli and Qwynn Galloway-Salazar

This chapter examines the phenomena of vicarious trauma. The authors describe their own experience of trauma that resulted from intense oral histories of Vietnam War veterans. Additionally, they interview care providers who work with military veterans and draw on these care providers' insights.

Chapter Six

Posttraumatic Growth at the Intersection of Trauma and Loss

Jamison Bottomley and Alyssa Rheingold

Broadly speaking, the authors describe the extant literature on posttraumatic growth (PTG) in the context of traumatic loss (e.g., losses that are unexpected and/or violent). The chapter opens with a general introduction to the construct of PTG, leaning heavily on the seminal work of Tedeschi and Calhoun. Next, we describe the prevalence and process of PTG following loss in a general sense, moving toward a discussion and synthesis of the literature on PTG in the context of traumatic loss. Within this discussion, we highlight specific predictors of PTG in the extant literature. In turn, such a discussion provides a segue to a review of evidence-informed clinical practice that aims to promote directly or indirectly PTG in the context of traumatic loss, with relevant case examples. The chapter concludes with a discussion of future directions for research and clinical practice.

Chapter Seven

The Black Saturday Bushfires: Recovering from Trauma and Loss after Bushfires

Louise Harms, Lauren Kosta, and Lisa Gibbs

This chapter examines the experiences of individual and community loss and grief in the wake of bushfires, using the case example of catastrophic

Black Saturday bushfires in 2009 in Victoria, Australia. These fires killed 173 people and hundreds of others were injured. The extent of property and environmental damage, along with massive livestock and wildlife loss, also contributed to the traumatic loss experiences of individuals, families, and communities. Through a longitudinal study of mental health and community resilience, grief and trauma trajectories have been examined, highlighting the complex factors that make disasters traumatic. This chapter considers the ways in which losses of people and place can be understood, including through the lens of prolonged grief reactions. For counselors and therapists, we emphasize the importance of acknowledging the deep connections to place, neighborhoods, and communities in rural and urban fringe disaster contexts.

Chapter Eight

Trauma and Loss in COVID-19: Population Impacts and Implications for Healthcare Workers

David Russell

This chapter explores the traumas and losses experienced by both the general population and among the group of healthcare workers caring for those with COVID-19. Special attention is given to research on traumatic stress in healthcare workers, the symptoms and associated characteristics of traumatization, the long-term effects of the COVID-19 pandemic on the mental health of healthcare workers, and its implications for healthcare policy and practice.

Chapter Nine

Trauma and Loss Embedded in Severe Betrayal

Mary Alice Varga

This chapter addresses trauma and loss embedded in severe betrayal. A case study outlining maternal betrayal trauma is provided that encompasses elements of abuse, neglect, and intergenerational transmission of trauma-related distress. The case study also highlights the holistic human reactions that individuals experience due to long-term maternal betrayal. Holistic reactions include emotional, physical, cognitive, interpersonal, behavioral, and spiritual dimensions. Maternal and familial estrangement loss resulting from betrayal are also discussed, and the long-term impacts of trauma and loss on life span development. Specific attention is focused on the grieving process individuals experience during the non-death loss that accompanies

maternal and familial estrangement and the unique difficulties these grieving individuals navigate while also coping with betrayal trauma.

Chapter Ten

Moral Injury

Helen Harris and Dee Blinka

Moral injury is a unique trauma phenomenon that results when persons encounter situations in systems in which they violate their own moral code and compass, often in desperate life and death situations. The complicated grief of moral injury impacts the person physically, emotionally, cognitively, spiritually, socially, and often behaviorally. Help and hope for those with moral injury includes responses and treatment approaches that understand trauma and grief, provide evidence-based treatment for PTSD, and address the particular injuries to the sense of self and integrity. Health care crises in the pandemic, interracial violence, and the uncertainties of war include moral injury and require best practice modalities for traumatic loss, moral injury, and grief.

Chapter Eleven

Loss of Religious Faith after Trauma

Harold Ivan Smith

Trauma—or a series of traumas—may assault one’s assumptive world and one’s theodicy—a philosophical or theological construct which explains or reconciles evil, suffering, genocide, systemic injustice with belief in a benevolent Creator or God. The question looms: “Where was God when *this* trauma happened?” A griever may ponder, “If God did not ‘intervene’ this time, what about *next* time?” Within contemporary Christianity, trauma is experienced within neo-Calvinist frameworks as, “Everything happens because God wills it to happen.” “Not so fast,” respond charismatic/Pentecostal Christians who insist, “God is good *all the time*.” Given the escalating incidents of “death by trauma,” how might grievors investing in strong religious, spiritual, or philosophical beliefs respond to an ancient Jewish lament, “How do we sing God’s song in a strange land?” Some trauma survivors may be offered pre-packaged answers, such as, “God has his reasons. It is not for us to ask why.” Others discover they cannot expect social or grief support from a community of faith *if* they raise questions about the nature of God. “Secular” counselors and therapists may be quick to refer clients because of a lack of training in

dealing with spiritual or religious issues. This chapter will include one or more cases that illustrate and support the writing.

Chapter Twelve

Funerals and Memorialization after Traumatic Loss

William G. Hoy

Cultures around the world and throughout history have embraced the importance of ritual in the face of loss, acknowledging that the predictability of familiar ceremonies helps introduce stability into chaos. Never is ritual more necessary than when death has occurred traumatically because of the sudden, unexpected, and often violent nature of the death. This chapter overviews contemporary thinking about the role of ritual in grief and makes special application of those theories to the complications of traumatic loss. Specifically, the author will draw from Hoy's "anchors of funeral ritual" and Rynearson's "restorative retelling of violent death."

Chapter Thirteen

Treatment Guidelines

Louis Gamino and Kelsey Edwards

The twin terrors of loss and trauma co-occur with alarming regularity, as the previous chapters in this volume so aptly illustrate. Offering straightforward treatment guidelines is hampered by some inconvenient realities in the field. For example, while nearly every form of trauma contains some type of loss (maybe non-death loss), not every loss or death is traumatic in nature. Unfortunately, the term *trauma* has become so generalized in the ambient culture that it loses specificity and conceptual imprecision abounds. Also, widespread clinical lore recommends dealing first with a person's trauma before focusing on grief. Yet in the actual world of human suffering, such a sequential approach is not always practical or effective. Notably, two important empirically supported treatment programs for grief, Shear's Complicated Grief Therapy and Rynearson's Restorative Retelling, address both trauma and loss in their protocols. A case example illustrates how procedures targeting both loss and trauma can be reasonably incorporated in a customized treatment approach.

Chapter Fourteen

Trauma, Loss, and the Reconstruction of Meaning: A Tripartite Model for Grief Therapy

Carolyn Ng and Robert A. Neimeyer

Trauma and grief are often conjoined, with a myriad of losses bridging them. This chapter summarizes a narrative meaning reconstruction approach to grief therapy with traumatic loss, which examines the loss event through three lenses: (a) a *trauma-informed perspective* to help mourners process the event story of the death, (b) an *attachment-informed perspective* to help them access and engage the back story of their ongoing relationship to the deceased, and (c) a *development-informed perspective* to help them revise the story of their own lives and identities in its wake. A case vignette is presented involving a client's sudden discovery of her partner's terminal illness, which led to his death in barely two weeks, and the associated revelation of a perturbing dimension of his life that was unknown to the client beforehand. This case illustrates trauma, loss, and grief both in the event story of the dying and in the back story of the relationship, which in tandem shattered the client's assumptive world and attachment security, resulting in the undermining of her sense of self in the aftermath. Implications of this formulation for her grief therapy are briefly noted.

Chapter Fifteen

Non-Man's Land in Traumatic Bereavements: Multiple Lenses in Assessment and Intervention

Simon Shimshon Rubin, Ruth Malkinson, and Eliezer Witztum

It has been a decade since the publication of our volume *Working with the Bereaved: Multiple Lenses on Loss and Mourning*. As would be expected, this chapter utilizes newer literature and reference material and also includes new and different case material. The chapter itself is designed as a self-contained contribution that does not require prior knowledge of our earlier work. Nonetheless, our goal is to write a chapter that has utility for those familiar and those not familiar with our earlier work. We open our chapter by clarifying the terms *trauma*, *traumatic bereavement*, and *co-occurring complications of trauma and bereavement*. Next, we present the Two-Track Model of Bereavement (TTMB) emphasizing the biopsychosocial components of Track I and the death story and relationship to the deceased of Track II. We clarify how this model functions as a conceptual and clinical framework for assessing cases with mixed trauma and bereavement

components, and for designing effective intervention strategies. We illustrate these points with a treatment case seen initially for a variety of symptoms and treated unsuccessfully via a trauma intervention paradigm. In the second phase of intervention, the case was reconceptualized as one of traumatic bereavement according to the Two-Track Model. The outcome of this latter intervention was successful. We conclude with the “take-home” message of the trauma-bereavement interface and the value of the bifocal approach of the TTMB.

Chapter Sixteen
EMDR Therapy with Grief and Loss
Roger Solomon

Eye Movement Desensitization and Reprocessing (EMDR) therapy is an empirically validated treatment for trauma and other psychological disorders. The Adaptive Information Processing model, which guides EMDR therapy, posits that present problems (except for organic or chemical causes) result from distressing experiences that are inadequately processed and become maladaptively stored in the brain. EMDR therapy, utilizing standardized procedures, results in the integration of the distressing memory into the wider memory network. EMDR therapy can be utilized in the treatment of complicated grief and mourning. The eight-phase three-pronged protocol involves processing the trauma of the loss and other past memories that contribute to current difficulties, present day triggers, and provides a future template for adaptive behavior.

Chapter Seventeen
Educating Graduate Students: Grief and Trauma Counseling
Greta Jankauskaite and NaYeon Yang

Grief and trauma are relatively common presenting issues among those who seek therapy. Although most therapists will inevitably work with grief and trauma clients at some point in their career, the question remains whether therapists are adequately trained and prepared to do so effectively. This question is particularly imperative as research indicates that current graduate student training is lacking on grief counseling and trauma-informed therapy. The aim of the current chapter is to review some existing training initiatives and provide curriculum ideas on how to increase grief and trauma education and training opportunities for graduate students in counseling and clinical psychology programs. This chapter is central to addressing the issue that graduate programs are not preparing students either

in clinical psychology or in counseling psychology to work with traumatized and grieving persons.

ACKNOWLEDGMENTS

For permission to use the following material, grateful acknowledgment is made to:

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ABOUT THE CONTRIBUTORS

About the Editors

David E. Balk, Ph.D., is Professor Emeritus at Brooklyn College where he directed graduate studies in thanatology and served two terms as Chair of the Department of Health and Nutrition Sciences. Prior to his time at Brooklyn College, Balk was a Professor at Kansas State University and at Oklahoma State University. He was elected President of the Kansas State University Faculty Senate for the academic year 1996-1997. He wrote *Helping the Bereaved College Student* (Springer Publishing Company, 2011), *Dealing with Adolescent Dying, Death, and Grief* (Routledge, 2014), and *Living, Dying, Death, and Bereavement: Conversations with Thanatologists* (Cambridge Scholars, 2020). He is the Book Review Editor for *Death Studies*. He was recognized at Kansas State University in 1992 as Outstanding Teacher in the College of Human Ecology and awarded the Faculty Research Excellence Award in the College of Human Ecology in 1995. Students at Oklahoma State University chose him in 2004 as Outstanding Advisor in the College of Human Environmental Sciences. He played an instrumental role in Brooklyn College's adoption of bereavement leave policies for students. Balk received the Association for Death Education and Counseling's Service Award in 2005 and its Death Educator Award in 2019.

Janet R. Balk, MS, is Director of the Ft. Riley Military Academic Programs for Barton Community College. Prior to her current position, she served as Academic Programs Coordinator for Barton Community College-Ft. Riley Campus. She has developed and taught college courses on such subjects as American History, Western Civilization, Death and Dying, and the Psychology of Serial Killers and Violent Crime. For Brooklyn College, she developed and taught an online version of a general education course titled "Human Encounters with Death and Bereavement." Her publications include two entries in the 2009 Sage publication *Encyclopedia of Death & the Human Experience*: "Ancient Egyptian Beliefs and Traditions" and "Egyptian Perceptions of Death in Antiquity." Awards and honors she has received include induction into Phi Alpha Theta, the Historical Honor

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Tracy Wong, MPH, Ph.D., is an Associate Professor in the Department of Health and Nutrition Sciences at Brooklyn College. She directs graduate studies in thanatology and created undergraduate degree programs leading to a baccalaureate specialization in thanatology. In addition to thanatology, her research interests include medical sociology, maternal child health, immigration and ethnicity, health disparities, and trauma and loss. Her work has been funded by the National Institute of Child and Human Development, and the National Institute of Minority Health and Health Disparities (both part of the National Institutes of Health), as well as the National Science Foundation. Her peer-reviewed publications include scholarship on immigrant survivors of torture, stress and burnout among refugee resettlement workers, female genital cutting in West African immigrant populations, and sleep-related infant injury deaths. In 2015 the City University of New York awarded her the Henry Wasser Award for Outstanding Scholarship.

About the Contributors

Dee Blinka, LCSW, ACSW, BCD, is no stranger to grief and loss. Born in Plymouth, England, in 1933, her early years were shadowed by her family's grief at losses sustained in the Great War, just 15 years earlier. WWII began in Europe in 1939 in Europe, and aerial bombing and evacuation followed in 1941 in Plymouth. It seemed natural, when she found her calling as a clinical social worker, to concentrate for the most part on military service and trauma. Her friendship with Helen Harris, her cowriter, began in the early seventies, when Helen, who founded the first Hospice in Central Texas, recruited Dee to help train the volunteers. Helen and Dee have enjoyed friendship and working together, ever since.

Jamison S. Bottomley, Ph.D., is a NIMH-funded postdoctoral fellow at the National Crime Victims' Research and Treatment Center (NCVC), Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina (MUSC). Dr. Bottomley's research expertise includes the study of traumatic loss, particularly due to suicide and fatal opioid-related overdose, as well as the identification of bereavement-related needs for this population. Dr. Bottomley has an additional interest in the impact of perceived discrimination on health outcomes secondary to traumatic loss and psychological intervention for traumatic loss. He has published over 20

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Kenneth J. Doka, Ph.D., is a Professor Emeritus at the Graduate School of The College of New Rochelle and Senior Vice-President for the Hospice Foundation of America. A prolific author, Dr. Doka has authored or edited over 40 books and over 100 articles and book chapters. Dr. Doka is editor of both *Omega: The Journal of Death and Dying* and *Journeys: A Newsletter to Help in Bereavement*. He is a recipient of the *Caring Hands Award* as well as the *Dr. Robert Fulton CDEB Founder's Award*. Both ADEC and IWG honored him with *Lifetime Achievement Awards*. In 2006, Dr. Doka was grandfathered in as a Mental Health Counselor under NY State's first licensure of counselors.

Kelsey Edwards, PsyD, is a Palliative Psychologist at Christiana Care in Delaware. She graduated from Kean University's Combined School and Clinical Psychology program in Union, NJ, and then completed a pre-doctoral internship in Clinical Health Psychology at the Memphis VA Medical Center, Memphis, Tennessee. Dr. Edwards was awarded a post-doctoral fellowship in end-of-life, grief, and bereavement which she completed in 2022 at Baylor Scott & White Health in Temple, Texas, under Louis Gamino's mentoring.

Qwynn Galloway-Salazar, Ph.D., is a graduate of Walden University with a doctoral degree in Industrial and Organizational Psychology. She is the founder of In Their Honor, LLC, and serves as the Co-Principal Investigator of the Brooklyn College Veterans History Project. From 2001-2006, she served in the United States Army. Her professional experience has spanned over 20 years of working with the military and Veteran communities in local, state, federal, and academic organizations. In recent years, she found her footing in the space of social change and began sparking conversations nationally and internationally related to suicide prevention and end-of-life care for our nation's Veterans. Most recently, she was featured by the International End of Life Doula Association, End of Life University, the International Doulagivers Institute, the Elizabeth Dole Foundation, and the PsychArmor Institute. In 2022, she was recognized as the inaugural Georgia Woman Veteran of the Year.

Louis A. Gamino, Ph.D., ABPP, FT, is Professor (Affiliated) of Psychiatry & Behavioral Science at Texas A&M Health Science Center College of

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Lisa Gibbs, Ph.D., is a Professor of Public Health and Director of the Child and Community Wellbeing Unit in Melbourne School of Population and Global Health and Academic Lead for Community Resilience and Public Health in the Centre for Disaster Management and Public Safety. Her research focuses on disaster recovery and resilience particularly relating to the interplay between individual and community level outcomes. Flagship studies under her leadership include the 10 years Beyond Bushfires study and the multi-award winning Recovery Capitals (ReCap) project. Her disaster research programs have contributed new knowledge about the long-term impacts of disasters on mental health and wellbeing and on student learning. Her research and related practical resources directly influence service and policy decision making in Australia and internationally through cross-sectoral partnerships with community, service provider, and government representatives and disaster networks. Professor Gibbs also leads a range of research studies relating to child health, wellbeing, and citizenship.

Louise Harms, Ph.D., is the Chair and Head of the Department of Social Work and Deputy Head of the School of Health Sciences at The University of Melbourne, Australia. Professor Harms' research focuses on human experiences of and adaptation to trauma, grief, and loss. She has particular interests in resilience and strengths-based approaches in understanding individual, family, and community recovery—including a focus on posttraumatic growth. Her research in these areas is focused in two key practice contexts—social work in health and disability settings, and in post-disaster recovery contexts.

Darcy L. Harris, RN, RSW, MEd (Couns), Ph.D., FT, is a Professor in the Department of Thanatology at King's University College in London, Ontario, Canada, where she also maintains a private clinical practice

specializing in issues related to change, loss, and transition. She currently serves on the board of directors of the Association for Death Education and Counseling as well as the International Work Group on Death, Dying, and Bereavement. She is also a faculty member with the Portland Institute of Loss and Transition, and an internationally known speaker and author of many books, articles, and chapters. With Andy Ho, she is the author of *Compassion-Based Approaches in Loss and Grief* (Routledge, 2023). She is the recipient of the Death Educator Award from the Association for Death Education and Counseling and the Robert Fulton Founder's Award for outstanding teaching, research, publication, and service to the field of death, dying, and bereavement.

Helen Harris, MSW, Ed.D, LCSW-S, is an Associate Professor of Social Work in the Garland School of Social Work at Baylor University where she has taught for the past 25 years. Dr. Harris does research and publishes in the areas of trauma, grief, loss, and the integration of faith and practice. She is currently doing research on congregational discernment around LGBTQ+ inclusion. Her clinical practice is in trauma, grief, and loss, and she is a certified EMDR consultant.

William G. Hoy, D.Min, FT, is clinical professor and associate director of the Medical Humanities Program at Baylor University in Waco, Texas, USA. To his teaching, he brings nearly four decades of clinical experience at the bedside of dying people and their families and a robust practice of counseling the bereaved. In addition to his early career experience as a pastor and hospice chaplain in southern California, Dr. Hoy directed the community bereavement program for Pathways in Long Beach, California where he worked clinically with patients with a wide diversity of death losses including a specialty in parental bereavement after traumatic deaths of children. His research interest over the last two decades has been in better understanding the utility of funeral rituals in social support for bereaved families and communities, especially focused in African American communities. He is the 2020 recipient of Academic Death Educator of the Year from the Association for Death Education & Counseling.

Greta Jankauskaite is a doctoral candidate in Counseling Psychology at the University of Maryland (UMD). She is currently in her last year of Ph.D. training, completing a clinical fellowship in Behavioral Medicine at the Massachusetts General Hospital/Harvard Medical School, and specializing in psycho-oncology. She previously earned a B.A. in Psychology from Rutgers University and an M.A. in Psychology in Education from Columbia

University. Her research interests include psycho-oncology, end-of-life issues and palliative care, grief counseling training for therapists, and end-of-life communication training and support for medical providers. Ms. Jankauskaite's doctoral research has received numerous awards, including the Bartlett Memorial Award for the Outstanding Dissertation Proposal and George M. Phillips Public Service Initiative Award for her dissertation project that developed and tested a virtual grief counseling training intervention for psychology graduate students. Her clinical focus includes working with individuals with advanced/chronic illness, their caregivers, issues related to loss, and integrative medicine.

John R. Jordan, Ph.D., known to his friends and colleagues as Jack, is a licensed psychologist (recently retired) who specialized for over 40 years in work with survivors of suicide loss and other traumatic losses. Until recently, he was the Clinical Consultant for the Grief Support Services of the Samaritans in Boston, and was the Professional Advisor to the Loss and Healing Council of the American Foundation for Suicide Prevention (AFSP). He was also the Co-Chair of the Survivors of Suicide Loss Task Force of the National Action Alliance for Suicide Prevention. Jordan has provided training nationally and internationally for professional caregivers, and he has led many healing workshops for suicide loss survivors. He is actively involved with the Association for Death Education (ADEC) and within that association has championed bridging the gap separating researchers and practitioners. He inaugurated an annual symposium at ADEC titled "Research That Matters". More recently, Jordan has been encouraging thanatologists to share more openly their own experiences of loss in their personal life, and he has inaugurated an annual symposium at ADEC titled "Our Work, Ourselves," in which panelists describe their own personal losses, and the impact of those losses on their professional work as a thanatologist. With Phyllis S. Kosminsky, he wrote *Attachment-Informed Grief Therapy: The Clinician's Guide to Foundations and Applications* (Routledge, 2016).

Lauren Kosta, Ph.D., is Lecturer in the Department of Social Work at the University of Melbourne, Australia. Dr. Kosta teaches in both qualifying and advanced Social Work degree programs, coordinating subjects on human development and adaptation to trauma, loss, and grief. Her research has focused on parental experiences in pediatric illness and post-disaster contexts. Her doctoral research looked at the experience of being a parent following the catastrophic 2009 Black Saturday bushfires in Victoria, Australia.

Ruth Malkinson, Ph.D., is the Director of Training at the International Laboratory for the Study of Loss, Bereavement, and Resilience, University of Haifa. Director of the Israeli Center of Rational Emotive Behavior Therapy (REBT), she is the Past President of the Israeli Association for Family and Marital Therapy. Her fields of expertise are grief, trauma, and bereavement and rational emotive-cognitive behavioral therapy. Among her books are *Traumatic and Nontraumatic Loss and Bereavement: Clinical Theory and Practice* (Psychosocial Press, 2001) and *Working with the Bereaved: Multiple Lenses on Loss and Mourning* (Routledge, 2012). Her book *Cognitive Grief Therapy: Constructing a Rational Meaning to Life following Loss* (W. W. Norton, 2007) was recently translated into Spanish.

Philip F. Napoli, Ph.D., is an Associate Professor of U.S. Social History, chair of the Department of History, Brooklyn College, and a member of the Graduate Center, City University of New York faculty. Prof. Napoli earned his doctorate in American history from Columbia University in 1998. He is the author of *Bringing It All Back Home: An Oral History of New York City's Vietnam Veterans* (Hill and Wang, 2013). Prof. Napoli teaches 20th-century U.S. and public history, including courses on the history of the American war in Vietnam, American popular culture, oral history, and the history of immigration.

Robert A. Neimeyer, Ph.D., Professor Emeritus of the Department of Psychology, University of Memphis, directs the Portland Institute for Loss and Transition, which provides online training internationally in grief therapy. Neimeyer has published 33 books, including *New Techniques of Grief Therapy: Bereavement and Beyond* (Routledge, 2020), and is Editor of the journal *Death Studies*. Neimeyer served as President of the Association for Death Education and Counseling and Chair of the International Work Group for Death, Dying, & Bereavement. He has been given Lifetime Achievement Awards by both the Association for Death Education and Counseling and the International Network on Personal Meaning.

Carolyn Ng, PsyD, FT, MMSAC, RegCLR, maintains a private practice, Anchorage for Loss and Transition (www.anchorage-for-loss.org) in Singapore, while serving as an Associate Director of the Portland Institute. Previously she was Principal Counselor with the Children's Cancer Foundation in Singapore, specializing in palliative care and bereavement counseling. She is a master clinical member and approved supervisor with the Singapore Association for Counselling (SAC) and a Fellow in

Thanatology with the Association of Death Education and Counseling (ADEC), USA, and a consultant to a cancer support ministry in Sydney, Australia. She is a trained end-of-life doula and advanced care planning facilitator.

Alyssa Rheingold, Ph.D., licensed clinical psychologist, Director of Clinical Operations, and Professor at the National Crime Victims' Research and Treatment Center, Medical University of South Carolina. Dr. Rheingold serves as Vice Chair of Research and Research Administration for the Department of Psychiatry and Behavioral Sciences and is the Director of the Preparedness, Response & Recovery Division of the National Mass Violence Victimization Resource Center. She has been funded for both service and research projects by CDC, NIMH, OVW, VAWA, VOCA, SAMHSA, and OVC. Dr. Rheingold has published over 70 peer-reviewed articles and book chapters in the area of trauma, grief, and anxiety. Her expertise includes evidence-based treatment of trauma-related mental health issues, grief and loss, and traumatic loss by homicide.

Simon Shimshon Rubin, Ph.D., is Director of the International Laboratory for the Study of Loss, Bereavement, and Human Resilience and Chairman of the Zramim Postgraduate Psychotherapy Program at the University of Haifa in Israel. A Professor Emeritus of Psychology at Haifa, he is Professor of Psychology at the Academic College of Emek Jezreel. Dr. Rubin has an active clinical practice and lectures and teaches nationally and internationally. He has held visiting appointments as professor at the Harvard University and Northwestern University Medical Schools. He coauthored *Working with the Bereaved: Multiple Lenses on Losses and Mourning* (Routledge, 2012) with Drs. Malkinson and Witztum. His website is <https://sites.hevra.haifa.ac.il/rubin/>.

David Russell, Ph.D., is an Assistant Professor of Sociology at Appalachian State University. He earned his PhD in sociology from Florida State University and completed a National Institute of Mental Health Postdoctoral Fellowship in Mental Health Services and Systems at the Institute for Health, Health Care Policy, and Aging Research at Rutgers University. His teaching and research interests include medical sociology, aging, stress, and mental health. Some of the research projects he is currently involved with include (1) an exploration of the illness experiences of people with Long COVID and their use of online communities, (2) an examination of family caregivers of people with Alzheimer's disease and dementia in rural Appalachia and factors which influence their use of home

and community-based services, (3) a descriptive study of perspectives towards COVID-19 vaccination among home health aides, and (4) a quantitative study identifying associations between measures of state capacity and COVID-19 vaccination uptake across phases of the pandemic.

Harold Ivan Smith, D.Min, FT, is a thanatologist and independent scholar. For 18 years he served on the teaching faculty of Saint Luke's Hospital, Kansas City, Missouri, where he created innovative storytelling groups for grievers and worked in training hospital and hospice chaplains. He earned his doctorate at Asbury Theological Seminary (D.Min.). A Fellow in Thanatology recognized by the Association for Death Education and Counseling, he currently conducts Celebration of Life services for Forest Lawn Mortuary in Cathedral City, California. His writings include *When Your People Are Grieving: Leading in Times of Loss*, (Beacon Hill Press, 2001), and *Borrowed Narratives: Using Historical and Biographical Narratives with the Bereaving* (Routledge, 2012). Known for his storytelling and his research on the grief of U.S. Presidents and first ladies, he lives year-round in Palm Springs, California.

Roger Solomon, Ph.D., is a psychologist specializing in the areas of trauma and grief. He is the Program Director and Senior Faculty with the EMDR Institute and teaches EMDR therapy internationally. He is a consultant with the US Senate, and has provided consultation to law enforcement and government agencies, including the FBI, Secret Service, NASA, US Attorney's Office, and US Army. He teaches advanced EMDR therapy workshops on grief, complex trauma and dissociative symptoms, crisis intervention, and the Art of EMDR Therapy (two Arts a year taught in France). Dr. Solomon has authored or coauthored 47 articles and book chapters pertaining to EMDR therapy, grief, complex trauma, acute trauma, and first responder stress. His book, *Grief and EMDR, Diagnosis and Clinical Intervention*, was published earlier this year in Italian (Lutto e EMDR, dalla Diagnosi all' intervento clinico).

Mary Alice Varga, Ph.D., is a Professor of Educational Research, Director, and Interim Department Chair in the Department of Leadership, Research, and School Improvement at the University of West Georgia. She is a member of the Association for Death and Education Counseling and the Southern Association for College Student Affairs. She is a co-editor for the *College Student Affairs Journal* and on the Editorial Board for *Illness, Crisis, and Loss*. Her main research focuses on student grief across the lifespan with an emphasis on adolescents and college students. She was the

recipient of the 2016 University of West Georgia College of Education Research Award, as well as the 2018 co-recipient of the 2018 Association for Death Education and Counseling Ronald Keith Barrett Diversity and Multicultural Presentation Award.

Eliezer Witztum, M.D., is Professor (Emeritus) in the Division of Psychiatry, Faculty of Health Sciences, at the Ben-Gurion University of the Negev in Israel. He was Director of Psychotherapy Supervision, at the Mental Health Center, Beer Sheva. Professor Witztum specializes in: cultural psychiatry; trauma and bereavement; strategic and short-term dynamic psychotherapy; psychopathology and creativity; and the history of psychiatry. With Ruth Malkinson and Simon Shimshon Rubín, he wrote: *Working with the Bereaved: Multiple Lenses on Loss and Mourning* (Psychosocial Press 2012). Two of his books in Hebrew are *The Many Faces of Loss and Bereavement* (2016) and *The History of Psychological Trauma* (2020). His newest volume, *Love as Fierce as Death* (2021) (Hebrew), was co-authored with Rivka Yahav.

NaYeon Yang, M.Ed., is a doctoral candidate in Counseling Psychology at the University of Maryland, College Park. She earned a bachelor's degree in Psychology from the University of Minnesota-Twin Cities and a Master's degree in Counseling from Korea University. Her research and clinical interests include grief and loss, career development, and multicultural and social justice issues. She received the American Psychological Association of Graduate Students (APAGS) Psychological Science Research Grant from the American Psychological Association (APA). The University of Maryland awarded her the Ann G. Wylie Dissertation Fellowship for her dissertation investigating cross-national differences in U.S. and Korean bereaved individuals' psychological adjustment. She also received the Fahs-Beck Doctoral Dissertation Grant from The New York Community Trust.

FOREWORD

JOHN R. JORDAN, PH.D.

Traumatization occurs in human beings when we face a situation that is massively threatening to our sense of safety and well-being. That challenge can take the form of a threat to our physical safety (e.g., being attacked by someone with a weapon or by a wild animal) or our psychological safety and well-being (e.g., when someone ridicules us in front of our friends or social network). Either version of this threat will elicit in most people our “emergency response system” in our minds and bodies. Basically, human beings (and other mammalian species) respond in one of three ways to this threat: they will attempt to attack the source of the threat (called Fight), to flee from the source of the threat (called Flight), or to make ourselves “invisible” and keep from being noticed by a predator source of the threat (called Freeze). This concept of trauma as an instinctual response to danger has been evolving in the mental health and counseling fields for several decades, ever since the field began to notice and describe “shell shock” among combat soldiers in the first World War. Along with this development came the corollary idea of Post-Traumatic Stress Disorder (PTSD) as a clinical entity worthy of medical and psychological intervention. PTSD is essentially what happens when this emergency response does not subside or shut itself down on its own, even when the threat is no longer present. That is, the individual’s mind and body continue to react as if the threat was still present.

Loss (separation distress, grief) is the response we make to separation from people, places, and things to which we are emotionally attached. It is characterized by yearning for reunion with the people or things to which we are bonded, but from which we are now separated. Mostly, grief and separation distress have been discussed in the context of separation through death, but the reality is that we can have a loss response to separation from anything that is important to us (consider the reactions of people who have lost all of their possessions in a fire or natural disaster). Most obviously, however, loss or grief responses occur when we are faced with separation from loved ones by their death.